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HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 1

THURSDAY, FEBRUARY 17, 1966
TUESDAY, MARCH 1, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning)
Bill C-40, An Act to amend the Criminal Code (Birth Control)
Bill C-64, An Act to amend the Criminal Code (Family Planning)
Bill C-71, An Act to amend the Criminal Code

WITNESSES:

Mr. Robert Prittie, M.P. and Mr. Ron Basford, M.P.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23658—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,
Brand,
Brown,
Cameron(High Park),
Chatterton,
Cowan,
Enns,
Harley,
Howe (Wellington-Huron),
Isabelle,
Knowles,
Laverdière,
MacInnis (Mrs.)
(Vancouver-Kingsway),
Matte,
Monteith,
O'Keefe,
Orange,
Pascoe,
Rideout (Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

ORDERS OF REFERENCE

HOUSE OF COMMONS,
MONDAY, February 7, 1966.

Resolved,—That the following Members do compose the Standing Committee on Health and Welfare:

Messrs.

Ballard,
Brand,
Brown,
Cameron(High Park),
Chatterton,
Cowan,
Enns,
Harley,
Howe (Wellington-Huron),
Isabelle,
Knowles,
Laverdière,
MacInnis (Mrs.) (Vancouver-Kingsway),
Matte,
Monteith,
O'Keefe,
Orange,
Pascoe,
Rideout(Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

MONDAY, February 21, 1966.

Ordered,—That the subject-matter of each of the following bills be referred to the Standing Committee on Health and Welfare:

Bill C-22, An Act to amend the Criminal Code (Family Planning).
Bill C-40, An Act to amend the Criminal Code (Birth Control).
Bill C-64, An Act to amend the Criminal Code (Family Planning).
Bill C-71, An Act to amend the Criminal Code.

Attest

LEON-J. RAYMOND
The Clerk of the House.

23658—1½

MINUTES OF PROCEEDINGS

THURSDAY, February 17, 1966.
(1)

The Standing Committee on Health and Welfare met this day at 12.30 p.m. for organization purposes.

Members present: Mrs. MacInnis, (*Vancouver-Kingsway*) Mrs. Rideout and Messrs. Ballard, Brand, Brown, Cameron (*High Park*), Chatterton, Cowan, Harley, Isabelle, Knowles, Laverdière, Matte, O'Keefe, Orange, Pascoe, Rynard, Simard, Stanbury (19).

The Clerk attending and having called for nominations, Mr. Brown moved, seconded by Mr. Isabelle, that Mr. Harley be elected Chairman of this Committee.

There being no other nominations, the Clerk declared Mr. Harley elected Chairman and invited him to take the Chair.

Mr. Harley thanked the Committee for the honour bestowed upon him and then invited nominations for Vice-Chairman.

Mr. Matte, seconded by Mr. Laverdière, moved that Mr. Isabelle be elected Vice-Chairman of this Committee. There being no other nominations, the Chairman declared Mr. Isabelle unanimously elected Vice-Chairman of the Committee.

On motion of Mr. Chatterton, seconded by Mr. Knowles,

Resolved,—That a Subcommittee on Agenda and Procedure be appointed by the Chairman upon consultation with the Whips of the parties.

On motion of Mr. Chatterton, it was agreed that the Subcommittee discuss before the next meeting of the Committee, the planning and procedure to be followed when any matter is referred by the House to this Committee for consideration and study.

At 12.45 p.m. on motion of Mr. Knowles, seconded by Mrs. Rideout, the Committee adjourned to the call of the Chair.

TUESDAY, March 1, 1966.
(2)

The Standing Committee on Health and Welfare met at 11.05 a.m. this day. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Ballard, Brand, Brown, Cameron (*High Park*), Chatterton, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, O'Keefe, Orange, Pascoe, Rock, Rynard, Simard, Stanbury (20).

In attendance: Mr. Robert Prittie, M.P., sponsor of Bill C-71 and Mr. Ron Basford, sponsor of Bill C-64.

The Chairman announced the names of the Members who will act with him on the steering subcommittee on agenda and procedure, namely, Messrs. Isabelle, Knowles, Rynard and Simard; he presented the First Report of the said subcommittee as follows:

The Subcommittee recommends:

1. That the Committee meet on Tuesdays and Thursdays from 11 a.m. to 12.30 p.m., preferably in Room 208 of the West Block.

2. That the Committee hear the sponsors of the bills in the following order:

(a) on Tuesday March 1st: Mr. Prittie on Bill C-71 and Mr. Basford on Bill C-64;

(b) on Thursday, March 3: Mr. Wahn on Bill C-40 and Mr. Stanbury on Bill C-22.

3. That public hearings be held and that interested parties be invited to apply to the Clerk of the Committee who, in turn, will take the matter up to the Steering Committee on Agenda and Procedure. Such applications to be in not later than March 15th.

After discussion, on motion of Mr. Rock, seconded by Mr. Ballard,

Resolved,—That the First Report of the Subcommittee on Agenda and Procedure presented this day be adopted.

On motion of Mr. Rock, seconded by Mr. Simard,

Resolved,—That the Committee print from day to day 1,000 copies in English and 750 copies in French of its Minutes of Proceedings and Evidence.

The Committee agreed to consider only Clause 2 of Bill C-40 sponsored by Mr. Wahn.

The Chairman introduced Mr. Prittie, who made a presentation relating to Bill C-71. His presentation concluded, the Committee agreed to hear Mr. Basford on Bill C-64 before questioning Mr. Prittie. Mr. Basford was heard. He and Mr. Prittie were questioned.

At 12.40 p.m. the Committee adjourned to Thursday, the 3rd day of March, at 11.00 a.m.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 1, 1966.

● (11: 00 a.m.)

The CHAIRMAN: Ladies and gentlemen we now have a quorum and I will call the meeting to order. First of all I would like to announce that the members of the subcommittee on agenda and procedure are Messrs. Isabelle, Knowles, Rynard, Simard and myself. Since the organizational meeting, the House has referred to the committee the subject matter of four public bills: C-22, C-40, C-64 and C-71, to amend the Criminal Code with regard to family planning and birth control. The subcommittee met on February 24 and has agreed to present its first report.

(See Minutes of Proceedings)

That is the report of the subcommittee on agenda and procedure.

Is there anyone who would like to comment?

Mr. CHATTERTON: Was it intended that we should call expert witnesses to advise us on some of the evidence given by the members of parliament?

The CHAIRMAN: Expert witnesses in what field of expertise?

Mr. CHATTERTON: For instance, one of the bills says that only licensed persons should be able to prescribe these things, whereas others say no. We should have expert advice on medical implications.

The CHAIRMAN: I am sure this will come up in Mr. Prittie's discussion of his bill that many people should be called and there are many people who would want to testify and there are other people we would like to testify such as the Canadian Medical Association and the associations on family planning and the Canadian Bar Association. I am sure these people would all have opinions to give.

It was also the feeling of the subcommittee that the four bills referred to all deal with family planning or with the topic of birth control. Only one of the four bills in addition brings up the question of abortion and it was the feeling of the subcommittee that we should at this time be dealing with birth control and restrict our examinations at this time to that topic.

Is there any further discussion on the report of the committee? If there is no further discussion would someone like to move its adoption by the committee?

Mr. ROCK: I so move.

Mr. BALLARD: I second the motion.

Motion agreed to.

The CHAIRMAN: I would now like to have a motion from some member of the committee regarding the number of copies of proceedings that should be printed. It has been suggested that we might have 750 or 1,000 copies of English and 500 in French but the committee is open to motion.

Mr. MATTE: Seven hundred and fifty English and 500 French.

Mr. ROCK: Because of the wide interest of the public across Canada in such a study as this, possibly the number of copies should be upped to say 1,000 and

500. I believe there will be many associations and bodies across Canada that may be interested in this matter, more so than previously because the makeup of our committee is completely different from the last. I think we should be prepared to make an error in publication. After the next session we will be able to reduce it but I think we should not take the chance of not having enough copies printed.

The CHAIRMAN: Would it be the feeling of the committee to say 1,000 English and 750 French copies?

Mr. ROCK: I think that would be proper.

The CHAIRMAN: Would you withdraw your motion in favour of that Mr. Matte?

Mr. MATTE: Yes.

Mr. SIMARD: I second the motion.

Motion agreed to.

The CHAIRMAN: Gentlemen, the purpose of the meeting today is to hear from the proposers of two of the private members' bills we have before us. Mr. Prittie will discuss Bill No. C-71 and Mr. Basford Bill No. C-64. I am in the hands of the committee. It is my intention at this time that we should call Mr. Prittie first. Do you wish both the gentlemen to make their presentations in order and then question them? If you wish you may question each of them in entirety before moving on. It will be the decision of the committee, and we can make it at that time.

Mr. Prittie, would you come forward. I am sure Mr. Prittie needs no introduction to his fellow colleagues of the House of Commons; we invite him to discuss now the bill he has before the committee.

Mr. PRITTIE: Thank you Mr. Chairman. Ladies and gentlemen, I am certainly very pleased that we have reached the point where these bills are receiving serious study by a committee. I think the decision of the committee to separate the subject of birth control and abortion is a very good idea. I suggest that on the subject of contraception there is a general consensus in the country on this but there is not on the question of abortion. I think the question of abortion should be discussed, as it is an important public topic. But it is important to keep the two subjects separate.

• (11: 10 a.m.)

As you know, three of the bills deal with contraception only. The bill presented by Mr. Wahn has two sections, one dealing with contraception and one dealing with abortion. I would like to suggest a couple of things in the beginning that we are not discussing. I do not think the question of the world population problem comes into this particularly. It is a subject I am interested in but I do not think it is really the subject matter of any of these bills. I do not think the question of whether Canada has or has not enough population is pertinent. The question is that it is the right of people to get the necessary information legally, they are now getting it illegally to plan their families. This is the whole point.

To begin, I should like to quote from the section of the Criminal Code which we are discussing, Section 150(2)(c), and I will read that section before I make any further comments. It reads:

> (2) Every one commits an offence who knowingly, without lawful justification or excuse, (c) offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage.

Now, I would point out that the word "any" is in there and this seems to me to be an all-inclusive word. This section then causes the following people to commit offences. I am sure that in Canada every day thousands of doctors give information on contraception to their patients and, according to my reading of the law, they are breaking the law. Perhaps nurses do this. Every time a pharmacist sells any type of contraceptive material he is breaking the law and any time a book store sells books on the subject—these are freely available. I have brought along some samples. Here is a book put out by Ballantine Books Inc., "The Complete Book of Birth Control"; it is edited by Alan F. Guttmacher, a doctor from New York, a very prominent specialist in this field. This is freely available in all stores.

Here is a book I purchased in Montreal—a book in French, "pouvez-vous empêcher la famille" put out by Les Éditions de l'Homme. It deals with all types of contraception so this too would be against the law. I would suggest that clergymen of all faiths also frequently give instruction to young people about to be married. Marriage counselling and the question of family planning comes into these discussions and it would seem to me that this too is against the law as it now stands.

There are other examples which I could quote to you. The Family Planning Association of Toronto puts out a pamphlet which is available in hospitals and in social welfare clinics. It tells where to get help in Toronto on the question of family planning and lists Toronto General Hospital, Totonto Western Hospital, Toronto East General Hospital, New Mount Sinai Hospital, Women's College Hospital, northwestern General Hospital, Grace Hospital and Wellesley Hospital. A similar pamphlet is put out by the Planned Parenthood Association of Ottawa. It mentions that this type of help is available at the Ottawa Civic Hospital, at the General Hospital which is a Roman Catholic hospital and instruction is given there in the rhythm method of birth control, the only type approved by the Church at the present time. It mentions that the Kitchener population reference bureau is a place to which people can write for information. Two weeks ago in *Le Devoir* there appeared an article entitled "Comment obtenir des renseignements sur la planification familiale". The article explained how this information can be obtained from the Family Planning Association of Montreal. A similar article appeared in *La Press* and people in the Montreal association informed me that from these two articles they had 700 replies. The article I mentioned was dated February 15.

A Dr. Mongeau of Montreal runs a medical column in the newspaper *Photo-Journal*, and he offered to supply information on this subject to anyone who wanted it and he informed me on Sunday that he had 400 replies. So that all of this type of thing would appear to be against the law as it presently stands.

The Toronto *Star* printed an editorial dated April 24, 1965, entitled "Canada's 3,000,000 Lawbreakers". I would like to quote briefly from that:

> Whoever coined the phrase "laws are made to be broken" would be startled to discover how enthusiastically Canadians have endorsed it.
>
> Last year alone, section 150 of the Criminal Code of Canada which prohibits the sale of advertisement of birth control methods, was broken about three million times. This was the number of across-the-counter sales of contraceptive devices in the nation's drug stores.
>
> In addition to the legion of individual lawbreakers, municipal governments like Toronto are open to prosecution because their welfare departments dispense advice on birth control methods—also prohibited by the Criminal Code.

Now, there have been very few prosecutions under this section of the Criminal Code but there have been some, a few over the years. I have in front of me a copy of one which took place in the Winnipeg Magistrates' Court on August 31, 1961, called Regina vs. Keystone Enterprises Ltd. This was against a person selling contraceptive materials. The defence stated that it was for the prevention of venereal disease but this was not accepted as a defence in the case. Four years ago a druggist by the name of Fines in Toronto was prosecuted and convicted for the same sort of thing, so there have been a few prosecutions but, generally speaking, no one pays very much attention to the law.

In addition to the pamphlets and books which I mentioned are available, a number of public bodies have become active in the field of family planning in recent years. The law has not prevented most people of average means, if you like, in Canada from obtaining information on this subject, but it has in the past worked to the detriment of lower income families, the kind of people you find in social welfare rolls, because many public bodies have hesitated to give information on the subject simply because it was against the law. However, public bodies are not paying attention to that now. The city of Toronto found out about a year and a half ago that their social welfare department was giving prescriptions for birth control pills to people on the social welfare rolls. When the city council discovered this they debated it for a while and finally decided it was all right, they would continue in spite of the law.

• (11: 20 a.m.)

The municipality of Scarborough has made a decision that they will be in this field and I would like to read an extract from the Toronto *Telegram* of Thursday, February 24, 1966, as follows:

> Family planning clinics for married women 18 and over will be opened in Scarboro next month, Medical Officer of Health Dr. J. Allen Bull said yesterday.
>
> He told Board of Health that advice on birth control will be given at nine of the township's 16 child clinics, and patients will be referred to either family doctors or public health staff for examination and prescriptions.

So here is another municipality which is going ahead. Quite a number of hospitals in this country have been giving this sort of information in their out-patient clinics for quite some time. Recently the Minister of Welfare and

Family Planning for Quebec, Mr. Levesque, announced that the government of Quebec was contemplating doing something in this field, and I would like to read a report from the *Globe and Mail* on this subject:

> A spokesman for Quebec's Department of Family and Social Welfare confirmed yesterday that government planners were studying the possibility of giving aid to family-planning agencies in the province.
>
> "We have no intention of reopening the theological discussion of this subject in the past," the official said. But he expressed confidence that the church no longer opposed the principle of birth control.

Later the article goes on to say:

> The possibility of the Quebec government's giving aid to birth-control clinics was first mentioned last Friday in a brief that Welfare Minister René Lévesque presented to a federal-provincial conference on the Canada Assistance Plan.
>
> "Quebec is taking the lead in breaking down the myths that have surrounded this subject," the official said.
>
> He noted that in addition to the family-planning group associated with English-speaking welfare agencies such as the Red Feather in Montreal, there were two Catholic-oriented groups working in the field, one in Quebec and the other in Montreal.

So there is evidence that the province itself—and this may be the first province—is officially entering the field. The same thing has been done in Manitoba where a number of organizations in the province have decided to form a province-wide family planning association to make this sort of information available.

I would like to briefly review some of the history of the attempts to get legislation on this subject changed. I presented a bill in the session of 1963. It was very low on the order paper and was not debated. In 1964 I presented a bill which did come up for debate in September of that year. Prior to that debate taking place on September 11, 1964, a great many letters had been written to members of parliament and to the government by thousands of people and organizations. Not only the Family Planning Association whom you would expect to do this, but organizations such as the United Church of Canada, the Anglican Church in Canada have passed resolutions. The Canadian Medical Association, passed a resolution on this subject at the conference in Vancouver in 1964, also the Canadian Bar Association and the National Council of Women, just to mention some of the organizations.

You may recall that that was the year that one private bill was passed, the bill presented by Mr. Chrétien to change the name of Trans-Canada Air Lines. I had hoped that a second private bill would have been passed that year.

Now I understand the government partly discussed this at some length and came to the conclusion that they would not give it the same treatment that private members' bills usually receive. And this, in fact, was the case. I know that quite a number of my friends in the government party worked very hard to bring this about. Only one government member did speak against it—Mr. O'Keefe, who is here, and he did so because of his own personal convictions, which I understand. The bill was talked about by Mr. Gauthier of Roberval and Mr. Langlois of Mégantic. I spoke to them afterwards and they apparently

misunderstood the intent of the bill. They thought it was a bill which would have legalized abortion and that was the explanation I received at that time.

In 1965 I again presented a bill and one was presented by Mr. Lloyd Francis who was then the member for Carleton. The bill presented by Mr. Francis is somewhat similar to the one which Mr. Basford and Mr. Stanbury have presented in that it exempted certain persons or bodies from the law. The purpose of my bill is to take this section dealing with contraception out of the Criminal Code altogether. The purpose of Mr. Francis' bill was to say it was all right for doctors and nurses and family planning associations. This year we have four bills on this subject.

I would like to deal with the question of what type of bill the committee should consider. I do not know and there may be some members who do not think we should change the law at all but I am hoping that most members are of the opinion that it should be changed and the committee is really going to discuss what sort of change should take place.

One of the objections raised to the type of bill presented by Mr. Francis was this, that if certain people were excluded from the law, then the logical thing to do would be to enforce the law to the letter upon those persons not excluded. If you simply say the law shall not apply to doctors, to drug stores, to family planning associations, it seems to me there are a great many organizations and persons not covered. For example, it does not cover the situation of the selling of books on the subject. It does not cover the situation of churches giving information to anybody on the question of family planning. It does not cover the private sort of information which would be given within a family. I know there would not be any prosecutions in that sort of case but why have it against the law?

I would like to quote from an editorial which The Ottawa *Citizen* ran at the time Mr. Francis presented his bill, and I refer to The Ottawa *Citizen* of April 19, 1965.

> The birth control law is honored more in the breach than the observance. There is no need to labor the point that the religious convictions which originally led to passage of the law are being called increasingly into question, or that the statute itself is daily broken by many otherwise law-abiding people.

• (11: 30 a.m.)

I would like to interject at this point, Mr. Chairman, and say that as far as I can determine this law came on the statute books in 1892. It was not the result of Roman Catholic pressure particularly. It seemed to be in line with the prevailing protestant puritanical views of the day.

I go on with the editorial:

> The Criminal Code should be amended accordingly, and a good start might be the private member's bill introduced in the Commons by Mr. Lloyd Francis, the member for Carleton.
>
> The law forbids dissemination of birth control information, yet birth control clinics operate in various places in Canada, evidently on the understanding that they will not be molested by the provincial attorneys general concerned, who must initiate prosecutions. Mr. Francis wants the Code amended 'to authorize agents of duly incorporated family planning

associations, medical doctors, registered nurses, or social workers employed by public agencies recognized for this purpose by the province' to give birth control information.

The Ottawa *Citizen* editorial continues:

> But an amendment to the Code should go farther. Under section 150 (c) of the Criminal Code, a person commits an offence (unless he can establish that the public good was served by his act) who 'offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception. . .'
>
> Mr. Francis' amendment would be concerned, presumably, merely with the word 'instructions' in the statute. But this would leave a very wide area of the law open to infraction, simply because a large portion of society no longer accepts its validity. Contraceptives are widely sold in drug stores, with no questions asked. The 'public good' is not established. The authorities, perhaps wisely (for a law that is broken so often cannot be considered acceptable), do not enforce the statute.
>
> A law that is not accepted by a large proportion of the community, and turns considerable numbers of people into law-breakers, is bad law and should be changed.

The Toronto *Daily Star* at that time had an editorial which said that the type of amendment presented by Mr. Francis was a good start but why be so restrictive, why not remove this altogether?

I would like to deal with some of the objections I have heard from members against the type of bill I have presented. They have said, in effect, "If you take this out of the Criminal Code altogether, what do you do about the question of advertising; and what do you do about the question of Juveniles?" On the question of juveniles, I can cite one case; in my own home town of Burnaby, about a year and a half ago there was a prosecution against a storekeeper who was selling contraceptives to juveniles. He was prosecuted under Section 33 (1) of the Juvenile Delinquents Act. That is a federal statute. It does not deal with the sale of contraceptive material particularly, but with tending to corrupt the morals of juveniles. The storekeeper was found guilty. Incidentally, this man was also apparently contravening a statute of the province of British Columbia which deals with pharmacy, and this declares that only pharmacists can sell contraceptive material. I do not know how this is in line with the Criminal Code, but I cite this as a case and mention that there is a Juvenile Delinquents Act, if this is indeed a problem at all.

In private discussion, some hon. members have stated they are concerned with the possibility of advertising because the present section of the Criminal Code prohibits advertising. I do not know what they fear; whether there will be widespread advertising of contraceptive material or what. I suggest that advertising comes under the general heading of the conduct of commerce, which is in the provinces. The provinces have passed laws governing liquor advertising and I think that if there is any problem in this field the provinces could handle it. However, I would point out that advertising is taking place. I mention to you that there were articles in *Le Devoir* and *La Presse* just two weeks ago. This is a form of advertising. The Planned Parenthood Association in Ottawa has a

listing in the telephone book of Ottawa under Family Planning and birth control. They receive calls from people and that is a form of advertising. I do not know just how much you would want to control advertising, but I feel in general that that part of the section of the Code which deals with contraception has no business in there with these other matters. It is really all about people making personal decisions as to how many children they want and when they want to have them. That should not be in the section of the Code which deals with other moral problems.

Finally, Mr. Chairman, there is a good deal of public opinion in this country favouring a change in the law. This is shown by the number of letters which the government has received from individuals and highly respected organizations. Also, there have been Gallup polls on the subject as well. I wish to quote to you a Gallup poll made on February 16, 1965:

The question:

Some people think that the practice of birth control is morally wrong. What are your views on this?

Favour	66%
Wrong	19%
Qualified	6%
Can't say	9%

They have it broken down to men and women and the figures are not very much different; 68 per cent for men and 66 per cent of the women are in favour of birth control.

Finally, Mr. Chairman, the committee has to make a decision on which bills they wish to recommend or whether they want to make a recommendation to the government to draw its own legislation. I say this; whether you accept my bill or somebody else's bill I am particularly interested in the results. I should like to see a change made so that this section is removed altogether rather than continue a restriction. That is all I have in the way of a formal presentation, Mr. Chairman. I would be glad to answer any questions.

The CHAIRMAN: Thank you very much, Mr. Prittie. Do the hon. members wish to question Mr. Prittie, or do they prefer to hear Mr. Basford, and then question them together?

Mr. ROCK: Mr. Chairman, I object, not very strongly, to the statement made by Mr. Prittie to the effect that when the bill was being discussed during the hour for private bills he understood or heard the government side of the House would not permit his bill to pass.

Mr. PRITTIE: No. I did not say that.

Mr. ROCK: This is what I understood.

Mr. PRITTIE: Oh, I am sorry. May I correct that. I said that a great many members on the government side had worked very hard to make sure the bill would not be talked out, and I was grateful for that help. In fact government speakers did not talk it out. You misunderstood.

Mr. ROCK: Yes. We must realize and accept the fact that the method used in the past to pass private bills is very archaic. Any three individuals can talk out a bill and cause it to be placed at the end of the line and not be heard of again during that session. This has happened to your previous bill and other bills

previous to that. I am very happy that now at least we have a method by which at least it will be discussed at length in committee.

Mr. PRITTIE: You misunderstood me as Mr. Basford, among others, helped me in the work done on the bill at that time.

The CHAIRMAN: Any questions, gentlemen?

Mr. CHATTERTON: Mr. Chairman, have you decided to have questions asked now?

• (11: 40 a.m.)

The CHAIRMAN: I am in the hands of the committee. I wonder whether it would be better to hear Mr. Basford. Mr. Prittie is free to remain as it may very well be possible that hon. members would like to ask them the same questions.

Mr. KNOWLES: There is one question, Mr. Chairman, that I would like to ask perhaps not just Mr. Prittie but the entire committee. I think most of us who heard the hours of debate on Mr. Prittie's bill in 1964 were aware of the utter misunderstanding on the part of the two Creditiste members who spoke. They thought because the word "abortion" appeared in the text of Mr. Prittie's bill that it was a bill to legalize abortion. Mr. Prittie has made it clear that what he has done is simply to redraft that section of the Criminal Code leaving in it all the things that are now there except the word "conception". The question I put to Mr. Prittie is, is he satisfied that that misunderstanding has been cleared up, and that this committee understands and that the public generally realizes, that whatever views he may have on abortion, this bill does not touch on that subject at all.

Mr. PRITTIE: Yes, I tried to deal with that matter in my explanatory notes. When I redrafted the bill this year I changed the explanatory notes to try to make that point clear.

The CHAIRMAN: Yes, Thank you very much, Mr. Prittie.

The second colleague I wish to call before us this morning is Mr. Basford who will speak to us on his private member's bill, C-64.

Mr. BASFORD: Thank you, Mr. Chairman and members of the committee. I find myself in a rather unusual position of being a witness before a committee and wanting first to say that I urge you to support Mr. Prittie's bill rather than my own bill. Mr. Prittie reviewed the legislative history of his own bill and the co-operation he received from some hon. members from other parties toward the passage of his bill when it came up for debate in September, 1964. As a result of that debate, some of us were quite pessimistic of anything being done in this area. Nevertheless, it was the hope of some of us, including Mr. Francis to try to draft a bill that would meet with more general acceptance in the House of Commons. That was the reason for Mr. Francis' bill in the last parliament and for my bill in this parliament. My bill was drawn simply in an attempt to get a bill that, in the face of what seemed to be great opposition on this subject, would meet with the approval of more hon. members, and to possibly obtain passage in the house. In so far as my own view is concerned, I would urge on this committee that they consider Mr. Prittie's bill in preference to mine, which calls for the elimnation of the subject of family planning and contraception from the Criminal Code altogether.

There is one weakness in my bill, and I suggest in Mr. Stanbury's bill, which the committee must examine if it is interested in the approach taken in

those two bills. Apart from the reasons stated by Mr. Prittie, my bill makes no provision for the position of manufacturers of contraceptive devices, or contraceptive pharmaceuticals and it makes no provision either for their operation or for the dissemination of information on their product in even medical journals or pharmaceutical journals. The amendment proposed by myself has no provision for sale by way of wholesale those manufactures and, of course, there should be a legitimate operation.

There are many reasons why I have put this bill in and why I am interested in this subject. The committee will wish to go into and hear experts on all of those matters, but perhaps I might summarize my own views and deal with one situation that Mr. Prittie did not deal with. Surely, this is a question of private morality; a private matter between husband and wife; a matter for their own consciences and their own morality. Surely it can only generate contempt for our law when we have a law on the statute books which is daily not being observed by great sections of our population, and when it is not being observed even by our own government in its Food and Drug Directorate which authorizes and licences the manufacture and sale of, for example, the now well known contraceptive pill. Yet while the Food and Drug Director authorizes its manufacture and distribution, according to the Criminal Code, it is illegal to sell it. I would think the committee would want to examine the relationship between family size and poverty, and the statistics which indicate that there is a definite relationship between them. The committee will want to consider whether this is not a matter of private religious freedom among those who want to practise family planning, and that now when most of our major Protestant churches urge their members and parishioners that it is their moral duty to plan their families responsibly we have an act which prevents them from doing it.

I want to deal with the provisions of the Criminal Code and their effect on the foreign policy of Canada which I do not think the committee can completely ignore. While I agree entirely with what Mr. Prittie has said, I do disagree with one statement to the effect that we are not concerned here with the population explosion, or with the world situation.

I suggest, Mr. Chairman, that we are, because I think that the provisions in our Criminal Code have been instrumental in affecting Canada's foreign policy at the United Nations and at other international agencies. The position of Canada at the United Nations and in international agencies towards providing technical assistance for population studies and population planning to those countries that wanted such assistance has been negative and timid to say the least. Whenever this subject came before the United Nations in the past we have abstained on every resolution dealing with it until last December when it was indicated we would support a resolution that provided technical assistance in population studies to those countries desirous of receiving it. I suggest to a great extent this policy of Canada outside of Canada has been governed by our own domestic law and surely we are not in a position to assist or advise other countries who may wish assistance or advice on matters which our own law says is illegal in Canada. As a result of that law, at the United Nations and the specialized agencies we have a completely negative point of view, and have in no way endeavoured to initiate any assistance to countries. I am not a specialist in world population, I am not a demographer, but I have a few figures which I find disturbing. In 1961 the world population was increasing by 1.7 per cent; in 1962 it was up to 1.8 per cent; and 1963, 2.1 per cent. In parts of Latin America

and Africa it was increasing at a much higher rate than that, up to 3 per cent and 3½ per cent. Since the beginning of time to the early nineteenth century, the world increased its population to 1,000 million. In the next 100 years the world population went up to 2,000 million and in the last 30 years it has gone up to 3,000 million. It is expected that the world population will double within the next 25 or 30 years. I am not going to get into an argument on whether we can solve that population problem in the developing countries purely and simply by economic means and economic development. It is certainly true that in developing countries we and they have to do the utmost to develop their resources and their food growing potential. I am not going to argue the theory of whether man is outgrowing his environment or not, but I think some of the figures are so astounding that I would like to see Canada take more initiative at the United Nations and at the specialized agencies in assisting those countries in population studies and planning; that is, those that want it. No one for a moment is suggesting at the United Nations and at the specialized agencies that those agencies should give advice to countries that do not want it, but it is suggested there should be far more done for those countries who want assistance than is presently being done.

I might put on the record some examples of what we are apt to meet in the next few years. I would like to quote from a speech made by Eugene R. Black, president of World Bank, in which he discussed, for example, housing in India; and I quote:

> Some calculations have been made about the cost of providing houses in India during the next generation, if the population continues to grow at its present rate of about 2 per cent a year. If you disregard the cost of rural housing, on the somewhat optimistic assumption that it can be carried out entirely with local materials and labour, then you still have to pay for the homes of nearly 200 million extra people who, it is expected, will be living in India's cities 25 years hence. Making full allowance for the fact that many of the extra persons will be children needing not new houses, but simply more space in existing households, a sober estimate of the cost suggests that in the 30 years between 1956 and 1986 a total investment in housing of the order of 118 billion rupees, or roughly $25 billion, will be needed. If you find a figure like that difficult to grasp, I may say that it is well over four times the total lent by the World Bank in all countries since it started business 15 years ago. Put another way, it is more than 30 times the initial resources of the International Development Association—and those resources are supposed to cover I.D.A.'s first five years of operations.

• (11: 50 a.m.)

Perhaps if you prefer, I can turn to Latin America where the United States in quite a change in policy over the last few years is as part of the Alliance for Progress, providing technical assistance and funds to Latin American countries, that want assistance in population studies and planning. In order to show you some of the magnitude of the problem, I would like to quote from a speech made by the Hon. Thomas C. Mann, Assistant Secretary of State for Interamerican Affairs which was made in November of 1964. He is dealing as Director of the Alliance for Progress only with Latin America.

> Allow me to illustrate the dimensions of the job ahead of us in this hemisphere:

In 1960 a United Nations' study estimated that the existing housing deficit in Latin America was about 40 million units. If the population trebles in the next 35 years, this figure will obviously also grow geometrically.

We are having difficulties today overcoming a very high illiteracy rate. In the next decades we face an even more difficult task in building the class rooms and training the teachers who will be needed to care for an additional 400 million people.

If some cities in Latin America are currently growing in population at the rate of 14 per cent per annum, obviously we shall have even a larger task of providing the transportation, streets, electricity, sewerage, market facilities, and all the other things that the urban dweller needs.

I put those figures before the committee, and undoubtedly the committee will have some experts in this area before it only to illustrate that it seems to me there are developing countries in the world that want assistance in population studies and in population planning. I would hope the domestic laws of Canada would be such that we could take a larger part in this area in foreign affairs. We in Canada have not remained neutral in the field of nuclear war, or atomic war and I suggest we cannot remain neutral against poverty if you wish to call it that in developing nations. Surely we must do everything possible to assist the economic development of the underdeveloped countries but surely also, with compassion and humanity, we must endeavour to assure that the children of Latin America and Asia are born with a birthright of education, food and health that we have here in Canada. Thank you.

The CHAIRMAN: Thank you very much. I thank both gentlemen for appearing here. The meeting is open for questioning of either one or both of the witnesses.

Mr. CHATTERTON: Mr. Prittie mentioned two points on which he received considerable objection, one is with regard to juvenile delinquency, and the other advertising. It seems to me that these two might be considered to be interrelated. In order for the amendments that you are proposing to have a better chance to pass, could it not be so drafted as to eliminate the advertising part only?

Mr. PRITTIE: I really do not know how one could design a law which would cover that in all its aspects. Mr. Basford mentioned certain advertising will have to take place, presumably in medical and trade journals, so that the people involved in giving advice in this field will know the latest developments. I think what people probably have in mind when they object to the advertising part, is they think that good taste will be offended in some way by perhaps neon signs saying, "Get your pills here", or something to that effect. I do not see that this is a problem in Canada. For example, I have no objection to the type of article that appeared in *Le Devoir* which advised people that material is available. There is nothing wrong in having a listing in the telephone directory giving a phone number where people can phone, to obtain the material. There is nothing wrong in this type of information. I do not see anything wrong in an advertisement appearing in a journal such as the *United Church Observer* that would advise people where to go to obtain information. I do not know just how you would draft a law to cut out offensive advertising without cutting out all the other types of beneficial advertising. At any rate, I do not think it is a very

great problem. If it is a problem at all, I suggest the matter could be handled in the provinces in the same way as they restrict advertising by vendors of liquor. I know there is concern by some people, but in this field there is some advertising that would be legitimate. I do not know how you can draft a law to permit that type of advertising and no other.

Mr. ENNS: I find the committee in a difficult position with regard to how to address our questions as we have two bills before us. We have the peculiar situation of Mr. Basford saying, "support Mr. Prittie's bill". I am not too sure whether the committee might not say, "That is fine; we appreciate your magnanimity Mr. Basford, and we will confine ourselves to Mr. Prittie's bill." But they are both before us at this time. Perhaps there is another way out of this dilemma. Since Mr. Basford has referred to certain classes of persons as being exempt, I am interested in the statement that nurses are among those who are exempt. Can Mr. Basford say whether a nurse is ever in private practice where she would be prescribing medication? Or would she always be an agent of a public health agency or an employee of a physician?

Mr. BASFORD: I think Mr. Prittie can answer that with more expertise than I, but it is quite conceivable to me that in family planning bureaus and hospitals and private bureaus that a nurse might well be in charge.

Mr. ENNS: Yes, the nurse and the social worker, and so on, but these are still employees of the agency, but I think that the onus of responsibility rests on the board of directors running the agency or the constitutional set-up of the agency but not an individual who is a professional, whether it be a nurse or social worker or clergyman or whoever it may be. It may be a lawyer.

Mr. PRITTIE: Yes; I think the fact that someone is an employee does not necessarily excuse him from a criminal offence. I cannot hire someone to commit murder for me and that murderer say, "oh, I did not commit murder; I was hired".

Mr. ENNS: No, but you would have someone to dispense information with which you agree as an employer. For example, the family planning agency holds that it is not wrong to dispense this information. Now if a social worker or a nurse is employed by that agency is the onus on that employee to stand up to the charge against the Criminal Code or is it on the agency? I feel it is the agency.

Mr. BASFORD: That is a legal opinion, but I would say the onus is on the employee also.

Mr. PRITTIE: I believe that is the case. There was a prosecution quite a number of years ago in Eastview. There was a lady—a social worker—who was acting for Mr. A. R. Kaufman of Kitchener, who runs a bureau which supplies information on contraception. In the Eastview case the lady in question was the one who was prosecuted.

Mr. ENNS: The employee.

Mr. PRITTIE: Yes; Population Reference Bureau I think it is called. In the Eastview case it was the employee herself. This is a matter of law. I could not answer it.

Mr. KNOWLES: Is not Mr. Enns advancing a good argument for taking it out of the Criminal Code altogether rather than trying to draw these lines?

Mr. ENNS: Oh, yes. Perhaps we should take the approach in Mr. Prittie's bill rather than the approach in Mr. Basford's bill. Of course Mr. Basford agrees with this himself. This is why I say the committee is in some difficulty.

• (12: 00 noon)

The CHAIRMAN: I would like to remind the committee they are not considering or debating the bills but the subject of the bills, which is birth control in its widest form. The bills represent two different approaches to the same problem.

Mr. ENNS: Beyond this I did want to say that I was very impressed with Mr. Basford's argument that this certainly does apply to the question of population control and, in this sense, I think he has given the discussion of this committee a wider dimension than was probably intended earlier by Mr. Prittie. I think the significant statements made as far as they affect Canada's foreign policy in this regard is very interesting to myself.

Mr. PRITTIE: May I make a comment there? I still do not think the question of world population, in which I am interested, is too relevant to the subject matter of these bills, but since Mr. Basford introduced it I will say that Canada, in fact, has changed its position. I first became interested in this subject when I was parliamentary observer at the United Nations in December 1962. I noticed Canada abstained when a resolution on this subject came up but in Geneva last July at the meeting of the Economic and Social Council a permissive type of resolution was introduced which authorized the Economic and Social Council and its agencies to give this kind of aid and Canada did vote in favour. And, as Mr. Basford mentioned, a similar resolution came up at the United Nations in New York in December, 1965. The resolution was postponed until the next General Assembly, but the Canadian delegate announced that Canada was prepared to vote for it, so in fact we have changed our position in the external field.

Mr. BRAND: I will say at the outset that I support the idea of legalizing what has in fact become common practice the dissemination of this information but Mr. Prittie's bill is really a broad bill. You are leaving it wide open, Mr. Prittie, for all the other methods—and we see lots of them in the medical profession—coming across from Germany and the United States, other quasi methods of contraception which are being sold, and I personally would not like to see this field completely wide open to methods which are not approved by medical associations or others of this nature. Here it is completely wide open if you take this out of the bill. I favour the idea that this is one place where guidelines may be suitable. I think we go along with Mr. Stanbury's bill. He and Mr. Basford refer to the people who might be allowed to disseminate this information and Mr. Stanbury's bill probably has a little more merit to it. I would not like to see it wide open to every quack in the business to come up with some method of contraception. This is in fact what you are doing.

Mr. PRITTIE: Are you referring to surgical methods such as vasectomy?

Mr. BRAND: No, not necessarily. I am referring to other methods that are sold—I have seen them; as a matter of fact I have some of them—which are purported to be methods of preventing conception. They are illegal and they

sneak in the back way to try to get you to sell them now, and to try to tell people about them. You are opening the way for quackery here, as far as I am concerned.

Mr. PRITTIE: May I say that probably quackery exists now and should not be condoned. Perhaps one approach might be for the Food and Drug Directorate to be given the responsibility for approving any type of contraceptive method. For example, they would only deal at the moment with pills because there are chemical elements there, but it seems to me that most types of contraception used would not cause any problems. In fact I am not sure of what types of contraception you may be referring to here but you could designate federal agencies such as the Food and Drug Directorate to pass upon any type of contraceptive method made available to the public in Canada. At the moment they are just dealing with pills because there is a chemical element involved.

Mr. BRAND: What I would like to see is some method of deciding which one would be legal, in other words. This is wide open.

Mr. PRITTIE: Somebody, then, has to decide. You have to give the responsibility to someone.

Mr. BRAND: Yes.

Mr. RYNARD: Mr. Chairman, I was wondering if we might not go too far afield in this. We are just dealing with the general principle. This has to go back to the house with our recommendation, as I understand it. If I am wrong you may so advise. Those legal points would all have to be ironed out in the House.

Mr. PRITTIE: I would think, Mr. Chairman, you might want to call the people from the Department of Justice and ask them about these points.

The CHAIRMAN: I should tell the committee that I have attempted to hold conversations with the Minister of Justice and his department but it is rather difficult at the present time with the estimates before the House.

Mr. RYNARD: That is correct. This has to go back to the House and ours is just a general recommendation.

Mr. ENNS: This does not mean the committee cannot consider the legal question. We can recommend limitations and Dr. Brand's point can be included in our consideration.

Mr. RYNARD: The legality of it can be brought up in the House later.

Mrs. MACINNIS (*Vancouver-Kingsway*): I would like to ask both Mr. Prittie and Mr. Basford whether they have had any indications from organizations within Canada on whether it would be better to cut this out of the Criminal Code altogether or whether they feel that a limited form is better for handling it. I refer to such organizations in the field of Family Planning, the Bar Association, and others.

Mr. BASFORD: The only indication I have is from the Family Planning Bureau of Toronto which, in so far as the four bills were concerned, supported Mr. Prittie's approach over the other approaches and adopted my position.

Mrs. MACINNIS (*Vancouver-Kingsway*): On what grounds, if I may ask?

Mr. BASFORD: They felt as I feel that this was not really a proper subject for the Criminal Code. If you are going to control advertising you do not do it

in the Criminal Code. This is a family planning matter and a matter of conscience between married couples and is not a fit subject for the criminal law of Canada.

Mrs. MACINNIS (*Vancouver-Kingsway*): Was there any opinion on whether it would be enforceable in its limited form or not?

Mr. BASFORD: I have not spoken to them; I just read a newspaper they publish. I do not know whether Mr. Prittie has something to add.

Mr. ROCK: Mr. Basford recommended we take the approach of Mr. Prittie; Mr. Basford's approach is just a soft-pedal approach in comparison. We have a choice of going either half way or all the way and if we go in any direction I think we should go all the way according to Mr. Prittie's bill and the recommendation of Mr. Basford.

Mr. BASFORD: I would agree. My bill was put in, in an historical concept of what had gone on in Parliament. When Mr. Prittie's bill first came up, it seemed that we were not going to get anywhere, and therefore some of us searched around for a possible way to get a bill that would be more acceptable to Parliament. In view of the fact that over the last year there has been a great shift of public opinion in this matter and I think a shift of parliamentary opinion has taken place, the very fact that it has been referred to a committee is a real breakthrough. I do not think we need to look for a compromise solution so to speak. I endorse Mr. Prittie's position completely and hope the committee will adopt it also.

Mr. PRITTIE: In answer to Mrs. MacInnis' question, all the organizations which have written to the government about it have simply passed resolutions asking that the three words in the Criminal Code be deleted from the code. As I said earlier, the Canadian Medical Association passed such a resolution at their meeting in Vancouver in 1964. I do not know what they might have done if they had a choice. But this is in fact what they did and so did the Canadian Bar Association.

Mr. STANBURY: I want to get the reaction of the sponsors of the bills to the problems of the sale of contraceptives as opposed to the giving of information. I think that several of the members have touched on some of the problems that Mr. Prittie's bill raises although I think it appeals in terms of simplicity to all of us who are interested in this field. But it seems to me there is a problem of medical acceptability of devices particularly. There is a problem of public availability. Perhaps, too public availability of some devices and the problem of offending against taste. Now perhaps all these things can be covered by way of regulation and by provincial legislation. The one thing I do not think has been touched upon today, in discussing these problems that are not covered by the bill, is the question of the places where such devices might eventually be sold and the degree of availability that all manner of contraceptive devices might have under Mr. Prittie's bill. I am sure that he has given some thought to this and I want to have his reaction to this sort of objection that is raised.

• (12: 10 p.m.)

Mr. PRITTIE: Yes. First of all, you have to make a distinction between different types of contraceptive devices. There are some, such as the pill, that you can only obtain upon prescription from a doctor. There is no problem here.

The Food and Drug Directorate decide what pills can go on the market and they can only be obtained from pharmacists on a prescription from a physician.

I mentioned earlier, too, that in my own province of British Columbia there is an act which states that only pharmacists can sell this material and I have a question whether this is ultra vires or intra vires of provincial legislation. There are other types of contraceptive devices but they have the ordinary rubber condom which does not require a doctor's prescription, these are in fact on sale, I imagine, in drug stores. I do not know. Certainly in British Columbia it is the only place you can legally sell them but they are available now. You do not need a doctor's prescription.

Mr. ROCK: Issued by the armed services daily.

Mr. PRITTIE: Yes, for a long time. There are other new types of contraceptive devices such as the intra-uterine devices, which can only be inserted by a physician and only a physician would have access to them.

Mr. STANBURY: I think perhaps the very existence of this section, ridiculous as it is, has inhibited availability of devices and even of the type that are sold in drug stores in many public places, and I think the common objection that is raised to the complete opening up of this field is that contraceptive devices may be hawked in each railroad station and washroom and street corner of the country. How have you envisaged dealing with this objection? That is my question.

Mr. PRITTIE: Well, if there is a problem here it is simply up to the provinces to decide what to do about this and I do not think they would have any hesitation in taking action. I remember many years ago, when I was a municipal councillor in Burnaby, there was an application from someone who wanted to make them available in other places than drug stores and we simply quoted the provincial law on the subject and that is all there was to it.

Mr. STANBURY: But it has not been established yet whether or not this is intra vires the provincial government.

Mr. PRITTIE: I did ask for one legal opinion and the lawyer in question said that if the druggist was selling the contraceptive device to prevent conception it was not within the province's power but it might well come under the Health Act to prevent disease.

Mr. STANBURY: In any event your submission is that these problems can be adequately overcome by provincial legislation and by supervision under the Food and Drug Directorate?

Mr. PRITTIE: Yes, if the problems appear I think they can be handled by the Juvenile Delinquents Act which is a federal statute or by any provincial act which is appropriate to regulate the sale of a commodity.

Mr. CHATTERTON: I would just make the comment first of all that the federal health insurance plan for civil servants, created by a federal statute, will pay for contraceptives prescribed by a doctor. My question was to Mr. Basford. Would the objection raised by Dr. Brand be overcome by your bill in the agency that would be authorized. Your bill does not prescribe the type of contraceptive that would be allowed to be prescribed but would your bill overcome the objection raised by Dr. Brand?

Mr. BASFORD: I suppose it would be because we would presume that there are no quack doctors, pharmacists and nurses. I would think that is a fairly

safe assumption to make and therefore my bill would overcome that. I think there are other ways to overcome it than by providing for it in the Criminal Code.

Mr. CHATTERTON: Would a pharmacist be competent to judge whether a certain method is medically acceptable if it is not done by the prescription of a doctor?

Mr. BASFORD: No, I suppose not.

Mr. CHATTERTON: May I ask Dr. Brand whether a pharmacist would be expected to be competent to be the judge of that rather than a doctor?

Mr. BRAND: No. I think probably the idea here was, they should be allowed to sell them legally but they should not be allowed to dispense this stuff except perhaps the rubber condom. Here you are getting into sales. And you have complete control by Food and Drugs. I think contraceptive devices are things that can only be handled by competent physicians and not family planning agencies either unless under the direction of a competent physician.

Mr. ENNS: Can anyone here say where in the Criminal Code provision is made now to limit the dispensing of these items through the drugstores? This is now the case, it seems, but what section of the Criminal Code controls it now, in fact? If it does not control it now, maybe this is not a proper concern of this committee. It may well be provincial laws that control these places where these things are available. I do not seem to find it in the provision of the Criminal Code.

Mr. ROCK: The Criminal Code does not come into it at all. It needs direction.

Mr. ENNS: All right. Then it should not be the concern of this committee at this point because we are talking about amending the Criminal Code.

Mr. KNOWLES: Is it not true, even if we were to accept Mr. Basford's bill which he has graciously rejected it would still be necessary to meet Dr. Brand's proposal to have some kind of food and drug regulations to guide physicians and pharmacists? Is it not better to take it out of the Criminal Code, but to provide something either in the Food and Drug regulations or in Trade and Commerce.

Mr. BASFORD: This is done with the pill under the Food and Drugs Act and the provincial pharmacy act. All you have to consider is whether there need be further regulation in the food and Drugs Act or the provincial pharmacy act dealing with other matters of birth control.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, both gentlemen have indicated that there is some area in which provincial governments will be asked to act in an administrative capacity in regard to advertising, and so forth. Before this amendment is considered would it not be better to discuss this with some of the provinces in some of the areas in which there would be conflict, so that when the Criminal Code is amended it can be amended so as not to come in conflict with provincial jurisdiction in any area?

Mr. BASFORD: I always hesitate to have consultation with the provinces, because no one knows where it would end up. If that is of concern to you I would suggest you might put in the law that it would come into effect by proclamation, which would give the provinces time to organize themselves.

Mr. PRITTIE: In reply to Mr. Howe, all I have said is that if the problem arises, the provinces have adequate power to deal with the matter. I do not see much of a problem arising from the advertising point.

[*Translation*]

Mr. MATTE: I must say, I will speak in French, this is a problem which is a very delicate one for us, particularly when we envisage it under another angle: that is, from the point of view of the Catholic Church. We are awaiting the studies which the Church has prepared and we will probably have available to us in a short time. That is why we must be very prudent, even though opinions might be very divergent. From the viewpoint of morality, the Church does not accept birth limitation as a purpose, but it does accept the objective of improved health. That is why it is very difficult for the Bill to be accepted at the present time by those who are Catholic. I think this is what killed your Bill last year.

• (12: 20 p.m.)

[*English*]

Mr. PRITTIE: In reply to Mr. Matte, I would simply say if you take the letter of the law as it appears in Section 150, there is a type of contraception which has been approved by the Roman Catholic Church, the rhythm method. They have a clinic called SERENA which gives couples instructions in this method. It seems the way the law stands at the present time, if there is "any means, instructions, medicine, drug or article intended or represented as a method", this would be included.

[*Translation*]

Mr. MATTE: The Church does not teach birth control as a purpose.

Mr. PRITTIE: Yes, yes, I understand.

[*English*]

Mr. MATTE: It does not teach this as a purpose. This is the purpose in your view.

The CHAIRMAN: Mr. Ballard.

Mr. BALLARD: Mr. Chairman, I think it is all very well to look at bills like this and to theorize on how well these things are going to work. Of course, Mr. Prittie has done very well, and now Mr. Basford has agreed with him that if we do eliminate this section of the Criminal Code, everything is going to operate very well; everybody is going to conduct himself in a most ethical manner in connection with birth control. But I think when we look at these things we should consider how bad the situation could be under a certain bill, and I am speaking now of Mr. Prittie's bill. Mr. Prittie has thrown the door wide open and has stated that there is no restriction at all on birth control. I can well visualize the dissemination of birth control literature and birth control methods from the shelves of the corner grocery store and cigar store. This would be all right provided these methods and devices were acceptable. But if you have no control over it, then it is likely that the type of thing being sold or dispensed as somebody mentioned through grocery stores and cigar stores would not be of a calibre that we would expect. For that reason I think the bill presented by Mr. Basford, to my mind, is more acceptable, as it does limit the people who will be dealing in this particular area, and it is an important area.

Actually, I think Mr. Basford has probably gone a little far in his permissive legislation. I think that possibly this is the sort of thing that should

be restricted, the advice should be restricted as coming only from physicians. I do not think a pharmacist, or a registered nurse, or a family planning association, is capable of giving expert advice on the use of contraceptives. Somebody has said that we can control this through the Food and Drugs Act. Well, only partially, as there are several mechanical contraceptives and I suppose they would have to be controlled through the Department of Trade and Commerce. You would have quite a hodgepodge of control if you took this entirely away from the Criminal Code. I think we should look at what might happen, the bad effects that might ensue in taking the section entirely out of the Criminal Code and arriving at some compromise or half way measure. This is exactly what Mr. Basford has done. I would go along with his suggestion that subsection (6a) be added even in its present form. It would give us some control whereas the other bill throws the field wide open and that is a little dangerous.

Mr. ENNS: I feel that this comment has to be challenged. Mr. Ballard speaks from a medical point of view. Mr. Ballard has a point when he says that the pills should be administered by physicians only. This I agree with, of course, but when the statement is made that a family planning agency is not competent to judge the usefulness of this application, then I question whether this is really the medical practitioner's judgment; whether he can say a family should or should not avail themselves of these items. It is more essentially a social problem rather than a medical problem. Granted, we need medical expertise to know with any degree of certainty whether the items used will perform the purpose for which they are prescribed. The problem we are trying to eliminate is essentially a social problem and it needs this wider application, in a much more general field than in the international field that Mr. Basford introduced. I wanted to make that explanation.

The CHAIRMAN: Undoubtedly we will have before us planned parenthood groups of one kind and another and members will be able to judge for themselves.

Mr. PRITTIE: May I comment on the remarks of Mr. Ballard. I mentioned two books which I brought with me which can be purchased not only in book stores but in drug stores. Indeed, I purchased one of them at a bus station, and they are both quite reputable books on the subject. They are being sold now. If you consider that bad practice, it exists at the present time. It seems to me if you are going to make exceptions to the Code, then there is going to be quite a long list of exceptions. If you do not make exceptions then the only logical thing to do is to go ahead and enforce those practices which you have not excepted from the Code. I would disagree, a doctor's advice is not required on all aspects of family planning. Certainly you cannot take a pill without a prescription and a doctor's examination. The inter-uterine device which is used a great deal must be inserted by a doctor, but the ordinary type of drug contraceptive as used by the millions in Canada does not really require a doctor. If you are going to make exceptions, the law should be enforced on those practices not excepted in the Code.

Mr. BALLARD: Mr. Prittie has reinforced my argument. He says naturally pills have to be prescribed by a physician. Naturally a doctor has to prescribe an inter-uterine device. This is the whole point. With the suggested amendment our friend has made, this would not be necessary under the Criminal Code.

Mr. BASFORD: It is not the Criminal Code that makes it necessary now. If the Criminal Code governed they would not be doing it at all. The Criminal

Code says a doctor cannot prescribe the pill. It is the Food and Drugs Act that allows it or purports to allow it. Presumably that is committing an offence.

The CHAIRMAN: Mr. Brown.

Mr. BROWN: Mr. Chairman, will the committee be given an opportunity to hear from some officials, perhaps officials from the Department of Justice, who might advise us whether amendments can be made to existing laws to give permission for the sale of certain types of contraceptive devices, and to prohibit others. We could have that evidence in order to make a decision on this?

The CHAIRMAN: Yes. I am trying to establish contact with the Department of Justice in this regard.

• (12: 30 p.m.)

Mr. BROWN: I think before we make a report we should hear them.

The CHAIRMAN: I am sure we will. We will also hear from the Canadian Bar Association and other associations.

Mr. O'KEEFE: I would like to suggest this is not the type of legislation that should be introduced through private members' bills at all. I have some strong reservations about the whole idea. It should certainly come as a government measure not under the subterfuge of private members' bills which, in some cases could be—I do not suggest they are—looking for some publicity.

The CHAIRMAN: The committee is not really talking about the bills at all but about the content matter and how and what this committee reports to the house will depend on the committee itself.

Mr. BASFORD: If I might comment on that, if some people are seeking publicity, I think the sponsors of these bills undoubtedly have received some publicity. It might interest the committee to know that the publicity I have received has not resulted in one unfavourable letter. Every letter I have received has been in support of the bill.

Mr. PRITTIE: I do not think there is any member around this table who is not concerned with publicity at some time or another. I agree with Mr. O'Keefe. I would be glad if the government brought a measure in; but Mr. O'Keefe must know that the private members' bills have been used to advance certain ideas in the hope that the government will eventually act on the subject. If they want to bring in a good measure, that is fine.

Mr. ISABELLE: Just a few comments on this question. I agree that something should be done. We are treading, I imagine, on very slippery ground because we are dealing with words and I imagine that lots of us do not have the right definition for the right word.

A question was brought up about the legalization of birth control and limitation of child birth, which is not the same at all. One is permitted by the church. The rhythm method is permitted by the church. At the same time if we get into this field of limitation of child birth we get into a field of morality, if I may express it in that way. So I think this is a very important point that we do exactly know the definition of the word before going any further. I have a question to ask both gentlemen. When we are talking about contraceptives, what are we talking about? Are we talking about articles that are in existence on the market today or are we dealing with existing pills which are not contraceptives? They could be used as contraceptives but they are not con-

traceptives; this is the question I want to ask you. When you wrote this bill what was your purpose? Was it to legalize the selling of these so-called contraceptive pills or do you want to open the door to everything that has been banned up until today?

Mr. PRITTIE: Well, everything is banned today and what I have in mind is that it will be legal to give advice on means of contraception and to sell the means. Now, it is not up to me to determine what are the proper methods of contraception. As Dr. Brand suggested perhaps somebody else makes this decision. I am not competent to judge what is a good means or a bad means, but I want whatever means are effective and acceptable by society to be legally available to people.

May I just say, in passing, that I agree with the point raised by you and Mr. Matte. I prefer the term "regulation" to "limitation".

Dr. ISABELLE: But you did not answer my question concerning your reason for the writing of this bill. Was it to legalize your idea or was it to legalize certain means of contraception like the pills? In other words, to legalize the pills?

Mr. PRITTIE: No, I did not have the pills in mind particularly, but all acceptable means of contraception, which is much wider than pills. I cannot say in the future what new developments there will be and what will be acceptable. Someone else will have to decide that.

Mr. ROCK: I think it will be very clear to Dr. Isabelle that Mr. Prittie mentioned the fact that it is the Criminal Code which is to be amended. At the moment we may even say that 60 per cent of the people in Canada may be criminals indirectly in a sense.

Now, I want to get back to this family planning group. Many here are worried about the fact that they may possibly be giving instructions as to different types of contraceptives, but I always feel that these planning groups are the same as church groups, which give instructions to married couples and other couples. What they try to teach is mostly the rhythm system, rather than contraceptives. This is my concept of the instructions they usually give to family groups, and I understand from the Chairman that we will be having some of these groups here, so we will be able to ask them what are the instructions they tell the couple concerned to see a physician? I think we will find it out in due course.

Mr. HOWE (*Wellington-Huron*): I am wondering how soon this evidence can be available. There are some statements made by the two gentlemen that we would like to study more closely before the next meeting and wonder if the evidence would be available by Thursday, would it?

The CHAIRMAN: It depends on the number of committees meeting. I do not think there are too many at the moment. What I expect will happen is that next Thursday we will have the other two gentlemen present their bills and there will probably be a gap of some time before we are able to arrange further interviews with other interested groups. This will give members of the committee more than ample time to study all four bills together.

Mr. BASFORD: May I just make the comment, in parting, that the suggestion has been made that the Criminal Code should be used to control or regulate the type of contraceptives used or dispensed or sold. To me this would be an unwise course of action because we do not know what is going to happen in the future

as to the methods of preventing conception and surely if a new method is developed we do not want to have to come to parliament and amend the Criminal Code in order to make that new method legal. Therefore, if you are concerned with regulating the method that it would be legal to prescribe, I would urge the committee to look at the methods other than the Criminal Code, such as the Food and Drugs Act.

The CHAIRMAN: Any other comments gentlemen? If not, the meeting is adjourned until 11.00 a.m. on Thursday.

OFFICIAL REPORT OF MINUTES
OF
PROCEEDINGS AND EVIDENCE

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LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 2

THURSDAY, MARCH 3, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Mr. Ian Wahn, M.P., Sponsor of Bill C-40, Mr. Robert Stanbury, M.P., Sponsor of Bill C-22, and Mr. Robert Prittie, M.P., Sponsor of Bill C-71.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23660—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,
Brand,
Brown,
Cameron (*High Park*),
Chatterton,
Cowan,
Enns,
Howe (*Wellington-Huron*),
Knowles,
Laverdière,
MacInnis (Mrs.) (*Vancouver-Kingsway*),
Matte,
Monteith,
O'Keefe,
Orange,
Pascoe,
Rideout (Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Committee Officer.

MINUTES OF PROCEEDINGS

THURSDAY, March 3, 1966.
(3)

The Standing Committee on Health and Welfare met at 11.15 a.m. this day. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), and Messrs. Brand, Brown, Chatterton, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, O'Keefe, Rock, Rynard, Simard, Stanbury (16).

Also present: Messrs. Allmand, Cashin and Prittie, Members of Parliament.

In attendance: Mr. Ian Wahn, M.P., proposer of Bill C-40, and Mr. Robert Stanbury, M.P., proposer of Bill C-22.

The Chairman invited Mr. Wahn to explain the purpose of his bill. Before doing so, Mr. Wahn made some introductory remarks regarding the decision of the Committee to consider only the subject matter of Clause 2 of Bill C-40 at the present time. He explained the provisions of the said Clause 2 and was questioned thereon.

The questioning concluded, the Chairman invited Mr. Stanbury to comment on the provisions of Bill C-22. Mr. Stanbury explained the purpose of his bill and was questioned thereon.

Mr. Prittie supplied additional information to the Members.

The Chairman informed the Committee that the associations and persons he has contacted have expressed their desire to appear before the committee but no one is prepared to appear next week.

Agreed—That the suggestion of Mrs. MacInnis, (*Vancouver-Kingsway*), to invite the Honourable René Lévesque, Minister of Family and Social Welfare of the Province of Québec, be referred to the Subcommittee on Agenda and Procedure.

At 12.35 p.m. the Committee adjourned to the call of the Chair.

Gabrielle Savard,
Clerk of the Committee.

23660—1½

EVIDENCE

THURSDAY, March 3, 1966.

• (11: 10 a.m.)

The CHAIRMAN: Ladies and gentlemen, we now have a quorum present. The meeting will come to order. Today we have as witnesses Mr. Wahn who will speak on his private member's Bill No. C-40; and Mr. Stanbury on his private member's Bill No. C-22.

I ask Mr. Wahn to come forward and present his bill. I think before Mr. Wahn presents his bill he wants to raise a point of order with the committee.

Mr. WAHN: Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, this is really not a formal point of order but I do understand that a decision has been made by the steering committee and the committee as a whole that the clause of the bill dealing with therapeutic abortion will be considered later after the committee has considered the clause concerning the availability and distribution of contraceptives and contraceptive information.

I can understand why the committee might wish to proceed in this manner, because, although the two subjects are closely related, considerations that might apply to the one might not apply to other clauses of the bill.

At the same time, Mr. Chairman, I would like to feel assured by the committee, if that is possible, that the delay in considering the provision relating to therapeutic abortions would not, in effect, result in the matter being put aside completely. In other words, while I realize the matter can be best handled separately I trust it does not mean putting it aside completely. I trust that the committee will deal with it promptly as well because it is an essential part of the bill which has been referred to committee for consideration. It is a matter of extreme importance. Mr. Chairman, without getting into the substance of the provision, I think I should point out that in Canada today there is a general belief that abortions are legal only if it is necessary to preserve the life of the pregnant woman. There are several relatively recent legal decisions in England that indicate that abortions may be legal if necessary to preserve the life of the woman or if necessary to preserve her physical or mental health.

Now, in Canada many doctors believe they can only be performed where it is necessary to preserve the life of the woman. As a result it may well be that women who are entitled under the law to have legal abortions are being deprived of them because of the fact that the law in Canada is not clear. Actually, the purpose of this particular provision in my bill is really primarily to clarify the law along the line of the two English decisions I have alluded to, so as to permit abortions where necessary to preserve the life of the pregnant woman, or where necessary to preserve her physical or mental health while providing for very careful safeguards which would not exist if those two English decisions I have mentioned are sound. In other words, if the law at the present time permits abortions to preserve the physical and mental health of the woman, then there are no safeguards at all.

This clause would clarify the law to permit abortions in those circumstances but subject to very carefully defined safeguards. For example, the draft bill provides that any therapeutic abortion must be performed by a qualified practioner in a public treatment hospital with the consent and approval of the abortion committee of that hospital, if it has one; or if not, with the approval of another medical practitioner; and the consent of the husband of the woman must be obtained or consent of her parent or guardian if she is unmarried. So these are very careful safeguards, and it is important therefore that the law should be clarified.

The Ontario Medical Association has considered this problem, the Committee on Therapeutic Abortions of the Ontario Medical Association has, in effect, recommended that the law be changed along the lines of this provision which is included in my bill. This recommendation by the Committee on Therapeutic Abortions of the Ontario Medical Association was approved at a general meeting of the Ontario Association. I would hope, Mr. Chairman, in view of the importance of the matter to the medical profession and also to women who may perhaps be deprived of rights to which they are entitled under existing law, that this law should be clarified as soon as possible and the committee would proceed to deal with it just as soon as it possibly can.

The CHAIRMAN: Mr. Wahn, of course, I cannot speak for the committee, but this matter was discussed by the steering committee, and in the full committee here, and it is our feeling we should discuss first the matter of birth control. This procedure was not decided on in an attempt to shelve the other matter, but it was our feeling that the two matters while being related are really quite different in principle; one being the prevention of conception and the other being the destruction of a conception. As far as the Chair—and I am sure the committee—is concerned, these matters having been referred to the committee by the House of Commons, we have no alternative but to deal with them. To separate them seemed to us a more reasonable way to deal with the situation, but it does not mean that we are shelving the question of abortion.

I am quite sure that the introductory remarks you have made on the subject will stimulate some people who want to discuss this topic to come forward and make themselves known to the committee.

Mr. WAHN: Thank you, Mr. Chairman. The only other point I should like to make before dealing with the other sections and provisions in the bill is this. I understand there was an indication at the last committee meeting that the committee would be calling witnesses from members of the legal and medical profession.

The CHAIRMAN: Yes.

• (11: 20 a.m.)

Mr. WAHN: Those witnesses might very well have views on therapeutic abortions as well as on contraception, and it would be a matter, of course, for the steering committee and the committee, but it would seem, without confusing the committee, it might be possible while such witnesses are here to obtain their views with regard to therapeutic abortions. Otherwise, you might have to call back the same witnesses, thus taking the time of the committee and of the witnesses and lengthening out procedures unduly. I realize this is a matter for the committee to decide, but I would have thought that it would be possible in

the case of expert witnesses to get their views on both points at the same time because they are related subjects.

The CHAIRMAN: Yes. Before you proceed, I should like to say that I have been in touch with both of the two professions in question. I should say that while their views on birth control are fairly clearcut and straightforward, their views on abortion are not that straightforward and clearcut. I think they would welcome the time between the two subjects so that they may better prepare their material on this matter.

Does anyone else wish to speak on this before we proceed?

Mr. ENNS: I want to support what you have said. Actually, we do want to consider both of these subjects in view of the general concern over the matter of birth control and abortion. But I can see that we would likely get our wires crossed and have confusing loyalties, let us say, if we were to consider both subjects together. I accept your separation.

Mr. KNOWLES: Mr. Chairman, in a sense, Mr. Wahn has made his point; he got his statement on the importance of the abortion issue on the record. You have stated our views correctly. We have no intention to shelve the issue. We just felt the two questions should be separated in the hope that if we cannot make a decision on both of them we might make a decision on one of them.

The CHAIRMAN: Any other comments?

Mr. BRAND: I cannot agree with Mr. Wahn's bill. It seems to me he is confusing the two issues which I feel are quite clearcut and quite separate. I think he is using the words "birth control" to include therapeutic abortions, which I do not think should be included. I would like to see the two separated, and that we discuss this bill quite separately from the other contraceptive matters.

Mr. SIMARD: I agree with you, Mr. Chairman.

The CHAIRMAN: There being no further discussion, the committee would move on discussion of Clause No. 2 of Mr. Wahn's bill which deals only with the birth control section.

Mr. WAHN: Mr. Chairman, the present section in the Criminal Code is extremely wide. As you know, it prohibits the advertising of birth control devices and the distribution of birth control information.

It is a criminal offence under the Code to either sell or to have for sale, or even for disposition any birth control devices, or information, or instruction, with respect to contraception unless it can be established that there is some lawful justification or excuse. The section reads: "Every one commits an offence who knowingly, without lawful justification or excuse" does these things; so that the section has the effect of putting the onus of proof on the person who distributes information or devices relating to conception. Ordinarily the onus of proof is on the Crown. This section has the effect of putting it on the accused, and that is contrary to our basic principles in any event. The section of the Code is so wide in its terms that it is violated, as we all know, every day in practice. The existence of a law which it is impossible to enforce and which no one really wants to enforce, or tries to enforce, brings the law itself into disrepute. This, I think, is one of the strongest reasons for complete repeal of this prohibition. The existence of such a law tends to prevent the establishment of birth control clinics by municipalities and by public health authorities and by social service

agencies, who, even though they realize the law is being violated every day, feel it inappropriate that a public body should be engaged in the violation of the law.

Because of the wholesale violation of this section of the Code, apart altogether from whatever views one may have with regard to morality or immorality of contraception, apart altogether from that, it is essential that the section should be repealed. It is bad jurisprudence to permit sections to remain in the Criminal Code which are not being enforced. When one law is violated in a wholesale fashion there is a tendency for other laws to be violated. I suggest to the committee that basically, apart altogether from your views on the desirability or otherwise, contraceptive information and devices being available, this section in any event should be repealed as it is not being enforced, and cannot be enforced. It merely brings the law into disrepute to have it on the statute books. Furthermore, it is important that it should be done quite promptly.

• (11: 30 a.m.)

Many of us have read of the inquest into the death of a woman in Georgetown in November of last year. The jury which investigated the death found that it had been self inflicted while the woman was attempting to commit an abortion on herself. This is not an isolated case. It is estimated that there are 50 or 60 cases of death or serious injury each year in Metropolitan Toronto alone from illegal abortions. Admittedly, figures are almost impossible to arrive at, but it is estimated that there are about 100,000 illegal abortions—and I am not getting back to the first section of my bill, Mr. Chairman. The relevance of this will appear later. There are about 100,000 illegal abortions a year in Canada. This may be somewhat surprising when it is estimated that about 65 per cent of these abortions are performed on married women who wish to limit the size of their families. If there are 100,000 illegal abortions a year in Canada, one can imagine how many hundreds of thousands of cases there are of women who are, in effect, being forced against their will to have children, which perhaps in circumstances may endanger their health, or there may be a case where the family is already so large that it is a real hardship for that family to be burdened by additional children.

Mr. Chairman, it seems to me to be rather elementary it is almost a basic right of a woman not to be forced to become pregnant or to bear a child against her will. Therefore, this second clause of the bill will make it entirely clear that it is legal to distribute information and devices to prevent conception. I believe it will permit the establishment of clinics by public authorities which will, I am sure, serve an extremely useful social purpose.

It seems to me, Mr. Chairman, that the use of contraceptives is a matter that should be left to the individual conscience, and perhaps to ecclesiastical or moral law, but it is not an appropriate subject for legislation. It is certainly not an appropriate subject to be dealt with in the sections of the Criminal Code which basically relate to indecency. The provision is completely out of place in this context, and I would urge members of the committee after complete investigation, of course, to make strong recommendations to the government that the section relating to contraception should be repealed. Thank you.

The CHAIRMAN: Before we leave that, Mr. Wahn, I wonder, since you have referred to something that has happened in my own riding, whether you would

make your point a little more clear. Would you tell the members of the committee what were the recommendation and findings of the Coroner's inquest in the case you referred to?

Mr. COWAN: Mr. Chairman, you are not taking part in the discussion, are you?

Mr. KNOWLES: May I ask a question, Mr. Chairman? The question I put to the witness is the question that the Chairman put.

The CHAIRMAN: Thank you.

Mr. WAHN: The jury found that the woman died from an air embolism that was self inflicted in an attempt to perform an abortion on herself. The jury stated that the law in Canada as it stands at the present time relating to contraceptives, and indeed to abortions, is barbaric and extremely primitive to say the least. In other words, there has been in effect a recommendation by a Coroner's jury that this particular section should be repealed.

Mr. COWAN: Mr. Chairman, the witness has now stated that nobody wants to see the present law enforced. Has he interviewed everybody in the Dominion of Canada to be able to make the statement? How does he know nobody wants it enforced? I am one who wants it enforced, and I know there are millions more. I am as certain there are millions more who want it enforced as he is that nobody wants it enforced. How does he know that there were 100,000 illegal abortions in Canada? What does he base those figures on? On Monday night of this week a member of Parliament produced figures in my presence showing that there were 64 escapees from penitentiaries in Canada, according to the penitentiary annual report. The hon. Frank McGee challenged the accuracy of the figure of 64. If Frank McGee will challenge the figure 64 escapees in Canada, then I challenge the figure of 100,000 illegal abortions. What is it based on?

Mr. WAHN: That is a fair question, Mr. Chairman. The figure I used was taken from statistics compiled by the Family Planning Association.

Mr. COWAN: I would like to know the basis of the figure.

Mr. WAHN: The basis for their statistics? Admittedly, it is difficult if not almost impossible to determine with any exactness the number of illegal abortions. For one thing it is impossible to determine with accuracy when abortion is illegal or not.

Mr. COWAN: I know that and that is why I asked you how you arrived at that figure.

Mr. ENNS: I do not think it is too useful to establish any exact figure, with due respect to Mr. Cowan. Perhaps if we simply say that there is a growing body of opinion on this subject, I do not think Mr. Cowan would challenge that statement. Whether or not it is correct, it is up to him to say, but I want to reflect this kind of growing opinion in our nation and something needs to be done.

• (11: 40 a.m.)

Mr. COWAN: Something needs to be done! More exercise of self control is something that might be done.

Mr. ENNS: You are talking about human behavior. That is something we cannot legislate.

Mr. KNOWLES: Mr. Chairman, I was a little disappointed to find the length of time that Mr. Wahn spent on his first reason for pushing this legislation, but I must say he improved it quite a bit. What I had in mind is that it seems to me that there is too much being said about the desirability of repealing the law because it is being violated. It seems to me if we act on that principle we will wipe out the whole Criminal Code and abolish the Ten Commandments in the process. After all, there is a law against stealing which is being violated every day. They are even stealing gold in Winnipeg now. This is no reason for abolishing that law. I know there can be on the statute books archaic laws. I know the last time we amended the Criminal Code one of my amendments struck out the word "witchcraft". It is still in there.

Is it not true, Mr. Wahn, that it is better to make a case as you have done on the fact that this is a personal matter or a personal decision between people and therefore should not be the subject of the Criminal Code? Also, should there not be some emphasis quite openly on the fact that it is a thing that is positively desirable, namely that we have family planning?

Mr. WAHN: I think that is a sounder basis to put it on, Mr. Knowles. The other argument though is an important one, not just that it is a law being violated. It is that the law does not command respect. The law against stealing, which admittedly is being violated every day, nevertheless is a law which the great majority of Canadians respect and I think that the existence of that law is desirable in order to protect society.

Despite what Mr. Cowan has said, I am convinced that the great majority of Canadians—

Mr. COWAN: You said nobody. You are changing it now.

Mr. WAHN: All right, I am open to argument. I am open to reason.

I now say that the great majority of Canadians do not agree, or do not believe, that this law which prohibits contraceptive information, just do not believe that it is a good law. When the great majority of people in the country are not prepared to respect the law, then it is time to get rid of the law. But the more important reason is the one just mentioned, namely, that it is positively desirable that families should be put in the position where they can, acting legally, plan their own family life. I suppose that family problems constitute the greatest number of problems that have come before social agencies. In many instances the problems result from families which are too large in relation to the family income. It just seems to be the obvious right, I would have thought, of a man and his wife to plan their family in accordance with sensible principles. They should not be forced to bear children, in effect, against their wills, if they do not desire to do so.

Mrs. MACINNIS: Mr. Wahn indicated in his opinion that this matter does not belong in the Criminal Code or in the section where it is. I am wondering why Mr. Wahn would think it would be better to put an amendment like this back in the Criminal Code rather than throw the entire matter out of the Criminal Code if it does not belong there. Why put a restrictive form of it back in the Criminal Code? I want to get the reasoning behind this.

Mr. WAHN: I am not sure I quite understand the question.

Mrs. MACINNIS: I understood you to say that this matter of birth control or dissemination of information about contraceptives does not belong in the Criminal Code, or at least in this section of it.

Mr. WAHN: Yes.

Mrs. MACINNIS: If such is the case, why propose in a bill to put in another version which is not there now, and which does not belong there—a more restrictive version? In other words, I want to know why, in your opinion, it would not be better to throw it out altogether rather than put in another version of it?

Mr. WAHN: Unless I made a mistake in drafting the amendment, I have entirely deleted the prohibition against the distribution of contraceptives or contraceptive information from the Criminal Code. That is all. All that is left is the prohibition against advertising other than in medical journals, information, instructions or devices relating to abortions.

Mrs. MACINNIS: You do the same thing; there is a piece of it left.

Mr. ROCK: He has eliminated contraceptives.

Mrs. MACINNIS: Why say this should not be in the Criminal Code and yet put a piece of it back in there?

Mr. WAHN: I see the problem. I would still leave in that section, the prohibition against advertising devices designed to cause abortions.

Mrs. MACINNIS: Why?

Mr. O'KEEFE: Because he thinks it is a good thing.

Mr. WAHN: I do permit it in medical or nursing journals, but it seems to me it could be argued that abuses could result if advertising were permitted, of devices designed to abort, in popular magazines.

Mrs. MACINNIS: Do you think that is a safeguard, even though the matter should not be in the Criminal Code you think we should put in a little piece about advertising in there?

Mr. KNOWLES: Is it not a demonstration of the committee's wisdom in the first place in dividing the two subjects?

Mr. WAHN: The existing section does deal with both problems of advertising and contraception.

Mrs. MACINNIS: No, there is no confusion on this point. I am not talking about the abortion piece at all.

Mr. KNOWLES: That is all he has put it in.

Mrs. MACINNIS: I see, you are just putting abortion back in.

Mr. WAHN: Yes, that is all.

Mrs. MACINNIS: Thank you very much, I see.

The CHAIRMAN: I should point out, before I recognize Mr. Prittie, that according to the new rules of the House of Commons any member of the House of Commons is free to attend meetings and he will be recognized by the Chair. The only limitation is that such member is not allowed to make amendments or to take part in votes. In all fairness, I will say that I will recognize members of the committee first, and if any other member wishes to participate in the proceedings, I will be glad to recognize him.

• (11: 50 a.m.)

Mr. PRITTIE: Thank you, Mr. Chairman. The comments of Mrs. MacInnis are interesting to me bacause she made exactly the same mistake as Mr. Gauthier and Mr. Langlois made when my bill was up for discussion in 1964.

Mr. KNOWLES: She was not here then.

Mr. PRITTIE: I know, but that is an important distinction to make and in fact Mr. Wahn and I proposed the same thing concerning the part about contraception in the Criminal Code. We were the same there.

I want to make one comment on the Georgetown case, Mr. Chairman, which has been mentioned. This is a very common problem, women trying to bring on abortions themselves because they lack contraceptive information. Now, in April 1964, I attended a conference on this subject in Puerto Rico where all countries from Latin America and the West Indies were represented and the complaint of the doctors present was the fact that they were spending so much time in the hospitals, and this was particularly true in the West Indies and certain parts of Latin America, dealing with women who had tried to abort themselves, and they were taking up so much time and so many hospital beds with this that the doctors felt that if the proper contraceptive information was available they would not be dealing with this problem of abortion.

I should like to mention, too, that on Monday night at 10 o'clock there will be a program on this subject on the CBC English network dealing with Jamaica, where this problem is one of the worst, when one of the leading doctors in the country will be speaking on this subject. But the main point here is that if there is adequate contraceptive information available in many places there is no need for abortions.

Mr. ALLMAND: Mr. Wahn, in your remarks you have referred continuously to the right of families to limit the number of their children, and many people would agree with that; but you have not discussed the effect of unlimited advertising on those that are not married, especially minors, and I know some of the other bills referred to restrictions with respect to minors. Have you given any thought to the effect of unlimited advertising or the supplying of contraceptive materials to younger people, especially minors? Do you not think that if this was unlimited it might undermine Canadian family life? You talked about the right of families and it seems you believe in the role of the family as a basic unit of society. Do you think if we have unlimited advertising, through all media, to the younger element of our population it might undermine the family life of Canada?

Mr. WAHN: I am glad you raised that particular question because it does perhaps answer better than I did earlier the question raised by Mr. Knowles, namely, the right of families to plan the number of children they are going to have. It is basic it seems to me. That is one reason why it is desirable to repeal this particular section but, as you have pointed out, if that were the only reason, then you might very well leave in a prohibition against selling to minors or people who are unmarried, for example. That is where the second argument really comes in, that, as a practical matter, this type of legislation just is not consistent with the wishes of' the great majority of the Canadian people and, as a result, the law is being violated in practice. And if we try to legalize the sale to married people and restrict it to unmarried people or even to younger people it would just be impossible to enforce the law even if it were considered desirable. But again, we then have to consider the third argument,. It is usually undesirable to legislate to create a crime of a matter which, basically, and primarily, should be for the individual conscience and a matter of the moral or ecclesiastical law and that is what we are trying to do here. Unless it can be established that there will be a real danger to society from selling contracep-

tives to minors, and it is being done all the time, then I think we should not legislate. So these two additional reasons would, I think, prevent a distinction such as you mention.

Mr. ALLMAND: The other bills would allow advertising and supplying of information to all people, whether they were married or not, by family planning agencies or by medical journals and nurses in hospitals, and so forth, but it seems the other bills will not allow the propagation of this information to popular magazines in a way which might, I would think, undermine the family life of Canada because if you could advertise in an unlimited way and a cheap way in all types of magazines you might, I think, promote a society in which married life might just not exist because people might not bother getting married.

Mr. WAHN: I understand it might be possible to advertise in such a way as to be considered almost indecent or obscene. That is undoubtedly prohibited under other sections of the Criminal Code now. If advertising took place in such a way as to violate the sections dealing with obscene literature this would cover that particular point. It might not be a complete answer but it is a partial answer to the problem you raised.

Mr. PRITTIE: May I comment on the last question? I do not know how you can regulate advertising in the way Mr. Wahn has just mentioned. Here is an article mentioned the other day which is in *Le Devoir,* surely a responsible journal, on how to obtain information on family planning. The article tells where to write in Montreal for it. So there is nothing wrong with this at all, an article telling how to get information. It is a straightforward article.

Mr. ALLMAND: What date?

Mr. PRITTIE: February 15, 1966 in *Le Devoir.* There is nothing wrong with that but if you have an absolute prohibition on advertising then you prohibit this. It seems to me that the only way you could do it would be under the sections of the Criminal Code dealing with obscene literature.

The CHAIRMAN: Gentlemen and ladies, if there are no further questions at this time perhaps we should move on to the next witness and I would ask Mr. Wahn to remain. There may be further questions he might like to comment on later. I would like to introduce Mr. Stanbury to discuss Bill No. C-22

Mr. STANBURY: Mr. Chairman, fellow members of the committee, I am the only one of the sponsors of these bills who has the privilege of sitting on the committee as well as being a witness, so I am not going to take advantage of that situation by making any complete argument on the bills at this time. I think as a member of the committee it is my duty to maintain an open mind and that I propose to do, but I would like to pay a tribute to Mr. Prittie for the ground work he has been doing for a long time in bringing this matter to the attention of parliament. As a new member, I felt strongly that parliament should be considering this problem and my bill represents an effort to try to ensure that it would be faced by parliament. I hope that it like the other bills, will be a stimulus for discussion and action.

I am not going to suggest that most people in Canada feel that this is a problem. I am only going to say that I feel it is. I feel that the law has fallen into disrepute and, as a lawyer as well as a legislator, I think this is to be regretted and demands correction. But, on the other hand, I think there has been a great deal of exaggeration of the extent to which the law has been

broken. I think it is perhaps doing an injustice to a great many well-intentioned people and organizations to suggest that this law has been broken every day. I think perhaps many people who want to have the law changed tend to say too easily that the law is being broken when actually there are a relatively few numbers of cases where the law has actually been found by courts to have been broken. I suggest that the law is not being broken to such a degree because, in most cases, surely the activities of groups and the professional persons who have been mentioned by the witnesses are serving the public good, as is provided for in the present section.

What I object to about the existence of this section is that it does put the onus, as the previous witness has said, where I do not think it should be, and, by so doing, it inhibits the activities of professional people who should be giving this kind of advice but feel restrained from doing so and it exposes these people to the possibility of criminal charges which I think is not in the public interest.

I believe that the law has had the effect, therefore, of restricting personal choice and personal freedom and, as the previous witness has said, I think that no law should do that unless it serves some serious public purpose in doing so. I think that really delineates the difference between the two approaches that are taken in these four bills.

I am not prepared to say, as Mr. Basford said, that you should support Mr. Prittie's bill. I am not prepared to say that any of these four bills is a complete answer to the problem as I see it. My concern about the approach taken in Mr. Prittie's bill and in Mr. Wahn's bill is that it perhaps suggests that there is no element of this field which is worthy of treatment in the criminal law. It seems to me that it is significant that this matter has been referred to the Health and Welfare Committee because surely there are very serious health aspects of this matter and, if there are, surely there is some public interest to be served by having any information and devices in this field very strictly supervised medically. Surely there is an aspect of public health and public safety and public morality which still has a place in our criminal law in this field of birth control. I think we have to ask ourselves, for instance, whether we are prepared to wipe out the reference to birth control completely in the criminal law without ensuring that whatever else the federal government can do to protect the public health and public safety is done. I think we have to ask ourselves for instance, whether we are prepared to have birth control devices available universally to all people of all ages, through the mails, through public vending machines, through means which are available to persons of all ages publicly.

• (12: 00 p.m.)

Now, it has been suggested that these problems, if they are recognized as problems, can be dealt with in terms of provincial legislation or regulations under the Food and Drugs Act. Perhaps they can, but it is my concern that we simply not take the attitude that the provincial governments can look after these matters if they find it necessary to do so. I am sure this committee will want to have advice on exactly how these precautions can be taken and enforced, whether by provincial law or federal law or by regulation before we simply wipe out of our Criminal Code something which I think still has an aspect of protection of public health and safety. In saying that, I want to reiterate I feel it is very important that we do reform the law so that family

planning information and family planning materials will be readily available through proper health authorities.

I want to refer particularly to what has happened in the Township of Scarborough which is within my own riding of York-Scarborough, where I believe yesterday the first family planning service integrated with a municipal public health service in Canada started operation. The chairman of the Board of Health in Scarborough, Mr. E. O. Gerrow and the Medical Officer of Health, Dr. J. Alan Bull, have taken this matter to a conclusion, as has been done in no other part of Canada. I think they have done so not thinking that this was against the Criminal Code but within the Criminal Code because it was serving the public good. But they are exposing themselves to the possibility of prosecution. They propose to hold birth control clinics in conjunction with their regular child health clinics in seven churches, and an additional hall throughout the township. They propose to conduct two clinics a week.

Now, there was no great rush of curiosity seekers at this clinic yesterday. I am informed that there were five women who sought information, they were individually interviewed by a public health nurse who explained the various contraceptive devices and procedures that are available so that the women could then go to their own doctors and discuss these matters further. Most of the people who used the child health clinics in Scarborough are from the lower income bracket. It seems to me that these are the people who particularly may find it desirable to consult a clinic and get assistance in paying for these devices, if they cannot afford the kind of advice and devices which people from higher economic groups have had available to them.

There is also birth control information available through the gynecological clinics of, I believe, eight Metropolitan Toronto hospitals and individual counselling in the rhythm method of family planning is sponsored by the Legion of Mary of the Roman Catholic Church in Toronto. I mention these things to indicate that there are a great number of people now attempting to make a constructive professional contribution to the public needs in this field. I think it is wrong to say they are breaking the law, but I urge the committee to accept the fact that, in view of the cases which were cited by Mr. Prittie, these well meaning and well trained people are running the risk of prosecution under the present law, and they should not be.

I think it is essential that the law be changed, not only to free such people from the legal inhibitions that exist now to this kind of responsible professional advice, but also to encourage more active family planning which I do feel is desirable in the community and to give a greater personal choice and a greater freedom in this area than they have enjoyed up until now.

While we are doing that, I hope we will try to ensure that whatever we can do to protect minors and to protect the health and safety of people who might take advice or use devices under the law will be done. That is all.

The CHAIRMAN: Thank you very much, Mr. Stanbury.

Mr. BROWN: Mr. Chairman, I would like to thank Mr. Stanbury for a very good presentation. I just want to ask a question or two. I take it from your bill that a person could not go to a drugstore and purchase any contraceptive device without violating the law again. I mean, that is what your bill provides; it does not exempt that sort of sale. A person would have to go to a registered nurse

or medical doctor if he desired to purchase contraceptive devices. Those individuals would be the only ones who could sell those items, is that right?

Mr. STANBURY: As the hon. member is aware, the sale of contraceptives in drugstores is at least masquerading under the description of hygienic devices, devices for the prevention of disease rather than prevention of conception. It is certainly not desirable that this sort of masquerade be continued, and perhaps that is a weakness of the bill. I am prepared to accept that fact. I am concerned, though, that even through drugstores devices not be available which in medical opinion require medical advice for their use. For instance, I think that there is no law now, other than this provision in the Criminal Code, if it would cover this, preventing the sale of any kind of intrauterine device, from any country, in a drugstore without a prescription. I feel perhaps the law should be more strict than it is about the sales through drugstores. Of course, one comes back to the question of whether this should be by provincial legislation or by regulation, and perhaps it need not be in the Criminal Code.

Mr. BRAND: Mr. Stanbury, could you advise me, so I do not have to go back to Mr. Basford's bill, what is the actual difference between your bill and Mr. Basford's bill?

Mr. STANBURY: There is little difference. I think the only difference is the inclusion of pharmacists in Mr. Basford's bill. I have an open mind on this subject, but I do not feel that either of our bills, or either of the other bills is a complete answer to the reforms that probably should be developed by this committee.

Mr. BRAND: Thank you.

Mr. CHATTERTON: Mr. Brand's question is very much the same as mine. I was looking at it from the practical point of view, and I was wondering whether you could amend your bill to such a degree where pharmacists could dispense those devices but only on prescription?

Mr. STANBURY: I think this is an interesting suggestion.

Mr. PRITTIE: You talk about control being in the law. I do not know what controls are on drugs, but I cannot go into any drugstore and purchase penicillin or antibiotics. I cannot do this unless I have a prescription. Is there a law governing this matter or is it a question of a code of ethics within the medical profession? What governs it? My point is that drugs are not freely available because they are controlled. Is it by the profession or is it by the law?

The CHAIRMAN: This is controlled under the Food and Drugs Act. The Food and Drugs Act of the federal government.

Mr. BRAND: I point out to Mr. Stanbury that devices are not controlled by the Food and Drugs Act.

• (12: 10 p.m.)

Mr. STANBURY: Perhaps they could be. This is something that Mr. Prittie, in fairness to him, has suggested. I do feel that we cannot examine these bills in a vacuum. None of the bills is a complete answer to the problem in my estimation. I think the business of this committee will be to find that complete answer.

Mr. CHATTERTON: If the Food and Drugs Act can be amended to control devices, then this amendment may not be necessary.

Mr. STANBURY: Well, your suggestion at the moment appeals to me. Pharmacists should be able to dispense these devices, but only on prescription, certain of the devices.

Mrs. MACINNIS: May I ask Mr. Stanbury a question? Mr. Wahn raised the point that he did not think that this matter should be under the Criminal Code. How do you feel about this whole subject?

Mr. STANBURY: It seems to me there is more to this subject than family planning. There is more to birth control than family planning and certainly it is repugnant to the proponents of family planning to have that dealt with in the Criminal Code, and it is repugnant to me; but I think surely there is a place in criminal law for the prevention of activities in this field which would tend to break down the moral standards of the community.

Now, I am not suggesting that this information and advice should not be available to unmarried people who are not minors, but I am suggesting there are areas of concern, I think genuine areas of public concern, in this whole field which might still be the subject of criminal law.

Mrs. MACINNIS: Well, may I inquire whether or not you think it is the business of this committee to try and find means of separating the family planning question and dropping it from here and putting the other in? What would you think about that?

Mr. STANBURY: I have a feeling this is perhaps what we should end up doing, recognizing that there is a distinction within the field of what has been treated as birth control in the Criminal Code between genuine family planning and abuses of the devices that might be available for birth control.

Mr. BRAND: Mr. Chairman, I must say that in principle I agree with Mr. Stanbury's bill and with the inclusion of dispensing by qualified pharmacists, and so forth. The big question, of course is whether this should be—and it has been mentioned several times—in the Criminal Code at all. I think, as far as family planning agencies are concerned this would effectively exempt them from coverage under the Criminal Code and does provide the type of safeguard I spoke of last time. To get back to the problem they brought up. If you throw the law wide open you could bring in methods which could possibly be dangerous from the viewpoint of those who are buying them from some unauthorized seller. It seems to me that this would effectively cover a lot of objections regarding juveniles, and everything else if this type of bill were enacted. Personally I like Mr. Stanbury's of all the bills I have seen here because I think it would answer with that one addenda. I think it answers a lot of the questions and certainly would do a lot to legalize what has become common practice and still provide the type of control which I personally think is quite essential.

Mr. ALLMAND: Mr. Stanbury, I wonder if you have checked similar laws in other countries with respect to family planning or restriction in respect of birth control material and, if so, what has been the sociological effect of these laws, especially in the same type of social and economic situations as exists in Canada, the United States, England and Scandinavia and western Europe. These are countries where they do have some law or do not have any law at all. What has been the effect of these laws?

Mr. STANBURY: No, I have not examined them, but I would like to, and I think it might be interesting for this committee to know of those laws. I suspect

Mr. Prittie has and I recognize him as the parliamentary authority in this field. My concern is that of a layman; his is, by now, almost that of a professional in this field.

Mr. PRITTIE: On the question of laws, only one of the 50 states still has a law on this subject. It is Massachusetts; the law is the same as in Canada and has the same lack of enforcement as in Canada. Connecticut had one until last year, which did not prohibit the sale or the giving of birth control information, but the using of such information. This was struck out by the supreme court last summer. Britain has no law and I forget if it ever did have. France has a law similar to ours which they brought in in 1920. The idea was to encourage more population because of the loss of manpower in the first world war. It has had no appreciable effect. France has a fairly low birth rate and the law was under discussion in the recent presidential campaign. Sweden formerly had a law which was made effective in 1937. I do not think New Zealand has. I do not know about other countries but the law exists in France as in Canada and is pretty well disregarded. It is under study by a government commission now. One state has such a law.

Mr. ALLMAND: Have there been any sociological studies of the effect of the laws or lack of laws, comparative studies?

Mr. PRITTIE: I am sure there are many which could be obtained. Among the clippings I have here I will refer to one. There was a lady, Colette Beaudet-Carisse of Montreal, working for a doctorate in sociology in Montreal and she presented her thesis in 1964 and received her doctorate. She simply pointed out that regardless of laws the birth rate in Quebec, for example, was declining. She showed over the years how it was following the national average, it was declining. In fact the families she was studying were based upon 84 Roman Catholic wives in Montreal. This was her study group and they all practised some sort of family planning; but there are many other studies. The literature is available. I do not know what they are.

Mr. BRAND: I must point out, Mr. Chairman, that there have been several different attitudes towards this problem in Sweden, for example, as mentioned. The unmarried mother is not stigmatized in any way. This is an accepted form of life there, and they are in fact subsidized by the state in the bringing up of these children, which is a considerably different problem from what we run into here. And if we go to Puerto Rico where they do a lot of original studies on the pill, the famous pill, as you recall there was almost a revolution among the people in Puerto Rico when the Archbishop in that district was talking against birth control, the population which I understand is about 95 per cent Roman Catholic rose up in great protest over the fact that they might be prevented from using birth control methods. Mr. Prittie probably knows about this much better than I do. There are a lot of different sociological concepts in the countries which make it a little difficult to compare what we have in Canada with these other countries.

Mr. ISABELLE: I have a few comments to make. It is very interesting; I think the committee has lots of work to do. I think we should make a good recommendation because all the four bills are practically the same, to amend a certain part of the Criminal Code. If so many break the law in Canada I think it is because the law is not enforced. If the law is not enforced and so many break the law it is only logical that something should be done.

• (12: 20 p.m.)

Another thing, we are faced with a ridiculous situation. Take the war. If I am not mistaken the Canadian army represented Canada abroad, all over the world. The Canadian army used to give contraceptives as part of the kit during the last war. So Canada itself was breaking its own Criminal Code. Let us not face any more ridiculous situations like that. I have here a clipping from the Ottawa *Citizen* denouncing the hypocrasy of the federal government for failing to put out of business places distributing birth control literature. They also refer to contraceptives and contraception and I think we, as a group here, responsible for legislation should do something about this; otherwise the federal government will be faced with a further charge of hypocrisy for failing to abolish crazy legislation.

Mr. ENNIS: I appreciate the comments Dr. Isabelle has made. Earlier, Mr. Stanbury and Mr. Chatterton were in an exchange over the method of dispensation of contraceptive items, and I think there was some suggestion by you, Mr. Stanbury, that this should only be done by prescription at the pharmacies. I would trust that you would not include all items of contraceptives.

Mr. STANBURY: I think I said certain items.

Mr. ENNS: Because the whole question of illegitimacy might be affected if this were strongly restricted.

Mr. STANBURY: My concern here is to protect people from devices which could be dangerous without medical advice. I might say, Mr. Chairman, on this subject, just to clarify what has been said previously, that the coroner's jury which reported on a death of a girl at Glen Williams, Ontario—and I think this was the case referred to by a previous witness—recommended that the Criminal Code be amended so that information on birth control may be made available through the proper health authorities, legally. I think, too, sometimes there tends to be a generalization of the simplification of the recommendations of various groups on this subject. I think it is interesting to note the exact wording, for instance, of the resolution by the Canadian Council of Churches, not that it is necessarily an authority on the subject, but that resolution reads:

> Be it resolved that the Canadian Council of Churches respectfully call upon the government of Canada to amend the Criminal Code in such a way as to make legal the dispensing of information and means, under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances, who wish, in keeping with their religious convictions, to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so without adequate knowledge and instruction.

I am sure we will want to look at the specific recommendations of various groups like this, but we cannot simply say that all these groups have recommended the elimination of this provision from the code. I think that is perhaps simplifying the matter a little too much.

Mr. CHATTERTON: You said you approved of the idea of the dispensation by pharmacists of certain devices. Then, for instance, the pharmacists could still sell, for instance, condoms?

Mr. STANBURY: Well, this may still be legal.

Mr. COWAN: The law is being broken now; let us break it in the future too!

Mr. STANBURY: I think there is a real question whether that is contrary to the law now, because they are clearly intended for prevention of disease. Perhaps it is obvious that they may not always be used for that purpose, but I am not sure, that you have to design a section of the Criminal Code to accommodate their sale through drugstores.

Mr. ISABELLE: If I may say a word here, I do not think the Criminal Code should decide who is going to control the dispensing of devices or contraceptives. It comes under another authority. What is the object of the bill here? It is to open the door in order that other bodies may legislate on this matter, so the control does not remain here. The object is merely to open the door so that other legal organizations can legislate in this matter. This is a very important point because the other day I think we were all mixed up, including myself, on this point.

The CHAIRMAN: I was going to say earlier that this points out the obvious fact that we have discussed earlier, that we will have to have some interpretation from the Department of Justice, because we have been talking this morning about amending the Criminal Code and the Food and Drugs Act. But unless my memory is very bad, the different offences under the Food and Drugs Act are prosecuted as part of the Criminal Code, so perhaps we are only taking it from one clause into another when we discuss taking it from here and putting it in there. This is another indication why we shall have to have somebody from the Department of Justice before the committee.

• (12: 30 p.m.)

Mr. ALLMAND: There is no doubt that the laws on these subjects must be amended, but I would hope that in formulating these amendments we will not be guided entirely by public demand or just what everyone else is doing; in other words, just jumping on the bandwagon. I think in enacting laws our prime concern is the welfare of the Canadian people. I think I am not the only one who makes this suggestion. I think we should consider what have been the effects of birth control as I do not think birth control is that old an institution. I am not an expert, but I think most of these devices are only a hundred or so years old.

Mr. BRAND: They go back to the time of the Romans.

Mr. ALLMAND: They do! I am suggesting, if we are going to make amendments to the law, let us do something really worth while and not just do it in a stop gap manner; a little bit here and a little bit there. If we do it properly we can have one of the most forward thinking laws on family planning in the world. Consideration should be given to the effects sociologically speaking in many countries as I do not see any point in jumping on the bandwagon. And enlarging birth control laws just because there is a great public demand or just because everyone is doing it. Our main concern should be the good and welfare of Canada.

Mr. CHATTERTON: Is the hon. gentleman suggesting that we should go and take a look ourselves in these countries?

The CHAIRMAN: I suppose he is free to make that remark because he is not a member of the committee.

Mr. STANBURY: Mr. Chairman, may I say that I subscribe very heartily to the suggestion. Without injecting any partisan note here I think we can all appreciate the fact that the government has taken the initiative finally to refer the subject matter of these bills to this committee so that we can do an intensive job of studying the whole field of birth control and family planning, and make a constructive contribution.

Mr. COWAN: Might I make a correction; the witness said that the government referred the matter to committee. Was it not Parliament that referred the matter to committee?

Mr. STANBURY: I said the government took the initiative in having the matter referred. The Solicitor General took the initiative.

The CHAIRMAN: The Solicitor General moved the motion in the House of Commons. The House concurred in it and sent it to committee.

Mr. CHATTERTON: You have got to give them some credit.

The CHAIRMAN: If there are no other questions of the witnesses, I would like to tell the committee that I have approached other interested bodies in this matter. They have concurred in their wish to appear before the committee, but none of them has as yet committed themselves to a date. They want time to think this over and prepare a brief. Therefore, I suggest we adjourn to the call of the Chair. This may sound like a rather weird idea, but I hope not.

Mrs. MACINNIS: The one minister of a provincial government department of health and welfare, who has shown any interest in this subject publicly is Mr. René Lévesque. I wonder if we could not have him appear before the committee. I do not see why we should not.

The CHAIRMAN: If it is the wish of the committee, the committee can invite any witness to appear.

Mrs. MACINNIS: After all he is minister of health and welfare of a provincial government. Presumably this matter in its control phases at least is going to have something to do with co-operation with the provincial governments, and it seems to me when there is a provincial minister who has shown interest in this matter and recently advocated it before this committee, I would be in favour of having him appear.

The CHAIRMAN: I would point out that Mr. Lévesque is not minister of health. I believe his department is family and social welfare.

Mrs. MACINNIS: Welfare, then. Thank you. In view of Mr. Stanbury's statement about the authorities having decided to quite an extent at least some welfare matters, they established a clinic in York-Scarborough and I know, of course, in my own city of Vancouver, that the welfare authorities as the Toronto ones earlier decided that this matter of giving birth control information should be handled by the welfare people. I think there is hope. Perhaps I am wrong. I did feel there was hope since there is one minister having to do with welfare who had some interest in this, and I thought it might be a good liaison.

Mr. CHATTERTON: Good suggestion.

The CHAIRMAN: Would you allow the steering committee to take this under consideration?

Mrs. MACINNIS: Yes.

The CHAIRMAN: The committee is adjourned.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 3

TUESDAY, MARCH 15, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESS:

Mr. Ronald C. Merriam, Q.C., Secretary of The Canadian Bar Association, Ottawa.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23662—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,	Knowles,	Rideout (Mrs.),
Brand,	Laverdière,	Rochon,
Brown,	MacInnis (Mrs.)	Rock,
Cameron (High Park),	(Vancouver-Kingsway),	Rynard,
Chatterton,	Macquarrie,	Simard,
Cowan,	Matte,	Stanbury—(24).
Enns,	O'Keefe,	
Howe (Wellington-Huron),	Orange,	
	Pascoe,	

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

Note: Mr. Macquarrie replaced Mr. Monteith on March 3.

ORDER OF REFERENCE

THURSDAY, March 3, 1966.

Ordered,—That the name of Mr. Macquarrie be substituted for that of Mr. Monteith on the Standing Committee on Health and Welfare.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House.

23662—1½

MINUTES OF PROCEEDINGS

TUESDAY, March 15, 1966.
(4)

The Standing Committee on Health and Welfare met this day at 11.00 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Brown, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Macquarrie, Matte, O'Keefe, Orange, Rochon, Rock, Rynard, Simard, Stanbury (18).

Also present: Mr. Robert Prittie, M.P.

In attendance: Mr. Ronald C. Merriam, Q.C., Secretary of The Canadian Bar Association, Ottawa.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman referred to the Minutes of the last meeting of the Subcommittee on Agenda and Procedure; he read a letter from The Canadian Medical Association, dated March 3, 1966, explaining the position of the C.M.A. in relation to the Criminal Code amendment on dissemination of information and material related to contraception.

The Committee agreed to accept the letter at this moment and to ask a representative of the Association to elaborate at a future date, if necessary.

The Chairman read into the record a tentative schedule of future meetings and informed the Committee that some other organizations have indicated their desire to present a brief.

The Chairman also referred to the reply given on February 22, 1965 (page 11561 of *Hansard*), to Question No. 2,242 in the name of Mr. Prittie, asking how many letters and petitions have been received from individuals requesting that Section 150 Clause 2(c) of the Criminal Code be amended or repealed. The Committee agreed that the Chairman shall have authority to decide, after having contacted the Department of Justice, whether the Committee should ask that the relevant documents be transferred to it. It was also agreed that the Chairman investigate if any groups have since written to the Government opposing any amendment to or repeal of the said section, and that he report back to the Committee.

The Chairman introduced Mr. Merriam who delivered a short statement on the views of The Canadian Bar Association. He was questioned thereon. Mr. Merriam tabled a true copy of the resolution passed by The Canadian Bar Association on September 7, 1963.

On behalf of the Committee, the Chairman thanked the witness for his presentation and at 12.00 noon the Committee adjourned to 11.00 a.m., March 22nd, at which time the representatives of the Voice of Women and of the National Council of Women will be heard.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 15, 1966.

• (11: 10 a.m.)

The CHAIRMAN: Gentlemen and ladies, we now have a quorum present. First of all, I would like to tell the committee that the subcommittee met a few days ago and dealt with Mrs. MacInnis' suggestion, that one of the provincial members of the Quebec cabinet be invited to appear before the committee. The steering committee thought that no provincial members or Cabinet members need be called before this committee.

The question of the committee employing a research counsel to go into this was discussed also and it was felt that such assistance was not required.

I would like to read into the record this morning some correspondence we have received recently from the Canadian Medical Association:

Dear Dr. Harley:

I understand that the newly established Committee on Health and Welfare will consider the possibility of amending the Criminal Code to remove the offence of promulgating information on methods of preventing conception.

This matter has been studied by successive committees of Maternal Welfare of this association and in 1963, 1964 and 1965 the following recommendation has been endorsed by the General Council of the C.M.A.:

> It is recommended that Section 150 Clause 2(c) be amended by the deletion of the words 'preventing conception or'.

On each occasion the recommendation has been transmitted to the Minister of Justice and aside from courteous acknowledgments we are not aware that any progress has been made in effecting the desired amendment.

Let me assure you that members of the medical profession and their patients are aware that the code is constantly being disregarded and that we find it necessary in the interests of health and family planning to advise, prescribe, advertise and disseminate information on a method of preventing conception. We regard the prohibition to be anachronistic and we strongly recommend that it be removed.

It is perhaps unfortunate that Section 150 2(c) refers to a method of preventing conception and causing abortion in the same line. Although the two subjects are inter-related they are not identical and views on one do not necessarily apply to the other. Committees of this association are studying the implications of the law as it applies to abortion but we are not yet ready to make an official recommendation.

I shall be grateful if you will advise the committee on Health and Welfare that The Canadian Medical Association strongly recommends the amendment of the Criminal Code of Canada Section 150 Clause 2(c) by deleting the words "preventing conception or".

Yours faithfully,
A. D. Kelly
General Secretary

Since then, I have had telephone conversation with Dr. Kelly and pointed out to him that while his letter did comment on two of the bills before this committee it did not comment on two further bills also before the committee, where the suggestion in those bills was that some exclusive clause be applied, I asked him what the feeling of The Canadian Medical Association would be in this regard and he told me verbally over the telephone, as in the letter, they felt that while they could speak for the Medical Association, they could not speak for other groups such as nurses, pharmacists and planned parenthood groups. Dr. Kelly felt that the Medical Association had nothing further to add. If it is this committee's wish that they actually do appear—he doubted whether it was necessary—he is willing to have the chairman of the maternity welfare in Halifax appear before this committee and he would be pleased to so arrange it. Would anyone like to comment on this?

Mr. STANBURY: Mr. Chairman, personally, for the time being I would be willing to leave that and perhaps if we need their comments on some other evidence later, we could request it.

The CHAIRMAN: Any other comments on this?

Mr. KNOWLES: The letter is pretty good; it speaks for itself.

The CHAIRMAN: I felt I should speak to him because he had not mentioned the other method of approach which has been mentioned. He said they prefer the method of approach in their letter. Is it agreeable to the committee that we accept this letter, at the moment, as their opinion on this and reserve the right to call them later if the committee so wishes?

Some hon. MEMBERS: Agreed.

The CHAIRMAN: Before we proceed with the agenda for today, the tentative schedule for the future meetings of this committee is as follows: There is a meeting scheduled for one week from today, at which time we hope to have two organizations before us; the Voice of Women and the National Council of Women; on March 24 the Association of Family Planning Parenthood; on March 29 the representatives of the Anglican Church, the Department of Christian Social Service and on March 31, the Canadian Welfare Council. I understand from various correspondence I have received that there will be other groups ready to appear before the committee to enable us to hold two meetings a week for some time in to the future.

There is one other question of procedure that I wanted to bring before the committee. There was a question placed on the order paper on February 22, 1965, by Mr. Prittie; it dealt with petitions concerning birth control that had been received by the Department of Justice from various individuals and various organizations. The question is answered merely by listing all the associations that have made representations. I wonder whether it is the feeling of the committee that the Department of Justice provide each member with copies of representations the government has received over the past year or so. Would this be of value to the committee? Apparently, there were a few organizations or individuals who actually opposed the change in the law. I think it is obvious from the list of people I have read out that up to this date no individuals opposing the change have indicated a desire to come before the committee as witnesses.

Mr. KNOWLES: Mr. Chairman, would it be realistic or otherwise to suggest that it be made part of the records of this committee? As a committee we are doing a thorough job on this subject. Unless it is bulky and frivolous I think it would be more useful to have it made part of the record rather than supplying copies of these petitions to the members.

The CHAIRMAN: I am not sure what the technicalities of getting these are. I would point out there is something like 122.

Mr. COWAN: It is very difficult to get anything out of the Department of Justice; take as an example the Landreville letter.

The CHAIRMAN: These letters and petitions were addressed to the Department of Justice. I think we could make arrangements to have them made available to the committee. There were approximately something like 122 petitions and letters received and 57 various organizations are involved. So there may be 200 pieces of correspondence, I suppose, which may be anywhere from one page to 20 pages long.

Mr. KNOWLES: I had better go slow on my suggestion. I would have my fellow printers working overtime.

The CHAIRMAN: Would the committee suggest that your Chairman talk to the Department of Justice and find out what is involved?

Mr. ENNS: Yes; in addition to that, it seems to me that if we are setting ourselves up as a committee to look thoroughly into this question, we certainly should get views from any opposing groups. If we are having a list of witnesses who are all advocating change, perhaps we should also seek out people opposing this. I do not mean by this statement to indicate my position at all because I am, myself, in favour of change, but it would ill behoove the committee to have a charge against it that we have only heard one side of the evidence.

The CHAIRMAN: I think the thing to do is to read the question, and I know Mr. Prittie is familiar with it, because he asked it. One of his questions was: How many professional religious, and other organizations have written to the government opposing any amendment to or repeal of Section 150 of the Criminal Code, and what are the names of these organizations? The return says: none.

Mr. PRITTIE: That was a year ago, Mr. Chairman. Since that was published, I am sure they have had other correspondence.

The CHAIRMAN: If the committee will leave it to the Chairman, I will investigate this and report back to the full committee.

Agreed.

The CHAIRMAN: Ladies and gentlemen, this morning we have with us Mr. Ronald C. Merriam, Q.C., of Ottawa who is Secretary of the Canadian Bar Association. Without any further ado I introduce Mr. Merriam. There is no prepared or written brief before the committee at the moment.

Mr. RONALD C. MERRIAM, Q.C., (*Secretary, Canadian Bar Association*): Mr. Chairman, ladies and gentlemen, first of all on behalf of the Canadian Bar Association I would like to say that I appreciate your invitation to appear before this committee. Having had advantage of reading the proceedings of the previous two meetings I am not too sure that I can add too much to the information of the committee. I would however, in the beginning, like to make

one thing clear. At least one of the bills which the committee has before it refers to both the question of abortion and the question of the sale of contraceptives. I am making no comments or representations whatsoever with respect to the question of abortion. That is a matter which our Association has before it and is now considering, but we have certainly not come to any conclusions. We are in no position whatsoever to make any representations or suggestions.

However, on the question of contraceptives, at our 1963 annual meeting our Criminal Justice Section—and I think it is perfectly obvious why it was the Criminal Justice Section that initiated this, because it happens to be a provision of the Criminal Code—brought to the annual meeting a resolution suggesting in effect that section 150 (2)(c) of the Criminal Code be amended so as to authorize or not forbid the sale, as opposed to the advertising, of contraceptive devices. That resolution was adopted by our association and was forwarded to the Minister of Justice and is a matter of record with the Department of Justice and there it stands. Now, I can, Mr. Chairman, file a copy of that resolution. I would be quite happy to do so if you would like it filed. It reads:

> *Resolved*: That Section 150(2)(c) of the Criminal Code be amended so as not to forbid the sale, as distinguished from the advertising, of means, instructions, medicines, drugs or articles intended or represented as a method of preventing conception.

I think it is perfectly obvious to members of the committee that no attempt has been made in that resolution to draft an amendment to the Criminal Code. This is simply a statement of principle, if you like, and from here it is a question for the draftsmen and for you, ladies and gentlemen, as members of Parliament to determine how that principle, if you accept it, should be instituted.

With that in mind it was not my intention to comment in detail on any of the particular bills that are before you. But there are two very brief statements or suggestions that I think I might make. The first is that we were not directing our attention, in formulating this resolution, to organizations such as family planning groups and so on. When we made a distinction in advertising, I think it is fair to say that what we had in mind was billboard advertising on our highways, large spreads in our daily newspapers advertising various methods of contraception. We felt that was neither desirable nor in good taste and I think it was that aspect of the advertising question that we had in mind rather than the dissemination of knowledge and information through such organizations as family planning groups.

The other comment that I would make does, I suppose, refer more specifically to one or more of these bills and that is, if the committee decides that the outlet or outlets for the sale and dissemination of contraceptive devices should be limited, I would think that our association would certainly support the suggestion that pharmacists be included as one of those outlets which, I think, is probably the major outlet for contraceptive devices today. It would seem to me to be a mistake to state specifically who could have these devices for sale and not include pharmacists in that list. Subject to those comments, Mr. Chairman, I am in your hands and in the hands of the committee.

Mr. STANBURY: Mr. Chairman, does Mr. Merriam wish to comment on the attitude, so far as he knows it, of the association on the giving of advice by pharmacists in the use of contraceptive materials?

Mr. MERRIAM: I am not so sure I appreciate the problem, Mr. Stanbury.

Mr. STANBURY: You mention the sale of contraceptives but there are two aspects to the problem; one is the sale and one is the advice.

• (11: 30 a.m.)

Mr. MERRIAM: I think probably what you have in mind here is that there are various types of contraceptive devices. I assume you are referring back to some previous evidence and statements that have been made in prior sittings. As to whether or not certain of those devices should only be prescribed or sold on doctors' prescriptions, without knowing anything about the medical aspects of it, it would seem to me that there would be good grounds for supporting that contention. There has been a great deal of comment about the so-called pill, not the so-called—apparently it is a pill.

Mrs. RIDEOUT: The pill.

Mr. MERRIAM: Yes, the pill, with capitals. I do not know whether it is safe to have that distributed without a medical prescription or not. I think that personally I would have to rely on the members of the medical profession to advise me whether or not in the interest of the health of a woman who is using these pills that it should be only under medical prescription.

Mr. STANBURY: Has there been any discussion in the Bar Association about the desirable or effective controls there might be? If several words in the section were removed whether such controls might be by means of federal legislation, regulation by the provinces, or municipalities?

Mr. MERRIAM: No. Again I think we come down to what I said earlier, that we were thinking in terms of a principle, and I suppose I may have been remiss in not enunciating this in more detail, but it seems to us as an organization concerned primarily with the administration of justice that when you have a law that is being disregarded daily, and no attempt is being made to enforce it, that this can only have the effect of bringing the administration of justice into disrepute. If a law does not enjoy the support of the community to the point where it will accept the enforcement of that law, then it is better not to have the law. We feel that the present law with respect to the sale of contraceptives falls into that category. It is just an unenforceable law and therefore it ought to be done away with. What kind of control you substitute, if you feel controls are necessary, is another matter.

Mr. STANBURY: This has not been discussed, then, by the Association?

Mr. MERRIAM: Not to my knowledge.

Mr. PRITTIE: If there are are no other members who wish to speak at the moment; I think that everyone here shares the concern mentioned by Mr. Merriam with regard to advertising, and I believe usually what everyone has in mind is blatant advertising.

Mr. MERRIAM: That is correct.

Mr. PRITTIE: All I can tell the committee, and I cannot back it up with any official source, is that blatant advertising is not a problem anywhere that I know of at the moment; that is, having to do with neon signs and billboard type of

advertising. Would Mr. Merriam agree that it would be very difficult to draft a law that would permit what might be called, "the right sort of advertising or announcements." And the "wrong sort". I come back to the point I raised earlier; this book is freely on sale; it is edited by Dr. Alan F. Guttmacher in New York, who was formerly head of gynaecology and obstetrics at Mt. Sinai Hospital in New York. This book is for sale in bookstores and I suppose it is a form of advertising. My only question at this juncture is, can you conceive of a drafting that perhaps would allow announcements or that sort of thing, that information is available in hospitals or family planning clinics, but would also prohibit the type of advertising you have in mind.

Mr. MERRIAM: I do not know, Mr. Prittie. It would not be a difficult problem to handle this as a specific matter in the Criminal Code. It may be that with some thought and some careful drafting it could be, if you like, encompassed in say the obscenity section or something of that nature, which is, I think, probably what we are all getting at. If it is done in good taste, if it is done in the public interest through birth control clinics and so on and so forth, I doubt whether any one of us would object to it. On the other hand, I think we would all object to seeing a great spread such as neon signs that might advertise these devices, say on Sparks Street, or a great billboard along Highway 401, something of this nature. I do not know; I have never put my mind actually to drafting an amendment, but it seems to me it might be encompassed in something such as the obscenity section.

Mr. PRITTIE: The only other point, Mr. Chairman—I do not know whether this is a question or not—is that I wish to emphasize again the controls which exist. The pill has been mentioned. According to some news stories it is black marketed, but it is not legally available except through prescription. It has nothing to do with the Criminal Code, but rather the Food and Drugs Act. It is available only through doctor's prescription and sale in pharmacies.

The other control I mentioned earlier—and I have the quotation here—had to do with my home town of Burnaby; there was a prosecution last year under the Juvenile Delinquents Act where a person was selling contraceptives to juveniles contrary to Section 33 of the Juvenile Delinquents Act, which is a federal statute.

The other point I would like to present—I did bring it up earlier; at this time I do not know whether it is a good point or not—

Mr. MERRIAM: Who was selling them?

Mr. PRITTIE: He was not a pharmacist. I was going to point out that he was breaking two laws; he was prosecuted under the Juvenile Delinquents Act. But there is also the Pharmacy Act, Chapter 282 of the Revised Statutes of British Columbia, 1960, section 32 (1) which reads as follows:

> Save as in this Act otherwise provided, no person shall
>
> (e) advertise, sell, attempt to sell, keep or expose for sale or distribute in any manner whatsoever any articles, devices, contrivances, or equipment for the prevention of venereal diseases;
>
> unless he be registered under this Act and holds an unexpired valid and annual licence as a pharmaceutical chemist.

The province there restricts itself to the disease aspect. I merely bring this up to point out that at least one province does have a control which requires that only a pharmacist sell the devices.

Mr. ENNS: It is not just a matter of selling devices. It is a matter of giving information and one of the problems about the family planning agencies that are developing and being set up in the various provinces—and Manitoba has gone ahead with this matter also—is to be able to operate within legal limits in the discussion of this problem. They are by no means selling or making available any of these devices or chemicals. All they are doing in the family planning agencies is instructing people in the use of devices or advising them to see their physicians to obtain devices or further information. The only business at the family planning agencies is the discussion of information pro and con, and the value of planning families. At the present time this is an offence under the Criminal Code.

Mr. MERRIAM: I quite appreciate that problem, Mr. Enns. This is one of the reasons I wanted to attempt to make it clear that when our Criminal Justice section discussed this matter, I do not think they had in mind that sort of thing. I think they would all agree, certainly I would personally agree, that it should be allowed. I do not think it should be a crime. I do not think that people who are engaged in family planning advice organizations should be operating under a cloud of committing a crime every time they speak to somebody.

We did not direct our attention to that aspect of the problem.

Mr. KNOWLES: If we are going to have to control all advertising, should it not be a control or regulation of advertising generally? Should not any advertising that is obscene—perhaps I should go further and say even dishonest —come under some kind of regulation? But should it not be advertising generally, not just a particular product?

Mr. MERRIAM: That might be the way to approach it, Mr. Knowles, so that it would catch this as well as any other advertising whether it be dishonest or not in good taste.

Mr. STANBURY: Mr. Chairman, there is one other point I want to ask about that I forgot. I believe Mr. Merriam mentioned this was passed at the 1963 annual meeting.

Mr. MERRIAM: Yes.

Mr. STANBURY: I wonder whether they dealt with it again in 1964 or 1965, or not?

Mr. MERRIAM: No.

Mr. STANBURY: Can you tell me whether there has been any submission made to the Justice Minister from the Bar Association on the subject?

Mr. MERRIAM: Yes.

Mr. STANBURY: As a result of the 1963 resolution?

Mr. MERRIAM: Yes, sir.

Mr. STANBURY: That is what I really wanted to know.

Mr. MERRIAM: Yes, it was sent to the minister. As a matter of fact, I saw the Minister personally and went and presented it to him.

Mrs. MACINNIS (*Vancouver-Kingsway*): Mr. Chairman, perhaps I did not get the full significance; I do not know whether Mr. Merriam said that he

thought it would be better to cut the thing completely out of the Criminal Code, or to put in just restrictions as to who shall disseminate or sell these products. In your opinion, does that belong in any shape or form in the Criminal Code? Should we consider cutting out the whole thing, or is there anything that should be left in?

Mr. MERRIAM: Mrs. MacInnis, I can only express a personal opinion on this because it is not included in our resolution, but it seems to me that the answer to that question comes down to your concept of this whole area of family planning and dissemination of knowledge with regard to contraceptives, and what have you. If in the opinion of the individual, this is an offence against society, then obviously the Criminal Code is the proper place for it because that is what the Criminal Code covers. On the other hand, if it is possibly more of a moral or a religious matter that is particular to the individual, then I am not at all satisfied that it should be in the Criminal Code because in that context it certainly is not a crime to the person who does not possess those same religious convictions. His conscience is perfectly clear when he utilizes these various methods that are available to him. Therefore, it seems to me it is a matter of how Parliament considers this from the point of view of society as a whole.

Mr. KNOWLES: Even the religious person who might be against the use of these things himself does not necessarily want to brand the other person as a criminal because he does not agree with him.

Mr. MERRIAM: I would hope not, Mr. Knowles.

Mr. KNOWLES: So would I.

Mr. BROWN: Mr. Merriam, did the Law Association have any discussions about the methods of preventing advertising that is not in good taste, as to whether that would be a crime under the Criminal Code, or whether that would be under statute law, some other statute?

Mr. MERRIAM: No, I do not think they had a discussion of that. I find it hard to conceive of advertising that is simply in bad taste being a crime. This is not my conception of a crime.

Mr. BROWN: That is what I was wondering.

Mr. MERRIAM: Of course, one draws a very fine line between something that is in bad taste and something that is really so offensive it offends the sensibilities of society as a whole. I admit this is a difficult problem, particularly when it comes to drafting or enacting legislation to cover it properly.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, this brings up the whole question of under what generation one defines good taste. Some of the things that our parents and forefathers thought about this type of thing are very different from what the modern generation thinks about it. Just how does one define those words, "good taste"?

Mr. MERRIAM: I do not know. I listen to my own family.

Mr. HOWE (*Wellington-Huron*): We might think about the Pierre Berton show on some of these things. I wonder how you define good and bad taste.

Mr. KNOWLES: Somebody should get in a plug for "Seven Days" at the same time.

The CHAIRMAN: Are there any other questions of Mr. Merriam?

Mr. ORANGE: You do not have to define it.

Mr. ENNS: Since we are not able to obtain any direct instruction from the Law Society as to the drafting of any material—I believe this is your statement —you were saying that we probably should delete the section or amend it, but in terms of the actual drafting of what new controls should be approved your earlier statement delineated between abortion and birth control. There is the experience of Japan which indicates a very strong connection between these two social problems. Abortions were going on at such a pace that they were being paid for by state in welfare cases. They found this necessitated the providing of birth control information; thus reducing the number of abortions.

Mr. MERRIAM: There may be an indirect connection between the two, I agree, but I think certainly from a legal point of view they are two very separate and distinct problems. As far as drafting is concerned, I am not at all sure that it is or should be the responsibility of the Bar Association to draft legislation. Certainly, there are much more competent, capable and experienced men in the Department of Justice when it comes to drafting legislation than we can put together at an annual meeting.

Mr. ENNS: I was not speaking dogmatically of that in my statement.

Mr. MERRIAM: This is an art in itself.

Mr. KNOWLES: I think, Mr. Merriam, you were here and heard the Chairman read Dr. Kelly's letter. Is it unfair to ask you to comment on the very simple suggestion made in that letter as to the deletion of the three words.

Mr. MERRIAM: I do not remember what the three words were.

Of course, that goes a little farther than our recommendation, Mr. Knowles, because they would also apply then to advertising, publishing an advertisement of, or has for sale or disposal it would restrict it strictly to abortions. This section, then, would refer solely to abortions.

Mr. KNOWLES: How is that?

Mr. MERRIAM: It would allow advertising, and so on, of means of contraception. Now, if this was the intent, then certainly that would seem to be a simple type of amendment. But, as I say, it has gone farther than we have gone because we are not yet satisfied that we should withdraw all restrictions as far as advertising is concerned.

Mr. COWAN: Following the statements made by Mr. Howe, I would say, then, the advertising of contraceptives is illegal and a criminal offence at the present time. Mr. Merriam, I would like to ask you in view of the discussion that has been made with regard to good and bad taste in advertising, did you consider the C.B.C. program with regard to the lady Sandy in good taste? It broke the law, of course. It talked about the effectiveness of contraceptives and the lady had a few remarks to say about a Roman Catholic Church friend of hers. Was that advertising good taste with regard to the law which says there shall not be any advertising at all of contraceptives?

Mr. MERRIAM: Was it on television or radio?

Mr. COWAN: It was on the C.B.C. program "Seven Days" on Sunday night and it was being beamed into all the living rooms of Canada that tune in on that program.

Mr. MERRIAM: I did not hear it, I am sorry.

Mr. COWAN: It must have been in good taste or the C.B.C. would not have indulged in it!

The CHAIRMAN: Mr. Merriam would be giving his personal opinion rather than that of the Bar Association.

Mr. PRITTIE: I might shock Mr. Cowan, but I will agree, with him.

Mr. COWAN: It is not a shock for me to hear that. I will take support from any quarter.

Mrs. RIDEOUT: First of all, Mr. Chairman, I must beg the indulgence of the witness in asking him something that he may not be in a position to tell us. It is of interest to me, to know what the practice is in Great Britain or in the United States. Do you have any idea just how they handle this particular situation, or what references they have in their Criminal Code, or do they allow this sort of thing? Do you have any knowledge on this matter?

Mr. MERRIAM: I do not have any personal knowledge, Mrs. Rideout, but it seems to me that there was a reference made—I am not sure who it was, but that matter came up at one of the other meetings of this committee and somebody did answer and said there was no restriction in Great Britain and very little restriction in the United States. Now, I am talking from recollection and not from personal knowledge.

The CHAIRMAN: I think someone did mention that aspect of the situation.

Mr. PRITTIE: I have asked for someone to supply more definite information to this committee on this subject but I believe there is only one state, and that is Massachusetts that has a law similar to the law in Canada. Connecticut did have a law up until a year ago, when the Supreme Court disallowed it. Minnesota had one also, but this has been changed. I will try to obtain this information and put it together and distribute it to the committee so they will know what the situation is. Great Britain does not have a law at the present time.

Mr. STANBURY: Mr. Merriam, if we were to delete the three words in the section as recommended by the Canadian Medical Association, are you aware of any federal statute or regulation which would prevent the sale of any kind of contraceptive devices, except by prescription, or which would prevent the sale of contraceptives in any public place, or by mail, for instance?

• (11: 50 a.m.)

Mr. MERRIAM: No, I am not aware of a federal statute. When you refer to mail, I am not sure whether this would contravene the Post Office Act or not. So far as restricting the sale in public places is concerned. I cannot think of any federal statute.

Mr. STANBURY: Are you aware of any provincial statutes other than the ones in British Columbia which Mr. Prittie has referred to?

Mr. MERRIAM: I am not aware of any Ontario statutes.

Mr. STANBURY: Do you feel there might be some need for control in these areas, not necessarily in the Criminal Code, but would you feel that it would serve the public interest to have such controls?

Mr. MERRIAM: I can only give my personal opinion on this, Mr. Stanbury, and my own personal opinion is, yes, particularly with certain devices and

possibly even with any device; I am not sure if it is in the public interest to have them available in vending machines, and what have you.

Mr. ISABELLE: Mr. Merriam, I have an issue of the *M.D.* for March 1966 here, which I received this morning. Now, they advertise a kind of very attractive Compack Refill and I quote:

Compack and Compack Refills are now available in all drug outlets.

The advertisement states that it is a 100 per cent effective conception control. Is this an offence against the Criminal Code?

Mr. MERRIAM: I would think so.

Mr. ISABELLE: Well, it is advertising.

Mr. MERRIAM: Sure.

Mr. ISABELLE: All right.

Mr. MERRIAM: It is quite a convenient little package.

Mr. KNOWLES: Is it not a touch of irony that we already have some regulation of this in this forbidden area in that our Food and Drug Directorate licenses certain pills, in that the Criminal Code says they shall not be sold or advertised in any way, yet the Food and Drug Directorate licenses certain pills a free sample of which Dr. Isabelle sent me a while ago.

Mr. ROCK: You mean the pills.

Mr. KNOWLES: I do not know what to do with them.

Mr. MERRIAM: Well, you may get down to a nice distinction here, Mr. Knowles, the Criminal Code says, "in the public interest and public goods".

Mr. STANBURY: It also says, "without lawful justification or excuse". Surely the medical profession might be considered to have some justification or excuse for familiarizing its members with modern medicines.

Mr. MERRIAM: I think the Food and Drugs division merely says this is a safe drug under certain conditions and maybe they just pass the buck then, to the medical profession and say to them, "Now you determine, Dr. So-and-So, when it is in the public good to prescribe these pills for one of your patients". This is the sort of—I was going to say—ridiculous situation you get into with this kind of conflict. I do not think it is merely a question of the Food and Drugs division saying this is legal in all circumstances. I think they are merely passing on the safety, or whatever it may be, of that particular product.

The CHAIRMAN: To refresh the memory of the committee, I think Dr. Isabelle, some meetings ago, made the point that these pills are useful for medical conditions other than just birth control.

Mrs. MACINNIS: I would like to hear from Mr. Merriam a little more discussion on whether he thinks this regulation, supposing it were removed from the Criminal Code, would be better dealt with under the federal Food and Drugs Division or would it be more effective under provincial legislation, as Mr. Prittie has already adduced? Where should the controls be put in the regulations?

Mr. MERRIAM: Well, certainly, Mrs. MacInnis, in my own personal opinion if it becomes a matter of a drug, the use of a drug, whether it is the present pill or some refinement of it or something completely new, I think that the regulation of that, from the point of view of safety, must rest with the federal food and drug division.

Mr. MACINNIS: How about the sale of these certain appliances? Is that a federal matter or a provincial matter?

Mr. MERRIAM: You are talking about appliances other than the drug?

Mrs. MACINNIS: I am talking about these things that are supposed to be safe only under medical supervision.

Mr. COWAN: It says it is 100 per cent safe whether used under medical supervision or not.

Mr. KNOWLES: We are talking about different kinds of mechanical devices which can be handled only by a doctor. Are these devices under federal jurisdiction or under provincial legislation?

Mr. MERRIAM: Unless you want to make it a crime, then it seems to me that there is no area in which the federal government could legislate. If it is merely a case of controlling the sale and use, it would seem to me that that would be a matter within provincial jurisdiction. The reason that the federal government has been able to legislate in this field, up to now, is that they treated it as part of the criminal law. Now, that is an offhand opinion, Mrs. MacInnis.

Mrs. MACINNIS: Well, if you take this matter out of the Criminal Code, apart from the safety angle, which is federal, any other regulation having to do with sale would have to be provincial in character?

Mr. MERRIAM: Within the province, but then you get into your constitutional problem of interprovincial commerce.

Mrs. MACINNIS: What happens then?

Mr. MERRIAM: Then you are getting back into the federal jurisdiction again.

Mr. ROCK: Would not it be better then to amend the Criminal Code for the purpose of advertising itself, say in a medical journal, so that it will be in general terms rather than merely a provincial affair?

Mr. MERRIAM: You do it by exception, then; it shall be an offence to do it except in the following circumstances.

Mr. ROCK: I am just talking about advertising?

Mr. MERRIAM: Well what about the book that Mr. Prittie has referred to?

Mr. ROCK: I am only talking about advertising in respect of the contraceptives themselves; not the use of them. I feel that the committee here is more worried about the advertising on big billboards and things like that. I am suggesting the way out would be to have it restricted to medical journals period.

Mr. MERRIAM: I do not know. Is that going to accomplish the purpose? For instance, are there pharmaceutical journals directed to pharmacists?

Mr. ROCK: I would not be surprised if there are.

Mrs. RIDEOUT: I am sure there are.

Mr. MERRIAM: Are there journals directed to nurses? To restrict it to a strict medical journal such as the Canadian Medical Association Journal maybe too restrictive, I do not know.

Mr. ROCK: Well, let us say to the nurses and to the druggists.

Mr. ENNS: How would you start classifying journals? You may find you miss one.

Mr. ROCK: You can find general terms.

Mrs. MACINNIS: Welfare Council.

The CHAIRMAN: Are there any other questions of the committee for Mr. Merriam?

Mr. O'KEEFE: Mr. Merriam, from what you have said, I gather that you and your organization are against the indiscriminate sale of contraceptive devices and pills, is that so? In other words, your organization surely would not want those things on sale at every corner grocery or food store?

Mr. MERRIAM: I expressed that as a personal opinion, because it was not considered in that context Mr. O'Keefe, this would be my personal opinion.

Mr. O'KEEFE: Thinking of it in that context, you would not, then, be in favour of indiscriminate sale?

Mr. MERRIAM: Personally, I would not be in favour of indiscriminate sale, particularly of certain contraceptive devices.

The CHAIRMAN: Are there any other questions? If there are no other questions, I would like, on behalf of the committee, to extend our thanks to Mr. Merriam, who is representing the Canadian Bar Association, and to thank him for coming on relatively short notice and giving us the opinion of the Canadian Bar Association.

Mr. MERRIAM: Thank you, Mr. Chairman, ladies and gentlemen.

The CHAIRMAN: If there is no other business before the committee, the committee will adjourn until one week from today.

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

This edition contains the English deliberations and/or a translation into English of the French.

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LÉON-J. RAYMOND,

The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 4

TUESDAY, MARCH 22, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Representing The Voice of Women: Mrs. Elsie Saumure, Member of the National Council and Secretary of the Hull Branch; Mrs. Ann Gertler, of Montreal, Member of the National Council.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23709—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,
Brand,
Brown,
Cameron (High Park),
Chatterton,
Cowan,
Enns,
Howe (Wellington-Huron),
Knowles,
Laverdière,
MacInnis (Mrs.) (Vancouver-Kingsway),
Macquarrie,
Matte,
O'Keefe,
Orange,
Pascoe,
Rideout (Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, March 22, 1966.
(5)

The Standing Committee on Health and Welfare met this day at 11.10 a.m., the Chairman, Mr. Harry C. Harley, presiding.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Brand, Chatterton, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, O'Keefe, Orange, Rock, Simard, Stanbury (16).

Also present: Messrs. Allmand, Duquet, Haidasz and Prittie, Members of Parliament.

In attendance: Representing The Voice of Women: Mrs. Elsie Saumure, of Hull, Quebec, Member of the National Council and Secretary of the local section of Hull; and Mrs. Ann Gertler, of Montreal, Member of the National Council.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman informed the Committee that because of illness, the representatives of the National Council of Women will not appear today.

As agreed at the last meeting of the Committee, the Chairman has communicated with the officers of the Department of Justice with regard to petitions received by the department; the files being rather voluminous it seems impracticable to have them reproduced for the Committee.

The Chairman read a letter received from Professor Wm. A. Morrison, Chairman of the Action Committee on Family Planning, Winnipeg. The letter was accompanied by a report of the Study Committee on Family Planning of the Community Welfare Planning Council entitled "The Need for a Family Planning Association in Manitoba"; a copy of this report is to be distributed to each member of the Committee.

It was agreed that the briefs addressed to the Committee be forwarded to each member of the Committee and that the question of printing these briefs be discussed at a separate meeting when all witnesses have been heard.

The Chairman read the schedule of meetings for the future.

He introduced the representatives of The Voice of Women.

Mrs. Saumure read the brief containing the views of her organization and was questioned thereon.

Mrs. Gertler was also questioned.

23709—1½

On behalf of the Committee the Chairman thanked the witnesses and The Voice of Women Organization for their presentation.

At 12.10 p.m. the Committee adjourned to 11.00 a.m. Thursday, March 24.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 22, 1966.

• (11:05 a.m.)

The CHAIRMAN: Ladies and gentlemen, we now have a quorum.

I think most members are aware that two groups were to appear before us this morning. Unfortunately, because of illness, the representatives of the National Council of Women found they were unable to appear at the last moment.

Before we proceed with the presentation of the brief and examination of the witnesses this morning may I say that the Chairman was to take under advisement a question with regard to petitions that had been received by the Department of Justice on this matter. I have been in touch with some people from the Department of Justice. I understand that the correspondence is rather voluminous and there are several very thick files. It would seem rather impracticable to have all this reproduced for the committee because most of the letters and petitions seem to say the same thing. I am not too sure that they would be of much value to the committee.

There is one letter I would like to read to the committee at this time. A brief was enclosed with it. The letter is from the Community Welfare Planning Council of Manitoba, and reads as follows:

> Dear Dr. Harley:
>
> Enclosed find 24 copies of a recent study done by our Council entitled "The Need for a Family Planning Association in Manitoba". May I ask that you distribute these to the members of your committee.
>
> Inasmuch as you are now studying the various bills concerning family planning, I felt that you might appreciate the opportunity to see the stand that we in Manitoba have taken on this matter. As you will note from the conclusions and recommendations in our study, we feel very strongly that the Criminal Code needs to be revised to eliminate any mention of contraception. Unless this is done, we feel that family planning will not be able to be included in the range of public health services badly needed by the people of Canada. Therefore, we hope that your committee will move soon to correct this long standing problem.
>
> For your information, the enclosed report has been followed up by the establishment of an action committee which is at present working on the formal organization of a Family Planning Association here. We expect to see the organization come into being within the next several months.

Thank you very much for your attention to this matter. Our best wishes go with you in this vital work.

Sincerely yours,
(Sgd) W. A. Morrison
Prof. Wm. A. Morrison
Chairman, Action Committee
on Family Planning

As I said, a fairly extensive brief, consisting of 32 pages, was forwarded with this letter. There are sufficient copies of the brief for each member of the Committee to have one. We either could have a copy of this brief circulated to each member of the committee or, if it is your wish, we could have it printed or attached as an appendix to today's proceedings. But, as I said, it is rather bulky.

I should say that I am beginning now to receive briefs from other organizations as well—these are at the provincial level rather than the federal level—and the question arises whether we wish to have all this material which will be forthcoming included in the Minutes of the Proceedings and Evidence.

Mr. ENNS: Mr. Chairman, since the letter and the accompanying brief are from the province of Manitoba I, as a Manitoban, feel called upon to make some statement in support of that representation. I would just like to say very succinctly that the Welfare Planning Council is a very responsible body in the city of Winnipeg, and it has drawn from the community some of the most active community-minded persons to sit on this board. Therefore, I would like to see the committee avail themselves of the brief that has been submitted.

Further to what you have said, Mr. Chairman, I, too, am wondering whether we really should have all these briefs printed as an appendix to the proceedings because, as you say, you are expecting a large number of them; some of them may be quite voluminous and many of them, I suppose, in essence, are arguing the same point. As long as we have access to them perhaps it would not be necessary to have them reproduced.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, as was mentioned, there is going to be a great number of these briefs, some of which may be similar in nature. It would be my suggestion that perhaps at some time the committee should set aside a time for a meeting on this matter. After all, these people have spent a great deal of time on their briefs, and I think probably there should be some discussion by the committee with regard to each one of these. It may not be necessary to go into them thoroughly but at least we should take the time to peruse these briefs so that those who have forwarded them will know that we have examined them.

The CHAIRMAN: I should say in this connection that the particular brief we have received this morning was not prepared particularly for our committee but, rather, for their own purpose, and copies were submitted to us. I would like to have the comments of members of this committee with respect to further briefs which may be forwarded.

I think a good point has been raised by Mr. Howe, namely that toward the end of the sittings it would be advantageous to have a meeting in order to discuss the contents of the various briefs that have been presented to the committee without actual witnesses appearing before us for examination.

Mr. CHATTERTON: Mr. Chairman, I take it that it has not been decided at the present time whether or not we should include these briefs as part of the proceedings.

The CHAIRMAN: I am in the hands of the committee in this connection. Until we do know how many we are going to receive it is my feeling that it might be worth while to distribute them to the members of the committee as they come in, for their own information and then, as Mr. Howe suggested, we could have one meeting later on to discuss these various briefs without necessarily requiring that witnesses in respect of them be called.

Mr. CHATTERTON: Mr. Chairman, I think it would be possible to include these briefs but, if this were done, I am sure it would delay the printing of the proceedings. I think it is much more important to have the proceedings printed so that we have the benefit of perusing the evidence before the next meeting. It was necessary for me to be away last week and I was unable to obtain a copy of the proceedings.

The CHAIRMAN: But, Mr. Chatterton, you should have received your copy.

Mr. CHATTERTON: Well, perhaps it is in my mailbox now.

The CHAIRMAN: Well, that is fine.

Mr. COWAN: Mr. Chairman, do you mean by that statement that these briefs are or are not going to be printed in the proceedings?

The CHAIRMAN: No, they are not. My understanding is that it is the wish of members of the committee that these briefs be circulated among them now and that they will not be printed in the proceedings. The matter of the printing of briefs will be discussed at a separate meeting, as suggested by Mr. Howe, when we will have no other witnesses. I do not think we need a motion to this effect.

At this time I would like to briefly run down the schedule of meetings that more or less have been confirmed for the future.

On Thursday of this week we will have Dr. Fidler, of the Family Planning Federation of Canada; this is a national body. On Tuesday, March 29, we will have the Anglican Church of Canada. On Thursday, March 31, we will have Dr. Potvin. Dr. Potvin is the Medical Director of the Serena Organization.

On April 5, we will have Dr. Serge Mongeau of the Family Planning Association. On Thursday, April 7, we will have the Board of Evangelism and Social Service of the United Church of Canada and, on the same day, the L'Association des Medecins de Langue française du Canada. On April 19, we will have the National Council of Jewish Women of Canada, the Y.W.C.A., the Y.M.C.A., and The National Council of Women, which will have to be confirmed at a later date. On Thursday, April 21, we will have the Canadian Unitarian Council and The Canadian Welfare Council.

We also have a letter from the Canadian Catholic Conference, in which they state it is also their hope to present a brief before the committee.

I should say that it is my hope that our witnesses will appear in such a way that it will be possible to finish this aspect of our terms of reference and to report to the House of Commons roughly by the end of April.

Mrs. RIDEOUT: Mr. Chairman, I am wondering about the committee meeting which, I understand, you have set down for this Thursday.

The CHAIRMAN: Yes.

Mrs. RIDEOUT: My concern is over being in two committees at the one time. As you know, we have the Transportation Committee meeting on Tuesdays and Thursdays.

The CHAIRMAN: Well, this is a problem. An effort has been made to stagger the meetings but it is unavoidable that some people will be faced with the problem of attending two committees which are sitting simultaneously.

Mrs. RIDEOUT: Well, it seems that the two committees in which I am very interested happen to be scheduled on the same date.

Mr. ROCK: Mr. Chairman, I understood that under the new system which was put into effect there was going to be some sort of co-ordination with respect to the sittings of committees through a co-ordinator.

The CHAIRMAN: Yes, and there is.

Mr. ROCK: Then, what is going wrong?

The CHAIRMAN: Nothing except the problem does arise from time to time that there are too many committees scheduled for the time available.

Mr. ROCK: Then, let us change the date of one of them, either the time of sittings of the Transport Committee or this committee.

The CHAIRMAN: Then you could run into another committee which may be sitting at the same time. If the Transport Committee is conflicting with this committee and the time of sittings of this committee is changed, then we may find that another committee is conflicting with this committee.

Mr. ROCK: On occasion I know I have had to leave one committee in order to make up a quorum in another committee. This happened last year and again this year. In my opinion, there should be a co-ordinator to look after these problems so that several committees would not be meeting at the same time. But, this year we find ourselves in the same situation.

The CHAIRMAN: It seems that the problem is a continuing one and there does not appear to be any solution to it.

Mr. KNOWLES: Well, I might as well put in my plug. It is my suggestion, Mr. Chairman, that these committee meetings be held when the house is not sitting.

Mrs. RIDEOUT: When is that?

Mr. KNOWLES: Well, you were on the Canada Pension Plan Committee, which is the best one we have had since you have been around here. We met on that committee when the house was not sitting. However, we cannot settle this problem ourselves; it is for the house to do this.

Mr. BRAND: Mr. Chairman, would it be possible to give a list of those who will be appearing to members of this committee?

The CHAIRMAN: Well, that list will appear in our records of today's meeting.

Mrs. RIDEOUT: What I want to bring out, Mr. Chairman, is that I am very interested in this particular committee. However, sometimes it is difficult for me to leave the Transport Committee because I might break up a quorum. But, if I leave the Transport Committee I switch my attendance from there to this committee, which does not look good.

Mr. O'KEEFE: Mr. Chairman, I suggest the solution is that we meet on Mondays and Fridays.

The CHAIRMAN: Well, there is not a simple solution to this, Mr. O'Keefe, as you are well aware.

Mr. BRAND: Certainly, there is no other committee sitting this morning.

The CHAIRMAN: There are problems, on occasions, because of the way the schedule is drawn up.

Mr. ROCK: It seems to me, Mr. Chairman, that the only two committees that are sitting at the present time are transport and this committee and I do not see why it is necessary to hold several committees on the same day. This should not pose a problem for the co-ordinator.

The CHAIRMAN: I do not have a list of the committee meetings before me but it was my impression from looking at the schedule that there are more than two committees sitting this Thursday.

Mr. ROCK: I am sorry but I have to contradict you. If you look at the list of committees that are usually posted in every elevator you will note it has been only the Transport Committee and this committee that have been meeting and, therefore, I see no reason for meeting on the same date.

The CHAIRMAN: I am looking at this schedule and I note that there are two meetings of different committees going on from 9.30 until 11 o'clock on Thursday, and then from 11 o'clock on there is this committee. I am sure that something of the order of 10 committees has been set up which will all be meeting soon. It is an inevitable problem.

Mr. ROCK: But, you are speaking of the future; I am talking about the present. This last week and the previous week there has been only this committee and the Transport Committee meeting, and they have met on the same day. The same thing is true for this week; we are the only two committees meeting.

The CHAIRMAN: I suggest you submit your remarks to the co-ordinator of committees.

Mr. KNOWLES: And, if I might add, the estimates of 10 departments will be referred to committee tonight, and then we really will have fun.

The CHAIRMAN: This is a point on which we can argue all day. I suggest we get down to the substance of today's meeting.

Mr. COWAN: Mr. Chairman, did you say the Council of Jewish Women requested a meeting with us on April 13?

The CHAIRMAN: No.

Mr. COWAN: Then what was the date?

The CHAIRMAN: April 19, which is a Tuesday.

Mr. COWAN: The reason I put the question is that I am thinking of the Easter recess.

The CHAIRMAN: Not being sure of the time when an Easter recess will be taken I have scheduled no meetings during that anticipated time.

At this time I would like to introduce the representatives of the Voice of Women. The lady who is to present the brief is Mrs. Saumure of Hull, Quebec. The other spokesman with the organization is Mrs. Gertler of Montreal.

Although Mrs. Saumure is going to present her brief in French she is quite capable of answering questions in either French or English—and I know this from my conversations with her this morning. Madame Gertler also speaks French and English.

The floor is yours, Mrs. Saumure.

• (11:27 a.m.)

(Translation)

Mrs. ELSIE SAUMURE (*Member of the National Council and Secretary of the Hull Branch, The Voice of Women of Canada*): Even though the Voice of Women is here almost by chance, because we were mostly interested in a question which we consider more urgent, and that is the Viet-Nam question, but nevertheless we are happy to take advantage of your invitation of the Committee to present you a brief on a very important question.

(English)

Mr. Chairman, ladies and gentlemen of the Committee, the Voice of Women of Canada, at each of its two last annual meetings of 1964 and 1965, adopted resolutions in favour of the amendment of Section 150 (20 (c)) of the Criminal Code concerning the question of contraceptives and information on methods of contraception.

The resolution adopted in 1964 reads:

> Whereas the wording of the Criminal Code of Canada in relation to birth control sets forth that "everyone commits an offense who offers to sell, advertise, publishes an advertisement of, or has for sale or disposal any means, medicines, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage..."

And whereas said wording hinders and seriously limits the work of government officials representing Canada at the United Nations and at conferences dealing with the problem of the world population explosion which is considered as an urgent matter by the World Health Organization:—

Be it resolved that the Voice of Women urge the Government of Canada to delete the words "PREVENTING CONCEPTION OR" from section 150 (2) (c) of the Criminal Code,

This is our resolution adopted in 1965:

Whereas we recognize the principle of freedom of conscience: The Voice of Women urges the Canadian Government to amend section 150 (2) (c) of the Criminal Code to allow the dissemination of information on methods of contraception and the sale of contraceptives, and that such sale be subject to the Food and Drug Act.

We wish to point out that, between the 1964 and the 1965 resolutions, there has been a shift of emphasis in our basic thinking. In 1964, the Quebec Voice of Women delegation along with a few delegates from other provinces abstained from voting, without in any way opposing the resolution. At the 1965 Assembly, the resolution was introduced by the Hull (Que.) group of V.O.W. as you know, Hull is in Quebec, with the emphasis on freedom of conscience.

We declare that the State has no right to enact legislation which would impeach the freedom of any family to limit the possible number of its children. On the basis of the same principle, we believe that the State has no right either to compel families to restrict the number of their children. That is the reason why we firmly believe that this legislation violates a fundamental right of the individual.

The possibility of a population explosion should not make us forget that the right to have or not to have children is an inalienable right of any normal human being.

In our opinion, it follows therefore, that voluntary family planning and access to information on contraception and the possibility to obtain contraceptives should be considered as a normal service to the public.

We also consider that, once the law is amended, it will be possible for all levels of government to help financially those voluntary groups of various denominations and philosophies who, in many centres across Canada, have opened family planning clinics.

However, we do not think that the problems of family planning are the only ones to keep a large number of people from assuming a responsible role in society! Being the basic cell of society, the family can exist only if there is harmony between the parents, whose mutual love contributes to the mature development of their children's personalities. For that reason, we would welcome the assistance of various levels of government in helping to finance and even to organize marriage counselling services under the same roof with family planning clinics. One service would complete the other, thus taking into account all the aspects of parental relationships as between spouses and individuals.

Kathleen Macpherson, our national president is absent, unfortunately, she is engaged elsewhere.

(*English*)

The CHAIRMAN: Thank you very much, Madame Saumure. Are there any questions from members of the committee?

Mr. STANBURY: Yes, Mr. Chairman, I have a question. I noticed that the 1965 resolution suggests that sale of contraceptives be subject to the Food and Drugs Act. I wonder if Madame Saumure could tell us what controls her organization envisages under this Act.

(*Translation*)

Mrs. SAUMURE: May I speak French? I think that the brief is quite self-contained and complete in itself and that the task of movement was not that of delineating the various levels of jurisdiction. Your question was aimed probably mostly at the Provincial, Federal and Municipal jurisdiction, if I understand your question? There are two sentences in our brief where purpose, we leave the wording a little vague as regards jurisdictions. Am I answering your question?

(*English*)

Mr. STANBURY: Yes. The Voice of Women apparently considers some controls necessary.

(*Translation*)

Mrs. SAUMURE: Yes, definitely. Among various contraceptives, there are some which are medicines that would necessarily, even if there was no special law, come under the Food and Drugs Act. As for the others, that is to say, those which are not truly speaking medicines, we do not recognize the jurisdiction for our organization to give you concrete proposals. If you want to have names I know people who are more expert in this field: the Institute of Sexology and Family Planning, which is a new organization in Montreal, and I understand that it is not one of the organizations that is to come here before you. I have the address here, 7244 St. Denis St. in Montreal and I think that is one of the agencies who can give more specific answers.

(*English*)

Mr. BRAND: Am I to understand that you are in favour of putting the drugs which are used for contraception under this act and that you are opposed to anything regarding any other mechanical devices?

(*Translation*)

Mrs. SAUMURE: No I did not say anything like that at all, no, not at all. I don't think that that conclusion can be drawn from what I stated in this Committee. When we say that it is necessary that the Criminal Code be amended so as to permit sale of contraceptives, that means sale of all contraceptives that are not dangerous to the public health. Am I answering your question?

(*English*)

Mr. BRAND: Yes, but in addition what controls would you have regarding mechanical contraception?

(*Translation*)

Mrs. SAUMURE: As I just answered to the honourable member present here, that does not come under our jurisdiction. All we are concerned with is the question of the freedom of the individual.

Mr. ISABELLE: If I understood correctly you make no distinction between the limitation and the regularization. It is only the voice of conscience or the voice of individual liberty, that you mention as the justification for the amendment of the Criminal Code.

Mrs. SAUMURE: Yes, that is quite right. That is our basic principle. Would you like to add something definite?

(*English*)

Mrs. ANN GERTLER (*Member of National Council of Voice of Women*): I would like to add a personal word here, and that is that, after all, all of us are interested in having good citizens, in having children who have a chance to be good citizens. I think the children who have a chance to be good citizens are going to be the children who are wanted, and that should be our concern as well, although we have not put it in the brief. Neither have we said anything in the brief about the rights of children. The rights of children, as recognized by the International Declaration of Human Rights, include a decent chance. Perhaps family planning will give more children a decent chance.

Mr. BRAND: Mr. Chairman, may I add that I agree with the good lady and with her sentiments but I am afraid I must be a little dull this morning because I do not quite get this fine distinction between control under the Food and Drugs Act, on the one hand, and on the other, her concern with conscience. This escapes me completely. In effect you are suggesting that control of drugs should be put under the Food and Drugs Act, control which surely has nothing to do with the conscience, and then you make the statement that you are only concerned with the conscience, so let us not worry about the other. I do not quite follow your reasoning.

(*Translation*)

Mrs. SAUMURE: I do not follow your reasoning at all because I thought it was very clear here. If I am entitled to my own freedom of conscience, the others are entitled to their freedom of conscience, and you are also entitled to your conscience.

(*English*)

Mr. BRAND: I agree with this.

(*Translation*)

Mrs. SAUMURE: It is on a purely individual level; you are not affecting the other people's property. I do not go and steal anything from you. Where it serves an absolutely personal matter, it does not only concern an individual it concerns a couple.

(*English*)

Mrs. MACINNIS (*Vancouver-Kingsway*): Maybe I could ask a couple of questions which I think might clear up this matter troubling Mr. Brand. First of all, is the matter of conscience not concerned solely with the right to plan or not to plan a family? That is where the conscience comes in. The matter of how

these devices are handled is a matter of regulation under the Food and Drugs Act. Therefore, the conscience has to do merely with the principle of whether you have a certain number of children or you want a certain number of children, and regulation has to do with the actual handling of the devices and information on them.

Mrs. SAUMURE: The official position of the Voice of Women has been mainly concerned with the question of conscience. We have not dealt in detail with the question of regulation because we do not think it is within our competence.

Mrs. MACINNIS *(Vancouver-Kingsway)*: But you do believe it should be under the Food and Drugs Act?

Mrs. SAUMURE: Yes, those contraceptives which are medications.

Mrs. MACINNIS *(Vancouver-Kingsway)*: Have you given thought to the outlets where contraceptive devices could be sold or handled? Have you thought about whether there should be any limit on where those devices can be bought or supplied?

Mrs. SAUMURE: I cannot speak officially for the Voice of Women on this. All I can give you is my own personal opinion. As far as I am concerned, I think that the law should see to it that the citizens do not harm their health by any contraceptives. As far as the consideration of whether the devices should be under control or not is concerned, I think the criterion should be the norms of good information on the part of the manufacturers; that is, they should not be allowed to influence people to believe that this one or that one is an efficient contraceptive when it is not or when it is only 50 or 60 per cent efficient. This is the kind of regulation that I personally expect to come from a federal act.

Mrs. MACINNIS *(Vancouver-Kingsway)*: I have one more question. Does your organization believe there are devices that should be handled by and available only through a physician?

Mrs. SAUMURE: In answering this question I will speak for myself because we have not had time to discuss this in detail. We are concerned with more urgent matters. Of course, those devices and drugs which require a prescription, such as diaphragms because they have to be adjusted, pills, of course, should be given only by prescription, and intra-uterine devices which, of course, should be inserted by a physician. I have no opinion on whatever the rest of them may be.

Mr. ROCK: I think that your brief is very clear. You say:

> To amend Section 150 (2) (c) of the Criminal Code to allow the dissemination of information on methods of contraception and the sale of contraceptives, and that such sale be subject to the Food and Drugs Act.

This includes all the methods and devices. You are also very clear on the fact that voluntary family planning and access to information on contraception and the possibility of obtaining contraceptives should be considered as a normal service to the public. You do not say anything about the advertising part of it. I think it is up to the Committee to judge on that. I cannot see how much more could be added to your brief.

Mrs. SAUMURE: I also think that. There is one thing that I would like to mention, and that is that I have not seen anywhere anyone advocating a contrary modification of the act, that the same principle authorizing the state to enact legislation in this matter should be applied the other way as well. Nowhere is it said that the state should never restrict the number of children.

Mr. BRAND: Perhaps we could put it this way: You are suggesting—and I think there are members of this committee who agree with you—that this should be amended so that people have freedom of choice. We do know that at present all drugs associated with this do come under the Food and Drugs Directorate. This is just a matter concerning the devices themselves—the others are already covered.

Mrs. SAUMURE: The public does not know that.

Mr. BRAND: They certainly cannot get a drug without a doctor's prescription.

Mrs. SAUMURE: They always say it is done secretly.

Mr. BRAND: I do not disagree with your principle at all. I am just trying to clarify my understanding of your thoughts. You would agree then that you would like to see this amended so that the state no longer decides how many children you can have. Is this correct?

Mrs. SAUMURE: That is right.

Mr. BRAND: And you wish to leave it at that. In that case, some of the verbiage that is put in at the end of the brief is really not necessary.

Mrs. SAUMURE: I do not think the last part of the brief is just verbiage. It takes into account the whole personality of the individual. We are much too inclined to deal with the question of contraceptives as if they were used only for normal sex life and family life. I do not think it is enough. Family planning should go together with matrimonial counselling.

Mr. ROCK: Would you also add that you do not want it to be a criminal offence?

Mr. KNOWLES: Has not Dr. Brand really answered his own question? I am trying to help him here. The Voice of Women takes the view that people should be free to use or not to use devices and pills, and also that people have the right to the protection of the regulations under the Food and Drugs Act, so that those who do want to use contraceptives know that they are using safe and proper products. We are free not to eat bread but we are also free to know the bread will be pure.

Mrs. SAUMURE: This clarifies what I said. Thank you.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, I was just wondering about this. I think there are two matters involved here. I think dissemination of information is important, but how would that be controlled?

Mrs. SAUMURE: I do not think there is any way of controlling it.

Mr. HOWE (*Wellington-Huron*): As Mr. Prittie said, there is a book which appears on the book stands. There would have to be some control of information that goes out because it might be information that was misleading.

Mrs. SAUMURE: The mother can advise her daughter and give her wrong information. This cannot be controlled. However, if you have family planning clinics, people will go to them and get factual information.

Mr. PRITTIE: I think I might say, for the benefit of the delegation, that one of the things that has bothered members of the committee is how to draw up a law in such a way that it would control blatant advertising and advertising in poor taste, as well as advertising or information that most people would consider proper. I refer to bulletins which, for example, are distributed by the Family Planning Association of Toronto stating where information could be obtained. This is available in some churches, and most people think it is all right. I think members of the committee are disturbed that there might be blatant advertising. I do not know whether it is a real concern or not. There does not appear to be any such concern in other jurisdictions where there are no laws on the subject. This is a problem that bothers the committee: the drafting of a law that would permit some information but also prevent the wrong sort of advertising, advertising that many people would consider to be in bad taste.

Mrs. SAUMURE: May I ask a question? Are there any regulations on advertisements of underwear? I think some of them are in bad taste. This would also apply.

Mr. COWAN: If it is in bad taste it is a wonder the C.B.C. has not had a half hour programme on it!

I would like to ask a question of the second witness. She is making a great distinction between wanted and unwanted children, and she said that wanted children would have a better chance in life than those whom she calls unwanted. I have a question to put to her. Last Friday a Canadian Press dispatch came out of Calgary, and I will quote it as follows:

> Calgary (CP)—Canada should make the practice of birth control a condition of continued welfare assistance to some parents still able to produce children, says Dr. C. F. Bentley of Edmonton, dean of agriculture at the University of Alberta.

I like that! Dean of Agriculture!

> In an address to the Calgary Rotary Club, March 8, Dr. Bentley said certain birth control measures should be required of those who "have been on welfare for a substantial time, like five years, or with large families, say five or more children."

I would like to ask the witness about the wanted and unwanted children. If a couple on welfare want children, who has priority, the welfare inspector who says they cannot have more and therefore considers them unwanted children, or the parents who want more children?

Mrs. GERTLER: I would like to answer this by saying that although I am not on welfare I have five children, so it seems I am on this dangerous borderline.

Mr. COWAN: According to the dean of agriculture.

Mrs. GERTLER: In the second place, we have not discussed this question so I do not feel I can advise members of the committee on this. But I would like to say it seems to me that welfare officers telling welfare recipients what they should do is a matter which worried us in many other dimensions. There are all kinds of means tests, and I am sure you have given that a lot more thought than most people. I think that the thoughts regarding means tests should probably apply to all the other requirements that welfare officers place on welfare recipients.

• (11:47 a.m.)

Mr. ENNS: Surely the term "wanted children" or "unwanted children" applies only to parents and to no one else. This is the only context in which these adjectives can apply.

Mr. COWAN: I agree.

Mrs. GERTLER: I agree.

Mr. PRITTIE: The statement of Dean Bentley of the University of Alberta would be against the individual liberty and freedom mentioned in the brief.

Mrs. SAUMURE: There is no question about that. We say it is voluntary planning; it means voluntary on the part of the parents, not on the part of the state.

The CHAIRMAN: Are there any other questions for the witnesses?

Mr. COWAN: Would you consider the oral contraceptive "no" something that should come under food and drug or under mechanical devices?

Mrs. SAUMURE: I think you should ask the doctor!

The CHAIRMAN: I think I am lost in that question.

Are there any further questions?

(*Translation*)

Mr. ISABELLE: In other words you are in favour of amending Section 150 but you have added, in all your literature that it is in the name of individual freedom.

Mrs. SAUMURE: Exactly.

Mr. ISABELLE: Individual freedom.

Mrs. SAUMURE: Of individual freedom. This is the resolution, and I would like to point out that it was presented by The Voice of Women of Hull, Quebec. It must be said, and if I understand correctly, in the meantime the 1964 resolution has become obsolete, because our representatives in the United

Nations have adopted the position of having voted to participate in International Family Planning Commission. You probably are better aware of these things than I am.

Mr. MATTE: Mr. Chairman, this question may not be in order, but it is my understanding that the Criminal Code today does not correspond to the development of Family Planning.

I spoke in this Committee sometime ago saying that this was a delicate subject for Catholics. I considered, during that statement, the acceptance of all devices that I do not approve for birth control so that we could advertise birth control instruments, just like Coca-Cola, without any restriction whatsoever. I had considered the moral aspect, when it is really a question of law, and it is not exactly the Function of law to look at the moral side. I spoke to experts on this subject, I sent to Saint Paul's University a copy of these Bills, and this is the reply that I received. I would like to read it if I may:

> Mr. Jean-Paul Matte,
> House of Commons.
>
> Dear Mr. Matte,
>
> I have received your letter of March 3, with the enclosures. I thought it was advisable to send a copy of the Bills to a specialist in moral theology.
>
> In his opinion, and this is also my opinion, a Catholic could vote in favour of the amendment as proposed by the Bill C-71. The principle, on which he may base his judgement, is exactly as given in the explanatory notes of Bill C-40:
>
> "This Bill exempts from all criminal responsibility, in circumstances where public interest is not seriously endangered, in respect of acts of birth control which more properly should be left to the individual conscience and to ecclesiastical and moral laws and not made the subject of criminal legislation".
>
> Indeed human law, both civil and ecclesiastical, is not called upon to prohibit or punish unlawful acts, because the function of the law is not exactly the same as that of morality.
>
> "In addition, Canadian Criminal Law, before the amendment, is so wide as to include means of preventing conception which the Church would allow. I refer more particularly here to our Marriage Preparation Courses where information is given on the rhythm or Ogino method. These are *indications* on how to prevent conception (a matter dealt with in the Criminal Code) and thereby forbidden by it.
>
> Yours truly,
> (sgd.) Louis Ph. Vézina, o.m.i.

Mrs. SAUMURE: This meets an opinion which Committee members will probably read with great interest in a book entitled "Brief to the Bishop", which was written by a Catholic layman in Toronto, with the preface written by Archbishop Pocock. This is published by Paul T. Harris of Longman's and

under the signature of lawyer John O'Driscoll; you will find a comment on the need for the amendment of this law, precisely along the lines which you are proposing.

(*English*)

Mr. ALLMAND: Madame Saumure, there is a paragraph in your brief which refers to Canadian representation at the United Nations, and you refer to the population explosion, I believe.

I am not too sure why you put in that paragraph and refer to the situation of the population explosion, because it seems to me there are two different questions to consider. One question is one that is raised by people in countries such as Canada, the United States and western Europe with regard to the freedom of conscience to have children or not to have children. But it is another question when you come to consider control of population and control of population explosion, because this implies that there would be some sort of government control or direction to limit the size of families regardless of what the parents may want or may not want.

It would seem to me that you come to your conclusions to the effect that we should amend the Criminal Code in Canada based on freedom of conscience and not based on population explosion. You say in one part of your brief that people should be free to have children or not to have children and the principles should be applied both ways. If people want to have children there should be no control on them.

I am wondering why the reference is made to the United Nations and control of the population explosion, because it seems to me that if you are to have control of the population explosion they are either going to be direct controls or penalties on families not to have children, or incentives to have them.

Mrs. SAUMURE: I think there is confusion in the terms. When people speak of population control they do not mean the state controlling the population; they mean the people controlling the population. It is voluntary.

Mr. ALLMAND: It is not voluntary in countries where they are concerned with population explosion.

Mr. ENNS: Yes, it is. Why not?

Mrs. SAUMURE: Even in those countries why should it be controlled? In fact, it was tried for two years in China, and they have just dropped it.

Mr. ALLMAND: I agree with you. I do not think it should be controlled. However, some of the plans to control world population entail government control, either directly or indirectly, of the rights of persons to have as many children as they want. Just as we have family allowances in Canada, allowances are given in some other countries, and in some countries they are considered to be incentives to people to have children; but there can also be penalties against having children or incentives not to have children. I am not speaking just of the dissemination of information on how to control your family yourself as an

individual, but state and government incentives. As Mr. Cowan mentioned, there may be social welfare agencies which say, "If you want social welfare you cannot have more than four or five children."

Mr. COWAN: Pardon me, I did not say that; I quoted a man who said that.

Mr. ALLMAND: Excuse me.

It seems to me you can come to the conclusions you want to come to without referring to the United Nations and to population explosion.

Mrs. SAUMURE: As I said, it is the 1964 resolution to which I referred. We are concerned with population explosion because we are concerned with peace, and we know that conditions of hunger and sickness in areas of over-population are a threat to peace. This is the reason our resolution was drafted in that way.

In the meantime, I do not remember whether I said this before in French or English, but I should say now that this resolution has become outdated or obsolete because our nation has taken a stand in international family planning organizations. But the position is the same. If one says "voluntary planning" we need not imply clearly that there must be no control by the state, either subtle or not.

Mr. ALLMAND: Thank you.

Mr. ROCK: We seem to be getting into the family planning aspect of this subject, and I would like to ask a question of the witness. Should this clause in the Criminal Code—which is almost universally, and especially in Canada, completely disregarded—be amended simply for the purpose of ensuring that the people have respect for the laws of Canada?

What I am getting at is that there is a criminal offence under the Criminal Code in connection with birth control, but hundreds of thousands of people do not respect this law. Should it not then be amended so that people will have respect for the laws of Canada?

Mrs. SAUMURE: You are making an argument for the amendment; yes.

Mr. PRITTIE: I agree with Mr. Allmand when he says that one can make a case for changing the Canadian law without any reference to United Nations. One can, yes. However, I would like to correct him in another aspect.

I have followed this subject pretty carefully and I do not know of any place in the western world where family planning is imposed on anyone. The United States, as part of its foreign aid program, is willing to give information on family planning to countries requesting it, and again in those countries it is a matter of choice whether individuals request it or not. I do not know of anyone who is doing the type of thing that Dean Bentley has suggested.

The CHAIRMAN: Are there any other questions?

Mrs. GERTLER: I would like to say something because the committee seems concerned about our reference to the United Nations.

I think the drafters of this resolution had in mind that with such a clause contained in the present Criminal Code the Canadian delegate activity at United Nations was somewhat compromised because of the law currently on the statute books in this country. I think it was felt that one of the extra dividends of amending the Criminal Code would be that it would reduce the ambiguity in the position of the Canadian delegate.

Mr. COWAN: Dr. Harley, I would like to ask for the comments of the two witnesses on an episode which has pinpointed and highlighted a moral question of today. I do not believe this question is ever going to be settled by law, and I am 100 per cent convinced of that.

In last week's issue of the great Canadian magazine *Time*, which is printed in Montreal and owned in New York City, there is an account of a trial of Charles Schmid Junior on a charge of murder of two girls, Wendy and Gretchen Fritz, daughters of a doctor in Tucson, Arizona. The man has been sentenced to die in the Arizona gas chamber. *Time* Magazine has no editorial policy, it is said, but it does make comments in reporting the news.

In talking about the trial in Tucson, Arizona, *Time* Magazine makes this comment after the man's conviction:

> The advent of birth control pills has tranquillized the fear of pregnancy among young girls who have no moral reservations about sexual activity. "What are parents and what is the community doing to fill the gap?" asks Mrs. Eileen Strutz, director of the city's Planned Parenthood centre. "Nothing!"

If we are to legalize contraceptives, is there not a likelihood of the young people of this country saying, "I don't have to have any conscience on the matter; I don't have to have any moral scruples on the matter. That group in Ottawa has solved the problem; they have legalized contraceptives and therefore there is no moral issue involved. Let's eat, drink and be merry." Because, as *Time* says, "The advent of birth control pills has tranquillized the fear of pregnancy among young girls who have no moral reservations about sexual activity."

If there are young girls today who have no moral reservations about sexual activity, how are you to stop those young girls who now have moral reservations from dropping their moral reservations? Are you going to let those young girls drop those moral reservations by inviting them to say, "Well, the House of Commons has authorized and legalized this"?

Mrs. SAUMURE: Do you really want to hear my answer?

Mr. COWAN: I have asked you the question.

Mrs. SAUMURE: I will answer you personally, not for the Voice of Women. Those who are waiting for the law to be lifted in order to enter into extramarital sexual relationships do not really have a conscience, according to your description of a conscience.

Mr. COWAN: What I am asking you is this: Will not the ones who now have a conscience drop it and state, "Parliament has authorized and legalized contraceptives, therefore I don't need to use my conscience?"

Mrs. SAUMURE: Conscience is internal freedom. One has a right to choose in one's own mind what one's conscience is going to say.

Mr. COWAN: I am afraid my conscience stops me from doing more things than it permits me to do. Conscience is not synonymous with freedom.

Mrs. SAUMURE: It is.

Mrs. MACINNIS: Men have always been in that position. There never has been fear of pregnancy for men. If men have not fallen low, women are no more likely to do so now.

I would like to hear Mr. Cowan's answer.

Mrs. SAUMURE: To answer the question, apart from any verbal frolicking—

Mr. COWAN: There is no verbal frolicking on my part; there may be some on yours.

Mrs. SAUMURE: I am treating this serious question with as much humour as possible in order that it will be made not too uninteresting.

The amendment of this law would probably diminish greatly the number of illegal abortions and the number of illegitimate parents. I say advisedly "illegitimate parents"; I do not say illegitimate children.

Mr. COWAN: Thank you. I agree with you there.

I would like to comment on Mrs. MacInnis's remarks. I believe there are many men who fear pregnancy, many married men.

Mrs. MACINNIS: I was referring to unmarried men.

Mr. PRITTIE: As I pointed out before, we still have the Juvenile Delinquents Act, and I have before me the report of a case in which it was used to prosecute the people for selling contraceptives to juveniles. So one must keep that in mind when dealing with this matter.

Mr. ALLMAND: Even unmarried men feel responsible about breeding illegitimate children, and they have a civil obligation under the law to support them. They are not completely irresponsible in that respect.

Mr. COWAN: I know nothing about that!

Mr. ALLMAND: I do.

Mr. STANBURY: Mr. Allmand means he knows about that as a lawyer, of course.

The CHAIRMAN: Are there any other questions?

Mr. O'KEEFE: Has the Voice of Women given any consideration to the effect of this type of legislation on the moral code? I have in mind Sweden, where they do not have this type of legislation on the statute books. Would the Voice of Women agree with the indiscriminate sale of contraceptives?

Mrs. SAUMURE: I think the Voice of Women would rely on the opinion of sociologists in this matter, and we have not consulted them. This is not our field.

Mr. O'KEEFE: You have not looked into the results of this kind of legislation in any other areas?

Mrs. SAUMURE: In any other areas?

The CHAIRMAN: I believe Mr. O'Keefe means in any other countries.

Mrs. SAUMURE: I have some details about the situation in Sweden, but I have also seen in our Canadian chain stores the journal *Parents'* Magazine, a United States magazine, which advertises birth control products in a very modest and very discreet way, I would say. This comes into our country and no one objects to it. I have heard no cries against this.

Mr. O'KEEFE: But would you object to the actual sale of contraceptives in the chain stores? Would you personally or would the Voice of Women object?

Mrs. SAUMURE: I am not speaking for the Voice of Women on this because we have not dealt with the details, as I have told you. I am not competent to speak for them on this.

Mr. O'KEEFE: Would you agree that this is an important question?

Mrs. SAUMURE: Yes, I would, and I think this is the kind of question your committee has to work out. We are just a voluntary organization which is tied up with things other than this which are also very important.

Mr. O'KEEFE: Do you not understand that we have to get your advice and suggestions?

Mrs. SAUMURE: We may have ideas but we have to get the consensus of our members from all parts of Canada—and we pay for our own transportation to get together to discuss these questions. I am sure if we could be given the money to settle the question in committee we would certainly find the time, but I doubt whether anybody would give us the money.

Mr. O'KEEFE: Is the Voice of Women in any way concerned about the birth rate in Canada?

Mrs. SAUMURE: Not so far as I know.

Mr. O'KEEFE: Are they concerned about the question whether it is better to have immigrants or Canadian babies, for example?

Mr. COWAN: That is a very good question.

Mrs. SAUMURE: Our people are meeting the immigration minister at four o'clock this afternoon and you are invited to attend. We will have to see what they have to say about that.

• (12:07 p.m.)

The CHAIRMAN: Does anyone else wish to put any question to the witnesses? If not, on behalf of the committee, I would like to thank the representatives of The Voice of Women for appearing before us. I personally would like to thank Mrs. Saumure and Mrs. Gertler for their presentation here today. We are very pleased you were able to work in this visit with another one that is taking place in Ottawa at the same time. On behalf of our committee please thank The Voice of Women's Organization for their presentation.

The meeting is adjourned until 11 a.m. on Thursday morning.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament
1966

STANDING COMMITTEE
ON
HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 5

THURSDAY, MARCH 24, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Representing the Family Planning Federation of Canada: Dr. Frank Fidler of Toronto, President; Mr. George Cadbury of Toronto, Member of the Executive, also Director of International Planned Parenthood Association; Dr. Maurice Jobin of Montreal, Member of the Executive, also Member of l'Association pour la Planification Familiale; Mr. John McNab of Ottawa, Treasurer, also President of Planned Parenthood Association; and Dr. Helen Morley of Toronto and Mr. and Mrs. Brian Marson of Ottawa, Members of the Planned Parenthood Association.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23711—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,
Brand,
Brown,
Cameron (High Park),
Chatterton,
Cowan,
Enns,
Howe (Wellington-Huron),
Knowles,
Laverdière,
MacInnis (Mrs.) (Vancouver-Kingsway),
Macquarrie,
Matte,
O'Keefe,
Orange,
Pascoe,
Rideout (Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 24, 1966.
(6)

The Standing Committee on Health and Welfare met at 11.15 a.m. this day, the Chairman, Mr. Harry C. Harley, presiding.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*) and Messrs. Brown, Chatterton, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, O'Keefe, Orange, Rock, Rynard, Simard, Stanbury (15).

Also present: Messrs. Basford and Prittie, Members of Parliament.

In attendance: Representing the Family Planning Federation of Canada: Dr. Frank Fidler of Toronto, President; Mr. George Cadbury of Toronto, Member of the Executive, also Director of International Planned Parenthood Association; Dr. Maurice Jobin of Montreal, Member of the Executive, also Member of L'Association pour la Planification Familiale; Mr. John McNab of Ottawa, Treasurer, also President of Planned Parenthood Association; and Dr. Helen Morley of Toronto and Mr. and Mrs. Brian Marson of Ottawa, Members of the Planned Parenthood Association.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman introduced Dr. Fidler who, in turn, introduced those who accompanied him.

Before presenting the brief, copies of which had already been distributed to the members of the Committee, Dr. Fidler expressed his appreciation for the opportunity given by the Committee to the Federation to express its views with regard to amending section 150(2)(c) of the Criminal Code.

He made introductory remarks and was questioned on the brief.

Mr. Cadbury, Dr. Morley, Dr. Jobin, Mr. McNab and Mr. Marson also supplied information to the Members.

On motion of Dr. Rynard, seconded by Mr. Enns,

Resolved,—That the brief presented by the Family Planning Federation of Canada be printed as an appendix to this day's proceedings. (*See Appendix "A"*)

The Chairman announced that a brief was received from the Saskatchewan Association of Social Workers and that a copy of the said brief will be sent to each member of the Committee for consideration.

23711—1½

On behalf of the Committee, Dr. Harley thanked Dr. Fidler and those who accompanied him for coming before the Committee and giving the views of the Family Planning Federation of Canada.

At 12.50 p.m., the Committee adjourned to 11 o'clock a.m., Tuesday, March 29th.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

THURSDAY, March 24, 1966.

• (11. 15 a.m.)

The CHAIRMAN: Ladies and gentlemen, we now have a quorum present. Before we get into the meeting itself, I wish to say that, as announced by the leader of the government the other day, the House is not likely to sit on Thursday, April 7, the date on which we had scheduled a meeting. It is our hope that we will be able to move this meeting to April 5 instead of April 7. The House will be sitting on that day, but we will not be losing any time at all as we have not booked any witnesses for Easter week.

This morning we have with us the Family Planning Federation of Canada. I call on Dr. Frank Fidler, the President of the Federation, to introduce himself and his colleagues who have come with him today and to present his brief. I should say that Dr. Fidler's brief covers both the subjects of birth control and abortion, but Dr. Fidler understands that this morning we are only concerned with the aspect of birth control.

Dr. FRANK FIDLER (*President, Family Planning Federation of Canada*): Thank you, Mr. Chairman. I will be very happy to introduce the members who have accompanied me this morning. On my right is Mr. George Cadbury, who is a member of the executive of the Family Planning Federation of Canada, and also Director of the International Planned Parenthood Association. Next is Dr. Maurice Jobin of Montreal who is a member of our national executive. Then we have Dr. Helen Morely from Toronto, who is a member of the Planned Parenthood Association of Toronto. Then we have Mr. and Mrs. Brian Marson from Ottawa, and Mr. John MacNab from Ottawa who is also a member of the national executive; and Mr. Prittie, who is well known to this committee, is also a member of our national executive.

Mr. Chairman, I want first of all to express our appreciation for this opportunity of appearing before you and presenting a brief. Also, if I may, I wish to express our gratitude to Parliament for the action taken in establishing this committee and providing an opportunity for groups and organizations to appear before you to present their interest in this field of concern, especially to the four members of Parliament who have introduced the bills that provided the occasion this year.

I would like to apologize to you for the fact that our brief is in English only, but that is owing to the fact that we had too little time to have it translated and printed in French. We are making arrangements to have it produced in French and it will be available to those members who wish to have it in French.

If I may take a moment to say a word about the Family Planning Federation of Canada to point out that we are a representative group. There are 13 member bodies and most of these bodies will not appear before you

individually. The regional and local bodies are represented by the national federation, but some of the church organizations may appear before you. We hope you may have an opportunity to hear from representatives of the Serena Society in Quebec.

I should say our concern as a Family Planning Federation is primarily based upon what we understand to be the public welfare or the public well-being. In our concern the term "family planning" is not simply an euphemism for birth control or contraception. We are concerned with helping families to space children according to their own conscience, to the wisdom that they have and to their ability to rear children in their own judgment. As an organization, we offer help to those who want children and who cannot have them because of temporary infertility. I mention this in order to indicate that our interest is not simply the narrow one of contraception.

In the field of family planning, I think it would be fair to say that while our concern is quite general, we are particularly interested in those families who for one reason or another are dependent upon public health services for technical advice and assistance. In other words, those who are either unable or unaccustomed to having the benefit of a personal family physician. We are convinced that adequate planning assistance, if made available to all those who desire it, could help materially to ensure that every child who is born is a wanted child, and will be assured of the loving care of its parents. We are also quite convinced that more adequate provision for family planning assistance would decrease the number of self-induced and criminally-induced abortions; and this would materially reduce such cases as was recently brought to the attention of the public of battered children, those who in one way or another have inflicted upon them the sense of being unwanted by their parents, and who suffer severely not only psychologically, but in some cases physically. We think this is one of the most hideous results, of course, of the fact that unwanted or unwelcome children are born.

This morning I do not intend to review the brief that is in the hands of the committee. We will be happy to answer any questions you wish to direct to us about the matters concerned here, or any other matters on which we may have information or experience that would be helpful to the committee.

I would like to draw your attention respectfully to the three conclusions of the brief to emphasize the threefold nature of the recommendations that we would like to bring before you. First of all, on page 10 the concern, and our recommendation to you, that there be a deletion of the words "preventing conception or" from Section 150 (2) (c) of the Criminal Code of Canada; second, that there might be inclusion of family planning information and services as an integral part of health and welfare programs, third, the inclusion of family planning assistance to requesting countries through our External Aid programs.

I know that before the committee now there are matters that you are concerned with primarily, but I think the others are related as well. Thank you very much.

The CHAIRMAN: Fine; thank you very much, Dr. Fidler. Are there any questions of Dr. Fidler?

Mr. RYNARD: Mr. Chairman, I am wondering whether there has been any planning or looking into the effect this might have in the long run on the lowering of the birth rate so that your birth rate would fall below your death rate? Has there been any research done on this project? Is there any feeling that we will have to give people some incentive to raise children up to a certain number? Those are the things that puzzle me because the birth rate, I know, in Australia and New Zealand has gone down. As we know, those people have been well able to look after themselves economically. They have a high standard of living; but the people we are aiming at are the people with a low standard of living; those who have not been able to increase their gross national product along with the increase in their birth rate. I am wondering whether any research has been done in these matters.

Mr. FIDLER: Mr. Chairman, I wonder whether I may ask Mr. Cadbury to comment on that.

Mr. GEORGE CADBURY (*Member of Executive, Family Planning Federation of Canada and Director, International Planned Parenthood Association*): Yes. We passed through, in the last 50 years, a number of cycles and phases of attitudes of population. I remember very well in the 1930s books like the one written by Mr. Evelyn Charles suggesting that the world was on the verge of having too few people. I do not think at the moment anyone feels that way. The trouble is we look like having too many. The attitudes do change. I quite agree that there might be a time at which we might be in the reverse phase, when we might be thinking it would be desirable, if there were larger families. This is quite possible. As Dr. Fidler has said, there is nothing negative about the attitude of this organization or our proposal.

I think, in answer to the question of specific research, yes, a great deal of research has been done by demographers; and one of the interesting things has been the study on the rise in the birth rates in the United States. With the very affluent society that they have there, the recent situation is that there has been a rise in the birth rate in a condition of affluence. Therefore, I do not think we can say that there is any very certain movement one way or the other, from any particular economic condition. What we do build our hopes on is the responsible attitude of parents.

Mr. RYNARD: Do the last results published not show that they have a falling birth rate in the United States?

Mr. CADBURY: There was a slight fall in the most recent figures.

Mr. RYNARD: And the young people who are getting married are prolonging the time they are married before they have children; and this brings up the point of fertility, does it not?

Mr. CADBURY: If I may comment on that, there is a great deal of discussion among demographers on this. The thing that matters, if you take the long run, is the completed family size. I think what you say is true, that there may be a delay in starting a family, but so far that has not been evidenced in a totally smaller family. The people are marrying much younger. They are delaying the start of having a family but in the end the probability appears to be now they will have two or three children. It rounds itself out.

Mr. COWAN: Dr. Rynard asked a sensible question when he asked if the birth rate would not fall below the death rate, and I am sure he was referring to Canada, not to the world as a whole. The answer he got is that it seems the world is over populated, but I think Dr. Rynard and I are primarily interested in Canada. As members of Parliament we are always being asked to tie pension payments and wages of the civil service in with the rising cost of living as shown by the consumer price index. As active members of Planned Parenthood Association, if your proposal were to result in a falling birth rate, do you think in order to maintain the population of Canada we should have an immigration policy that as the birth rate falls by 10 per cent, the number of immigrants should rise by 10 per cent in order to prevent a reduction of the population?

Mr. FIDLER: I think it is fair to say that we do not have a policy in the family planning federation in that field.

Mr. COWAN: If we have a falling birth rate the policy becomes apparent by actions if not by words.

Mr. CADBURY: We are not dictators or attempting to be dictators. We are attempting to provide education and information in order to enable people to make up their own minds on this important question. We believe in the democratic answer; if information is available, we think people will make their own decisions. We are not propounding theories to be applied from above.

Mr. RYNARD: Mr. Chairman, I think you said there has been a great deal of research done. Has your research indicated what the size of the family should be? What is the ideal size of a family in our affluent society in Canada.

Mr. FIDLER: I am not aware of research that would try to determine theoretically the size of a family in advance. As Mr. Cadbury pointed out, our interest as a family planning federation is really to make it possible for parents to be responsible in their choices, their ability to regulate the size of the family.

Mr. RYNARD: I think you were admitting it is disastrous to have too many children. Now, it would seem to me research should have come up with the ideal size. If you leave it to the conscience of a family and you do not sell them birth control meaures, you are limiting what you are setting out to do at all. But we as members of Parliament are concerned with this today. Do we have to give incentives in the next five years here in Canada, as Mr. Cowan said, to increase the size of a family? What research indicates what the size of a family should be in our economic set up?

Dr. HELEN MORLEY (*Member, Planned Parenthood Association of Toronto*): Mr. Chairman, Dr. Rynard, we of the Planned Parenthood Association believe that every child should be a wanted child. I think the answer here is that the ideal size of a family is the number of children the parents responsibly wish to bring into the world.

Mr. RYNARD: I can answer that. I received a letter from a lady who is in trouble; she seems to be quite an intelligent woman, she is a school teacher. Her oldest girl is 19 or 20 years of age, working in the Civil Service in Ottawa. I think there are 10 or 12 children in between, and she is having difficulty, but she is having difficulty at the wrong stage; she did not picture all the problems she was going to encounter in getting those children educated. You are talking about responsibility; where does responsibility begin and where does it end?

Mrs. MORLEY: I think responsibility begins with using the knowledge that you should have in your own family setting, and families should have the knowledge; and there are some who we know do not, for various reasons, and that is something that we are here to discuss. Since so many people do not have knowledge, they have not been able to exercise this responsibility.

Mr. RYNARD: Then you should be doing more about this to get the knowledge across to the people so they will all get it.

Mrs. MORLEY: It is illegal at the moment to give this knowledge.

Mr. COWAN: You do not want to use neon signs, though, to do it.

Mr. RYNARD: If it is illegal, let us make it legal because then, and only then, have we the chance for people to know where responsibility begins and ends.

Mr. ENNS: I was quite impressed with the size and scope and the national dimension of your organization, and inasmuch as we have just heard from one witness that it is illegal,—as we all know at this stage—may I ask how long have you been an organized group illegally?

Mr. FIDLER: As a family planning federation we became a national organization and in the first instance in 1963 were known as the Canadian Federation of Societies for Population Planning. Of course, there have been organizations for a great many years. There has been an organization in Winnipeg for something like 40 years; there has been an organization in Kitchener for something like 35 years; and one in Hamilton for 35 years also. There has been a long history of organizations of one kind or another. Moreover, of course, there have been pronouncements made in favour of family planning and responsible parenthood for 30 years by some of the church bodies, and so on, so that our history in Canada does go back some considerable period.

Mr. ENNS: Yes, I agree that anyone who is trying to correct or cope with the social ills in our present day society soon comes to the realization that the root of much of the problem is (*a*) the unwanted children, or marital tensions arising out of financial difficulties over an oversized family perhaps; but I salute your organization. Really, I am not critical in my questions at all.

Mr. FIDLER: While Dr. Morley implied that this might be considered illegal, I think we might say on the other hand that these organizations and the people who are involved in them might very well be convinced that they were operating within the law in that they are operating for the public good. Of course, we realize that this condition in the present law is also ambiguous from the point of view that we would have to demonstrate and prove, in a court of law, if we were challenged on this aspect that we were operating for the public good.

Mr. ENNS: There has been one test case.

Mr. FIDLER: Three, I believe.

Mr. ENNS: Have they been decided?

Mr. FIDLER: Well now, the first one to my knowledge was the one in Eastview, and it seems to me this has been referred to here in the committee previously. I believe, if I am correct, the charge was finally withdrawn and it was not actually resolved by a judgment.

• (11.35 a.m.)

Mr. ENNS: Was there an acquittal, and then an appeal.

Mr. FIDLER: Was it not in the last analysis withdrawn?

Mr. ENNS: My question was a hypothetical one; should the committee, for some unfortunate reason, rule against making recommendation towards legalizing this and making the necessary amendments to the Criminal Code, would your activities have to cease or would they continue?

Mr. FIDLER: Well, let me say this, which may be an answer of a kind to your question: there are certainly members of the national federation and of the local organizations that would welcome a court case where they might have an opportunity, publicly, to make the defence which they feel they could make. Is that an answer to your question?

Mr. ENNS: Yes.

Mr. COWAN: You were using the expression "unwanted children" a moment ago. I do not want to bore the committee but, of course, we are going to have to ask questions of these witnesses as they come forward.

The last time we met I quoted the Dean of Agriculture of the University of Alberta who, when addressing the Calgary Rotary Club the other day said it appeared the time had come when they would have to take action to limit the number of children of families on welfare, say those that had as many as five children. I asked the previous witness and I ask you, whose desires prevail regarding these wanted and unwanted children? The mother and father on welfare who may want another child or the welfare inspectors sticking their noses into family affairs and saying, "You cannot have any more". They may be unwanted by the welfare people but wanted by the parents. Whose opinion prevails?

Mr. FIDLER: We have never dealt officially with this in the organization but I think I would reflect very faithfully the views of the members when I say, in our judgment, this is a matter for the parents' concern. We have no intention of advocating state control of the size of a family.

Mr. COWAN: Well, I am glad to have you admit it is a matter for the parents. The Dean of Agriculture, to whom I have referred, did not put it that way before the Calgary Rotary Club as recently as March 8.

Mrs. Morley was talking about this information which she said should be available to all. Again, I would like to ask for your comments. I have before me a copy of *Time* magazine dated March 11, 1966, regarding the Tucson, Arizona double murder case, two girls, the daughters of a doctor, who were murdered. They have convicted Schmid, and he is sentenced to die in the gas chamber. The article in *Time* magazine reads in part:

> The advent of birth control pills have tranquilized the fear of pregnancy among young girls who have no moral reservations about sexual activity. 'What are parents and what is the community doing to fill the gap?' asks Mrs. Eileen Strutz, director of the city's Planned Parenthood center. 'Nothing!'

If this information is going to be made available, what is to prevent girls who have moral reservations from dropping them? Having got the pill legalized by Parliament, they will think it is right and just to use them. They will think

they do not need any moral reservations once they have got pills approved by Parliament. I maintain that Parliament cannot legislate right and wrong in the minds of the people and the fact that the pill or other types of contraceptives also may be legalized, is certainly going to make many more people think, "Oh, well, it is legal, it must be proper or Parliament would not have passed it, and I do not need to have reservations of any kind." How are you going to keep this information which you say should be made available to families, out of the hands of the young and the unmarried?

Mr. FIDLER: Can I ask Dr. Jobin if he would comment on that first?

Mr. JOBIN: I do not think we should deprive married couples of information on pills or contraceptives merely because of the danger of juveniles using them. This, of course, is an argument which could be used regarding liquor or anything else.

Mr. COWAN: You might like to know I use it both ways; I am a prohibitionist.

Mr. JOBIN: I think family planning is a part of total sex education which has been extremely deficient, not only in Quebec where I live, but generally in the whole of North America. I think that while we try to promote information on family planning, we will have to do an awful lot of work on sexual education at the same time.

I was asked on a television program about two weeks ago, by an interviewer who probably wanted to put me on the spot, what I would do if a young girl came into my office and asked me for pills? I told her that my duty as a doctor was to inform her, not to moralize or preach her sermons, and that I would much rather give her pills than have her come back in two months asking me for the name of an abortionist. That is the way I look at it, on the theory of the lesser evil.

Mr. COWAN: I notice the Chairman said that in your brief you deal with the two questions of contraceptives and therapeutic or legalized abortions, but that you are presenting your ideas today only on the subject of birth control.

The CHAIRMAN: That is at the request of the committee.

Mr. COWAN: But since you have mentioned this matter of a girl who might come to you and ask for pills and might be back in two months asking for an abortion I suppose you saw the item out of St. Louis, Missouri on March 19, on the consequences of the availability of birth control pills.

St. Louis, Mo.—

> Birth control pills are second only to headache tablets as the cause of accidental poisoning among children treated at St. Louis Children's Hospital.
>
> We treated 393 victims of accidental poisoning during 1965 and aspirin accounted for about a third of these, Lilly D. Hoekstra, hospital administrator, said.
>
> However, we saw an increasing number of children who swallowed birth control pills. The frequency of this kind of accidental poisoning is now second only to aspirin. One of the reasons birth control pills are

being swallowed so frequently by curious children is that mothers leave the pills in a conspicuous place so they will not forget to take them.

This points up the primary cause of most accidental poisonings—parental carelessness.

That is in quotation marks, and then the next paragraph states:

Miss Hoekstra said accidental poisoning of all types is one of the major causes of death and serious illness among children in the United States.

I suppose that you, as a Planned Parenthood Association, would have no objection to the fact that if the child was not prevented by the pill from being born, having him do away with himself by swallowing the pill accidentally a little later on it would accomplish the same purpose, you see. He may have missed the first time but the second time when he picked up the pill his mother had left carelessly lying around, the purpose would be accomplished. You would not have much cause to quarrel with that, would you?

Mr. FIDLER: I have two things to say about this, Mr. Cowan. First, we certainly would not wish to stand in the way of any regulation of anything which is a toxic poison. Second—and the birth control pills are included in that category, of course—we would expect certainly that there would be some control.

I saw that item. There was an item I believe in yesterday's *Globe and Mail* consisting of a survey of a number of the poison control departments in hospitals across Canada, which showed that this kind of poisoning is not really a serious problem in Canada; it was very low down the list.

Mr. COWAN: The pills have not been legalized in Canada yet.

The CHAIRMAN: This is not true, the pills are quite legal.

Mr. COWAN: And the contraceptives.

Mr. FIDLER: They are widely used.

Mr. COWAN: I know they are widely used but we have not removed these three words yet.

Mr. FIDLER: I am sorry I have not got the newspaper account here with me but the survey was made not only on the Toronto situation but also on the situation in Edmonton and Vancouver and several other places. These data are available and I am sorry I have not presented it here, but it shows a different picture than that first report indicated.

Mr. COWAN: Are you intimating that the report you have referred to is correct and this one is misleading?

Mr. FIDLER: I think Mr. Marson can help you on that.

Mr. MARSON: I think the key word in the article that appeared yesterday is the fact that the pills are not poisonous in the sense that they are dangerous to health. This is the key point in the article on the survey which was sent across the country. It says they produce a slight swelling of the breast for a short time and a fever but they are, in fact, no more dangerous than common aspirins.

Mr. CHATTERTON: Dr. Fidler, certain conditions or characteristics are, I believe, inherited or genetic. First of all, as an organization, are you informed on this question and do you get many questions from parents about such conditions and, if so, do you counsel them? I believe cystic fibrosis is one of those conditions that are acknowledged to be inherited.

Mr. JOBIN: About a month ago I gave a lecture at the Children's hospital in Montreal to parents who have at least one child with cystic fibrosis and I was accompanied by a Dominican priest. I gave details of all types of contraceptives, mechanical, chemical and everything. I put them all on the blackboard. When I had finished I told them, "now, you have them all, let Father Harvey tell you what you can do with them." We had told Father Harvey about this disease and he was so impressed by it that he came to the front and said "I have not much to say. Dr. Jobin put the names of these devices on the blackboard; not only have you got the right to use them but you have the duty to use them, if you do not I think it is inhuman." And that was a priest.

Mr. CHATTERTON: Did your organization make a study of these genetic conditions?

Mr. JOBIN: We are starting a study on it, and we are writing a book on it but it will be a few months before it is out.

Mr. CHATTERTON: Do you get many requests from parents for advice on this subject?

Mr. JOBIN: An awful lot, every day in the office, from all classes of society.

Mr. CHATTERTON: Did most of the parents which have cystic fibrosis children have them because they were not aware that the condition is inherited.

Mr. JOBIN: Most of them did not know until they had the first child.

Mr. CHATTERTON: But in your experience, after they had the first one, did they still continue having others?

Mr. JOBIN: Until a couple of years ago, when all this talk about family planning started; but now they are really motivated and they really want to stop having children because they know they have one chance out of four of having another child with cystic fibrosis. This refers especially to the low income group. It has been calculated by the Children's hospital in Montreal that the approximate cost per month of taking care of such a child is $85, taking into consideration such items as the cost of an oxygen tent, drugs, paediatricians and everything. There was a couple at the meeting that night that had three of these children sleeping in oxygen tents at night at home and it would have cost them $300 a month to take care of them.

Mr. CHATTERTON: Are there tests for parents to find out if they have this genetic makeup?

Mr. JOBIN: At the moment I do not know much about it but they are working on this.

Mr. RYNARD: Just following that up, Mr. Chairman, on another question, is there any study being made, also of all of the genetic factors that may be transmitted, and is there any effort being made to reach those people so that we

can get away from all this expense and fear and sadness which are caused, by following up genetic traits which are crippling?

Mr. JOBIN: At the moment they are doing a lot of work in this direction in the United States; for example diabetes.

Mr. RYNARD: And not in Canada?

Mr. JOBIN: In Canada there is probably some research but I do not know too much about it. Being a general practitioner we are all too busy to read too much about work being done at the moment.

Mr. RYNARD: I do not want to pick you up wrongly; I do not want you to form the wrong impression before this committee, but I was very interested in what you had to say concerning the fact that you would give the girl pills rather than have her have an abortion in two months, but that you would not moralize with her.

Mr. JOBIN: What I meant was if I tried to moralize she would probably go from the office and find somebody else.

Mr. RYNARD: I still do not want you to create the wrong impression because as a family physician and counselor to that girl, is it not your duty to point out to her, if she is a single girl, that she is doing something you are not in favour of and which will not be in her own best interests?

Mr. JOBIN: I know. I have tried this quite often and find that most of the time they do not listen.

Mr. RYNARD: This may be, but I do not want this to go on the record that you are absolutely treating this in a cold blooded manner as this can go across Canada as the opinion of a family doctor because I think they have a predominant place in trying to counsel those people and may have much more influence on them than their clergymen.

Mr. JOBIN: For example, a girl came to me a month ago and said she had been living with a married man for eight months. He is separated from his wife but she lives with him. Am I going to start giving her a sermon or should I give her pills to prevent an unwanted pregnancy?

Mr. RYNARD: Let us get back to the clean young Canadian who comes in and says, "I want pills".

An hon. MEMBER: Who is that?

Mr. RYNARD: Ah, well, I have a lot of faith in our young people and I think we have a fine bunch of young Canadians. I think you have a duty to perform here. I am not going to criticize you for this. I have probably misunderstood you, but I think it is the duty of everybody concerned in this work to have a nice little talk with such a girl and point out to her that we still have a pride in the purity of people.

Mr. O'KEEFE: Hear, hear!

Mr. CHATTERTON: Is it not your duty to give the pill first and then counsel her?

Mr. JOBIN: Yes, that may be possible.

Mr. CADBURY: May I say a word on behalf of the organization. The way the organization works is that we have a professional social worker who deals with inquiries and she feels it is her duty to look at the whole question. The cases are then referred to doctors and Dr. Jobin was describing the situation as it is when the patient reaches the doctor. But as an organization we rely a great deal on the social worker, who has a much wider responsibility. I hope I am not wrong in using that word in reference to doctors. Organizationally we would approach it that way.

Mrs. MORLEY: Yesterday I telephoned our social worker and told her that this sort of question may come up at our meeting today. I asked her: "How many calls a month do you get from single people?" She said "in total, we get 70 calls". This is not single people. "Out of those three will be from single people, very often from men, nearly all of whom are not minors." Perhaps this answers your question. This is an organization that they can find in the telephone book and telephone if they want help; there is nothing to prevent them from picking up the phone and asking for information and this is our experience over the last 15 months.

Mr. COWAN: When you get a telephone call asking what to do about this, do you ever tell them about the contraceptive "No"; or do you have to tell them about mechanical devices?

Mrs. MORLEY: Are you referring to the program "This Hour Has Seven Days"?

Mr. COWAN: I hope not; I very seldom do. I am referring to the oral contraceptive "No"!

Mrs. MORLEY: Part of our duties, both as doctors and as family planners, is to educate people for responsibility. I see this in terms of talking to everybody who comes to me as a patient and of putting the situation to them, as I see it. But the final choice must be theirs. We must help them in every way we can—you here today just as much as me in my own work—to look at this situation responsibly.

Mr. STANBURY: Mr. Chairman, I think most of us, at any rate, would want to congratulate the federation for the work that it has been doing over the last few years. I think it has performed a very valuable public service and I do not agree that it is illegal at all. I find myself in complete agreement with the brief, but I am somewhat disappointed that not very much work seems to have been done to suggest how we fill the gaps. I think that was the term used by the family planning official quoted by Mr. Cowan. How does society fill these gaps? It seems to me that the Family Planning Federation has a responsibility to suggest how gaps should be filled and I am a little disappointed that we have not had very much guidance on that subject.

On page 3 of the brief the Federation does recognize the desirability of adequate legislation to control the sale or advertisement of contraceptives to juveniles but it does not suggest whether you have considered or would like to advise us on what type of legislation that might be.

On page 4 of the brief, the resolution of the Canadian Council of Churches is quoted which includes the words "under competent medical or other professional guidance", but I do not find in your brief any suggestions as to what

legislative measures might be taken to ensure public safety in the use of such information and devices as seem to be contemplated by that resolution.

I wonder if Dr. Fidler can take this opportunity to tell us what consideration and study have been given by the federation to these problems, and what suggestions he can make to us to reform the law to fill the gaps which will be created by the simple removal of words from the Criminal Code if that should be accepted.

Mr. FIDLER: Mr. Chairman, may I deal with the second part of this first and perhaps say in general that I think our concern, our most urgent concern, at the moment with respect to the Criminal Code and to the law has been that there should be removed the inhibition that is implied there that really makes family planning information and help a criminal offense in the eyes of those who either do not read the whole act or do not understand the point of view that I have expressed before. We have not gone beyond this in this brief as a matter of policy except that it would certainly be our hope that many more public welfare and public health agencies would feel free to provide services, for instance of the type that Scarborough is now providing, if there were not this particular section in the Criminal Code, and this certainly I would say would be in accordance with our exception. I am not sure whether that is an adequate answer to your question in that respect—

● (11.55 a.m.)

Mr. STANBURY: I think most of us agree with you that far.

Mr. FIDLER: We have not, it is true, gone farther in stating a positive plan except that we would expect things to happen here that have not happened so far.

About the advertising, it was stated here, of course, that we would be certainly in agreement that no indecent advertising should be permitted. I might point out that in the United States there is a precedent. There are some 30 states at least that have legislation dealing with advertisements. I am not personally familiar with all this legislation, but it has been handled in other places.

I know Mr. Cadbury wants to add to this statement.

Mr. CADBURY: I would like to add I hope we are clearly on the side of proper control of improper advertising, or anything else that might go wrong. I think our position is that we did not believe that this particular section of the Criminal Code was necessarily the place to do it. This particular section deals only with contraceptives. We think a lot of advertising should be controlled in various ways, either by legislation or the proper code of behaviour by companies, and people who put it out, and in fact is so controlled. I may go further and say that I think you will find in countries where there is no such legislation there is no abuse in advertising. I know of no abuse in the many countries that I visit. I do not think people are inclined to advertise contraceptives wrongfully. In the United States and in these states where it is completely free, I know of no case of abuse. I think of a city like Singapore where freedom is complete. There is advertising of family planning mostly of the order of a bowl of rice and a lot of hands and chopsticks entering into it, advocating the idea that it is difficult to bring up too large a family. I have never seen anything that could be called abusive.

I think we can assume a fair amount of common sense in this matter; also who advertises? Only people who have a certain amount of money.

Mr. Cowan mentioned neon signs. They are quite expensive. Only a few people would be likely to spend money on advertising. There would be a dozen, perhaps, large firms; their record is very good; they do not abuse the freedom they have in other countries of the world and I think Canada could feel perfectly safe that this would be true here. May I return to the main point which is that in talking about this section of the Criminal Code and about our feeling that there is a necessity to lift the ban, I do not think we felt this was the place where you would re-introduce matters that were more properly dealt with by other sections of the Criminal Code controlling advertising or improper behaviour of any kind.

Mr. STANBURY: I think it is significant that this matter is before the Committee of Health and Welfare and not Justice. We are not simply concerned with excising words from the Criminal Code; we are concerned with the social and health question, and to simply deal with it in terms of suggesting that certain words be taken from the Criminal Code seems to me to be not doing justice to your cause. I would have preferred you to come here—and I hope you will be able to come here on another occasion if you are not able to give us advice today—to give us advice on the kind of legislation which you think would serve your purposes and your aims which are set out in this brief and which will be most valuable to us in treating this social and health problem. I do not think this committee feels—I certainly do not feel—that we would be doing our duty by removing something which is wrong without attacking the whole problem, and to use the same term, filling the gaps legally which might be created by the change which you suggest. I would hope that you have studied the kind of adequate legislation which you mention on page 3 of your brief, and the kind of legislation which would ensure competent, medical or other professional guidance such as mentioned on page 4 of your brief.

Mr. CADBURY: May I ask a question? I would like to ask Mr. Stanbury why he refers to this as a "gap" concerned particularly with contraceptives? If there is a gap it is a gap in the control of the advertising of women's hygienic apparatus and all the rest of the things that might be abused. I would like to suggest, Mr. Chairman, it is wrong to say that removing those words is creating a gap in law. It only creates a gap, if it does, in only one small area and the remedy does not lie, I suggest, in closing that gap; it lies in closing a much bigger gap; if there is a gap.

Mr. STANBURY: Mr. Chairman, I had assumed from the remarks on page 3 and page 4 of the brief that you recognized there was a gap because you suggest it is desirable to have adequate legislation to control the sale or advertisement of contraceptives to juveniles. In quoting the resolution of the Canadian Council of Churches you seemed to recognize that it is desirable to have the dispensing of information and means under competent medical or other professional guidance. I think you will agree there are no legislative provisions for such controls at the present time except what we find under the Food and Drugs Act, which are pretty restrictive.

Mr. CADBURY: Why does Mr. Stanbury feel that control should be specifically applied to contraceptives? Our wording is meant to mean we believe there

should be proper control of all kinds of medication, drugs and so on. Why does Mr. Stanbury feel that in discussing this particular thing, this rather isolated thing that has crept into the Criminal Code, we have at that point to go for further control. I do not understand his point.

Mr. STANBURY: Because that was the subject of our discussion, Mr. Chairman, and it is the problem that this committee has to attack. I am not attempting to criticize your organization or your brief. I am attempting to get your advice because I am sympathetic to your aims. Personally I am not prepared, as a member of this committee, to have those three words removed from the Criminal Code without knowing what federal, provincial or municipal controls this committee might recommend to achieve the ends which are mentioned in your brief and to which I have referred.

Mr. ENNS: May I just, for my own information, question Mr. Stanbury's line of reasoning here. Bringing in other legislative jurisdictions makes me wonder what is our specific limitation in this committee. Are we not concerned with an amendment to the Criminal Code? How then have we any reason to talk about provincial or municipal controls, or controls under other federal acts? We are concerned about an amendment to the Criminal Code; is this not correct?

Mr. STANBURY: Mr. Chairman, if the question is addressed to me, I can only express my own view. I suggest that if this is the situation this study should be undertaken by the committee on Justice and Legal affairs. To me, this is a broader question. Before we make a recommendation to change existing law which has been conceived in the past at least as providing some of the controls which are recognized here as desirable we should familiarize ourselves with what might replace such controls, while correcting what most of us accept is an undesirable provision in the Criminal Code.

Mr. ENNS: Mr. Stanbury, does your own bill not refer to a basic and simple exemption of certain words?

Mr. STANBURY: Yes.

Mr. ENNS: Therefore, I am a little surprised by our present argument.

Mr. STANBURY: No. Mr. Chairman, it has been suggested by Mr. Prittie and by others before this committee that the controls which I attempted to incorporate in my amendment might more properly be not in the Criminal Code at all, and I am open to this suggestion; but I would like to know, if that suggestion is being made, do the people who make the suggestion have any constructive proposals to make as to where these controls will fall?

Mr. RYNARD: Mr. Chairman, in my opinion we can talk a very long time about this matter. Officials of the Department of Justice will make recommendation on whether it is legal or not. It is not for us to decide that here.

The CHAIRMAN: Yes, we will have the people from both the legal department of National Health and Welfare and the Department of Justice before us, I am sure. I should say that as far as I am concerned, if this committee feels that we should make a recommendation to the provincial governments we can do that, but it does not necessarily mean they will take any action. I know that

other committees have made recommendations to both provincial and municipal bodies, and I am sure we are quite competent to do that.

Mr. RYNARD: Yes, as long as we have the Department of Justice people first.

Mrs. MACINNIS *(Vancouver-Kingsway)*: I think part of the confusion in this thinking arises from the fact that lurking in the back of the minds of a lot of people is the feeling that somehow the raising of this whole matter of changing legislation and so on, is going to have the effect of seeming to give a loose tone to this whole business. It is connected in the minds of a great many people with whether or not we are doing something which will affect adversely the sex habits of unmarried teenagers.

While we have you people from the Planned Parenthood Association here, I would like to get your reaction on whether the making of information freely available will in any way adversely affect the habits of teenage people. I think this is part of the argument behind the need of watching advertising and everything else, in the minds of people.

Mr. FIDLER: I think there are several ways in which one might attempt to answer this. First of all, I think we must be realistic and accept the fact that despite the law, contraceptive devices and equipment are available now to those teenagers who want to use them. I think this can be easily demonstrated; by mail order you can order chemicals and certainly nothing could be easier than this, if there are young people who wish to use them. Surely, basic to this question which you are asking, Mrs. MacInnis, is the whole question of our education of teenagers for responsibility in parenthood, particularly in this respect.

• (12.10 p.m.)

Now, certainly we are concerned about that, and many of the organizations, which are part of the federation, are deeply involved in that; the churches, for instance, have many programs along this line. Quite frankly even now in those programs they give counsel and advice as part of sex education or family educational programs. I think we would agree that this is the basic situation. I have been very much interested in this whole field but I am not sure whether you are familiar with the study that was made in Britain on the sexual behaviour of young people. A very careful and extensive study was made under the direction of the central council for health education supported by the Nuffield Foundation, and random sampling is on a statistical basis taken from seven different areas in England and Wales. They studied the situation with respect to what they call sexual behaviour, and we are interested in getting data about the characteristic types of sexual behaviour.

They warned very carefully, of course, against trying to make comparisons now with conditions existing 20 or 30 years ago because such studies were not then made and they are purely impressionistic ideas if you come into any comparative situation. But they did discover that in Britain, where, of course there is accessibility, where they do not have the restrictive law that operates in Canada, as a matter of fact even among those young people who showed what we might call unconventional sex practices, very few of them even used the contraceptive devices. They really scorned the use of them and I think, in a

sense, this is another kind of answer to your question. It is possibly a negative answer but I reiterate the fact that this is certainly a part of the need for training or educating young people in responsibility.

Mrs. MACINNIS: In other words, you would not consider that proposed changes in legislation would in any way contribute to less conventional sex habits among young people?

Mr. FIDLER: I cannot believe they would materially.

Mr. O'KEEFE: Mr. Chairman, most of the questions I would have asked have already been asked by Mr. Stanbury and I must say I agree with him completely. Surely, it is not the concept of this committee that we must simply take those four words out of the Criminal Code, and then wrap up and go home. I think our duty in this commmittee is not only to do what is necessary with this particular question but to introduce something much better.

In other words, my concept of the duty of a member of Parliament is that he is here to improve things. Now, if by taking out those four words, alone, we improve the situation, I cannot agree that this committee would have done its duty. We are hopeful that when this committee reports, if it does, it will bring in a plan that would be a model, not only in Canada but possibly throughout the world as to how family planning would be introduced and carried out.

You mention in your brief a concern for the public well-being. How do you feel about the indiscriminate display or advertising of contraceptives and pills and devices? Do you agree that those should be on sale in every corner store or do you think they should be sold under a doctor's prescription? You talk a great deal about research. I think it was Dr. Cadbury who said he had visited many other countries and saw no abuse of advertising. Has he visited Sweden, and does he know what has been the result of this kind of legislation or the lack of it in Sweden?

Mr. CADBURY: I think it has been very beneficial. The fact that Swedish society has subjects like this well in the open and sex education at a high level has been extremely beneficial.

I am not quite sure why you selected Sweden but possibly it was because their statistics are somewhat better than ours and they know much more of what is happening and are therefore better able to reveal things we have kept under the rug.

Mr. O'KEEFE: Would you agree that the illegitimacy rate in Sweden is one of the very highest and that the suicide rate in Sweden is one of the very highest?

Mr. CADBURY: I think those are the very figures to which I have been referring. A country which keeps suicide statistics accurately will find they are very high.

Mr. O'KEEFE: Are you suggesting Canada does not?

Mr. CADBURY: I am suggesting a great many cases of suicide in Canada are not recorded as such.

Mr. COWAN: The doctors have to certify the cause of death.

Mr. CADBURY: I am still suggesting that the statistics vary very greatly in the way they are collected and this has something to do with the comparative position which has constantly been thrown at Sweden.

Mr. O'KEEFE: How do you feel about the control centres? This is a question I asked before about the indiscriminate sale and display of contraceptive pills and devices.

Mr. CADBURY: I do not think the word "indiscriminate" describes anything we have in mind. I do not know whether any other member of the group would like to speak on this. I assume, sir, that birth control devices and contraceptive devices are an integral part of the medical profession's tools of their trade and should be treated as such, with the same responsibility as other means and other forms of medical treatment.

Mr. O'KEEFE: If these words are taken out of the Criminal Code, there will be no prohibition on the sale of contraceptives anywhere—unless you suggest any other control, and this is what I am attempting to have you do.

The CHAIRMAN: I think Mr. O'Keefe is afraid anyone could go into a cigar store and buy these different types of birth control.

Mr. CADBURY: Yes, I understand.

Mr. STANBURY: As you would if this change were made and nothing else was done.

Mr. O'KEEFE: One other question, how does this organization feel regarding the question of immigration. Do they prefer immigrants or Canadian babies? That is an important question. We have to ask such questions because they are important.

The CHAIRMAN: Well, they can comment if they so wish, but there is nothing relating to this subject in their brief.

Mr. O'KEEFE: Have you a choice?

Mr. FIDLER: We have no judgment on that matter as a family planning federation.

Mr. O'KEEFE: Do you not think you should have? After all, we are concerned with Canada.

I have one other question. There was a reference a moment ago to indecent advertising. Would any member of the committee or any of the group here suggest a definition of "indecent"? You see we are so wide open.

Mr. MCNAB: May I suggest that the matter of obscenity is already in the Criminal Code and the existing definition is what has been put forward by the Parliament of Canada.

Mr. O'KEEFE: Do you suggest indecency and obscenity are synonymous?

Mr. MCNAB: They are frequently very close, yes.

The CHAIRMAN: Do you want to make a comment on that, Dr. Jobin?

Mr. JOBIN: Page 4 of the brief states that the Canadian Council of Churches has called for amendment of the Criminal Code "in such a way as to make legal the dispensing of information and means under competent medical or other professional guidance."

Would that be an answer?

Mr. O'KEEFE: I saw that there, but it seemed to me this morning that the consensus of the witnesses was that that was not necessary. Yet it was in the brief; and Mr. Stanbury pointed it out very clearly. I do not think the answer was very satisfactory.

Mrs. MORLEY: I think Mr. Stanbury and all of you show tremendous concern about this because you are the committee on health and welfare. The law, as it stands today, mitigates against the low income group people. The middle income group people can get perfectly adequate help on family planning, but it is the low income group, the welfare group, which suffers. I suggest to you that we should take the World Health Organization's concept of health as a state of complete physical, mental and social well being, not merely the absence of disease or infirmity and if these couples cannot get help because of the law as it stands today, just by removing these words from the Criminal Code, you would be doing a tremendous service to this group of people. You would be in fact doing what you are set up to do; you are the committee on health and welfare.

Mr. O'KEEFE: Do you know any group of people who want information and now cannot get it?

Mrs. MORLEY: Yes, I know from the people I have given help to before.

Mr. O'KEEFE: They have obviously got it from you.

Mrs. MORLEY: Yes, from me, illegally.

Mr. O'KEEFE: But the point is they can get it now if they want to, is not that so?

Mrs. MORLEY: The public bodies, the health bodies and the welfare bodies, find this a very difficult hurdle to get over because they are acting illegally.

Mr. O'KEEFE: But they are obviously getting over it.

Mr. STANBURY: I do not agree that they are acting illegally.

Mrs. MORLEY: Well, there is a question of being "in the public good". If I were prosecuted on this, the onus would be on me to prove I was acting in the public good.

Mr. O'KEEFE: But you are not afraid of that, you would welcome a prosecution.

Mrs. MORLEY: I am not afraid personally, but I can well understand how public bodies using public money may be afraid.

Mr. BASFORD: I would like to ask a question pursuant to the rule that permits a non-member of a committee to ask a question, and this arises out of Mr. Stanbury's question about medical supervision.

I would ask the representatives whether it is their view that the pharmaceuticals which, in certain circumstances, can have adverse side effects and adverse health effects, are now properly controlled under the federal Food and Drugs Act and provincial pharmacy acts which govern the prescriptions of pharmaceuticals?

Mr. JOBIN: Well, we hear from different patients that at the moment in certain parts of the country these pills, for example, can be bought under the counter. This is something which would have to be dealt with either under the Food and Drugs Act or by the Minister of Justice. However, to come back to our young girls, there are a lot of young people buying pills at the moment without prescriptions and, personally, I do not agree with this, but that is how it stands at the moment.

Mr. CADBURY: I do not think that is quite Mr. Basford's question.

Mr. BASFORD: They are now doing it illegally, not because of the Criminal Code, but because of other federal or provincial statutes.

Mr. CADBURY: I do not think we are challenging the Food and Drug Directorate who are, I think, doing a good job. I would not think this is in question.

Mr. BASFORD: What I am getting at is this: Are these acts sufficient—and I think they are—to provide proper medical supervision of the dispensing of pharmaceuticals that could in themselves, without medical supervision, be a health menace?

Mr. CADBURY: I suggest so. If I might add, Mr. Chairman, once more, why single out these particular things for control? I think a good control is needed on many other pharmaceuticals.

May I just add one word? That is, that our organization, through the International with which I am concerned, run very thorough testing laboratories for all contraceptives.

Mr. BASFORD: So it is your position that the present administration of the federal Food and Drugs Act and of the provincial pharmaceutical acts is providing proper medical control?

Mr. FIDLER: Yes, and we would certainly be quite in harmony with the exercise of that kind of control.

Mr. MCNAB: May I point out that the food and drugs people do actually pass and have passed on various pills. The sale of them through the drug stores had been approved in a technical sense, though not perhaps in the legal sense, by the Food and Drug Directorate. From time to time we see in the newspapers that such and such a contraceptive pill has been passed. I have discussed this with people in the Food and Drug Directorate, they do have jurisdiction over contraceptive pills and they do test them.

Mr. BASFORD: Well, something cannot be sold until it has been tested and approved.

Mr. MARSON: From my conversations with the food and drug people, I understood they are to appear before the committee, and I think that would be an appropriate time to get this information. I think we will find that the act as it stands does cover nearly all the contraceptives in general use and available in pharmacies. I think perhaps there may be one or two items which are subject to interpretation of the act. They might recommend tightening up on the Food and Drugs Act but I think this is within their jurisdiction, and these are the people who can advise you. From our point of view, we certainly are in favour of these items being available only under this Food and Drugs Act.

Mr. FIDLER: May I respond to a question which Mr. O'Keefe asked? He asked whether there were people who in fact were unable to get assistance. I think the answer is certainly yes. There are large sections of the country where there is no public health provision and no agency through whom people who are concerned can apply for assistance at the present moment; and of course, this is our concern.

Mr. O'KEEFE: Are you telling me, sir, that there is any city in Canada where a person cannot go into a drug store and buy contraceptives?

Mr. FIDLER: I thought we were talking about the proper physical and medical counselling on this matter. I think you can go to drug stores and get equipment, surely; but not to get the kind of medical supervision which we feel is particularly important.

• (12.25 p.m.)

Mr. RYNARD: Mr. Chairman, are we now saying that contraceptive pills are on sale here in Canada without prescription, are we?

Mr. FIDLER: No.

Mr. RYNARD: Therefore you have to have a doctor's prescription in order to obtain them.

Mr. FIDLER: That is right.

The CHAIRMAN: The point was made that these were being obtained illegally in some form without prescription.

Mr. RYNARD: That has nothing to do with this.

Mr. FIDLER: I understood that Mr. O'Keefe's question to be whether there were people in fact who could not obtain advice and help from physicians. Unless there is a whole segment of society that is not able to afford the help and is not in the habit of going directly to a physician, but are dependent on the public health services, I do not know of any public health services, with few exceptions, which do not provide this kind of assistance.

Mr. O'KEEFE: I suggest that every single doctor in Canada is capable of giving the information if he were asked.

Mr. FIDLER: I do not deny that.

Mr. O'KEEFE: You are saying that there are vast numbers of people in Canada now who cannot get this information.

Mr. FIDLER: They do not have doctors. Many of them do not have a personal physician. Many of them are out of reach of a physician.

Mr. MCNAB: Mr. Chairman, may I cite two cases of which I have knowledge? Mr. Chairman, some of you may recall the C.B.C. program on birth control that was shown in November of 1962 that was carried on a national hook-up at ten o'clock Sunday night; and shortly afterwards one of the participants in that program received a letter from a lady who was living in northern Ontario in which she asked where she could obtain contraceptives because in the town where she lived there were two drugstores and no contraceptives were available in either of these. The only physicians were Roman Catholic and neither of them would prescribe contraceptives. Everyone in the town was not Roman Catholic. It was perfectly within the right of a Roman Catholic doctor to make that decision. Secondly I had a letter from a community in Manitoba.

Mr. O'KEEFE: Are you suggesting there is a town in Canada with only a Roman Catholic doctor?

Mr. MCNAB: Two.

Mr. O'KEEFE: Are you suggesting that a Roman Catholic doctor would not treat this as any other Roman Catholic would?

Mr. MCNAB: No, I am not suggesting that. I am simply referring to that one because I have information on that specifically. Secondly, I received a letter from a doctor in Manitoba who was involved in community health projects, and I was very surprised to receive this letter. The doctor asked where he could get information to obtain contraceptives. I still have his letter, and I advised the doctor of the appropriate place where he could obtain this material. He is a public health doctor. He was attempting to introduce the same program. This was two or three months afterwards. He wanted to introduce family planning in that public health area in Manitoba. It was not available previously.

Mr. O'KEEFE: I suggest the doctor is very inefficient if he does not know where to get these things.

The CHAIRMAN: Before we proceed any further, since this brief of the Family Planning Federation of Canada was presented for the committee use, I would entertain a motion that the brief be included in today's proceedings.

Mr. RYNARD: I so move.

Mr. ENNS: I second the motion.

Motion agreed to.

Mr. COWAN: Mrs. MacInnis a short time ago, in making some comments, and I agree with her, said there is a considerable body of opposition against any change in the present laws because the general public thinks that there will be a loosening up in the lives of teenagers if the law is changed. I do not know which one of these witnesses replied, but someone stated, "Well, teenagers can get the information they want now". I want to ask you why you are here. If they can get the information now what are we supposed to do for your

delegation? Are we to make more material available to them, or openly available to them or what? In your answer to Mrs. MacInnis you suggested there would not be any loosening up of the moral life of teenagers because they can get it now.

Mr. FIDLER: Mr. Chairman, the answer I would give to the committee is that many responsible organizations are inhibited by the fact that they think they would be contravening the law or would have to defend themselves legally in order to provide responsible public service in this field.

If I may continue and answer the questions which Mr. Stanbury raised, I am very much interested in them and I think I would share his concern that there be a proper kind of service and regulation in order to prevent any abuse, of course. Since he asked us to fill in the gaps, may I ask why he would feel it would be necessary, for instance, to provide regulations for public health and public welfare organizations; that there should be some kind of regulation provided for them in this particular field of family planning areas, whereas to my knowledge there is no legislation in other fields of public health services? I mean, why is this one singled out? We, I think, had assumed that health and welfare organizations would provide service, such as Scarborough is providing, which to my knowledge is the only municipality in Canada that does this. Why then would there need to be special regulation here? I am not clear on that.

Mr. STANBURY: Mr. Chairman, I am not quite clear about Dr. Fidler's question. At Mr. Basford's request he stated, as we have heard before, and as we all, I think, agree, that in the field of drugs there are perhaps adequate controls now through the Food and Drugs Act. Surely he would agree that the field of contraception is not exhausted by the terms or the materials that come under the Food and Drugs Act.

I might pursue Mr. Basford's line of questioning, which arose out of my own, by asking are you aware of any legislation of any kind which controls the sale of intra-uterine devices, or the sale of any contraceptive devices or materials by mail? These are the two areas in which I think this committee has a duty to investigate and explore. Surely, these would be considered gaps if they are not now. These are the areas in which I would appreciate having some guidance from your organization. Surely you have given this a great deal of study.

Mr. CADBURY: I think the whole question might easily be resolved by personal definition. In the United States permitting intra-uterine devices particularly come under the Food and Drugs Administration. It seems to me this sort of definition could be applied in Canada as it is in the United States.

Mr. STANBURY: That is the sort of answer I was trying to obtain half an hour ago. Your position is that all contraceptive devices could be controlled under the Food and Drugs Act.

Mr. CADBURY: Yes.

Mr. FIDLER: Oh, I am sorry, I thought your question referred to the regulation of health and welfare services.

Mr. STANBURY: No. I was referring to references in your brief which seemed to recognize need for control. I was trying to find out how you propose to retain or impose this control.

Mr. FIDLER: Yes.

Mr. STANBURY: But you feel it could be done strictly under the Food and Drugs Act?

Mr. FIDLER: I think so. There is another line of questioning in my mind. I wondered when you were speaking of gaps whether you thought this committee would be receptive to suggestions, for instance, about education; whether this committee is in a position to advocate that there should be education for teenagers perhaps in our school system in terms of sex, family life, responsibility, and so on. I know that education is not a federal matter, but I think we would be heartily in favour of anything that could ensure that this were provided to every teenager through the school system. Quite frankly, we did not feel this was a matter that would come under the jurisdiction of a department of the federal government.

The CHAIRMAN: Gentlemen, the content of the four bills which we have before us do not concern themselves with education, sexual or otherwise.

Mr. FIDLER: I was attempting to deal with what Mr. Stanbury stated.

Mr. STANBURY: It seems to me this is something in which your Federation should be interested; and it is something in which we should be interested, in treating the whole subject.

• (12.30 p.m.)

I think that perhaps your conclusion and the resolutions of many organizations are very narrow in the recommendations they make. I was just trying to elicit what I am sure you must have considered namely the kinds of controls which have to go along with this kind of reform.

Mr. COWAN: Dr. Fidler, in answering me, said they were here because of certain inhibitions they have at the moment. What are they, inhibitions caused by conscience, moral law or legal law? Do you want this committee to remove these inhibitions? There are inhibitions preventing people from murder, robbery and many other things. We do not remove a law just because some people are inhibited.

Mr. CADBURY: I can give Mr. Cowan a good example. I think you are aware that the United Church of Canada feels very strongly in favour of family planning. They have indicated that, and I hope they present you with a brief to that effect. I can give you an example of a minister of the United Church who wanted very much to help us and who was prepared to give us the use of premises in his church, a very satisfactory arrangement. But when he consulted his board, the governors of the church, they all said "no, as long as the law is what it is, we cannot have our church used for this purpose". This is the kind of inhibition that exists—

Mr. COWAN: I just wondered what inhibitions you were referring to. Now you have pinpointed it for me, I am very glad to know what the inhibition is.

Mr. PRITTIE: I do not think you can read too much significance into the comment of Mr. Stanbury that these bills were referred to this particular committee. When the idea of setting up a committee was discussed it seemed to me that the Justice and Legal Affairs committee could have handled this. I do not know the exact reason why the bills did not go to that committee except that it had partly to do with the work load.

I think we are really concerned with the legal aspect. For example, it is quite another question whether family planning information ought to be made available through social agencies run by the federal government. I do not think we are really discussing that question, which would seem to be a legal one.

Mr. O'Keefe mentioned the suicide rate in Sweden and somebody else mentioned it before. It seems to me that if there is one thing people know about Sweden it is the suicide rate. I do not know that it has too much to do with this discussion. I think we should invite somebody from the Swedish embassy to defend their country here because you hear a great deal about this subject. I do not think you can take it in isolation. You have to study suicides and statistics. If you do you will find that Sweden had a very high suicide rate even in the 19th century, before modern day living came upon that country.

I think you also have to look at the rates in other countries and you have to look at the number of people in mental hospitals in other countries. I noticed that when Mr. Cadbury said that some countries including ours perhaps do not record all suicides very well. Dr. Rynard nodded his head as though he knew something about that.

Mr. RYNARD: I agree with that.

Mr. PRITTIE: I do not think it has too much hearing on it. It is a very complex subject, this question of suicide but related to it is the question of mental illness. You can compare some countries quite easily. For instance Sweden and New Zealand are given as examples of the welfare state. Sweden has a high suicide rate; this is a fact.

Mr. O'KEEFE: What about New Zealand?

Mr. PRITTIE: New Zealand has one of the lowest suicide rates in the world but, on the other hand, Canada and the United States have very high rates of mental illness. I do not think it is too relevant to the subject presently under discussion and I would not want Sweden to be libelled in this way without more information to back it up.

Mr. O'KEEFE: Mr. Chairman, the only point I was trying to make is, has sufficient research gone into what might happen. What has happened in other countries can be a guide. I have no intention of libelling Sweden any more than Mr. Prittie. I happen to have read some statistics; I am not sure if they are correct, nor am I quite sure that Mr. Prittie thinks they are wrong. I say no Canadian doctor certifies a suicide if it is not a suicide. Surely you cannot suggest one single doctor in Canada who has done this.

Mr. PRITTIE: Every doctor on the committee seemed to agree with the statement I made. Your point about Sweden's high suicide rate is correct but I say do not take it in isolation, that is all.

Mr. HOWE (*Wellington-Huron*): My question has to do with the same question Mrs. MacInnis raised and in which Mr. Cowan was interested. If I remember correctly, one of the witnesses intimated that in so far as teenagers are concerned, this information in regard to all these contraceptives is available at the present time; but the trouble in this whole matter is, where do they get this information; on a street corner or in the back rooms or some place like that?

I feel that this is a question we have to think about. Irrespective of the fact that education does come under the jurisdiction of the provincial governments, we have to take this into consideration. What areas would you suggest should be responsible for getting this information to the teenagers?

• (12.35 p.m.)

Mr. FIDLER: Mr. Chairman, if I may respond to that query, I know that in the city of Victoria, for instance, they have just recently, according to the newspapers, inaugurated a plan in the public schools. They have done this after consultation with various segments of the community; ministerial associations, welfare groups, and various educational home and school and parent-teachers federation, and so on. It seems to me this is a very responsible way of acting in the educational field. I would like to see this pattern followed in a great many other places in fact, universally if it were possible.

Mr. HOWE (*Wellington-Huron*): Well, is this legal?

Mr. FIDLER: I would say—I am not a jurist or a lawyer—certainly from my point of view it is for the public good. I know the law specifically states that this is not just to be a matter of sentiment or opinion; it is to be a legal fact. How one goes about proving that is another matter.

Mr. CADBURY: Mr. Chairman, Mr. Howe raised a point and that is exactly one reason why we have stuck to the simple recommendation, it is a problem that Mr. Stanbury raises for us. You asked us who we would like to be responsible. Our answer is that we would like responsible people. And then the question is how do you define them? If you limit it, and Mr. Stanbury will excuse me, to the list that he appended to his private bill a great many responsible people are not in that list, I think this is something we should work on. It is very difficult to define sufficiently who those people are. They should be clergy; they should be school teachers; they should be doctors; a list of this kind. Already Mr. Stanbury and I are having difficulty over the list. But we prefer at this stage the simple answer.

Mr. STANBURY: Does Mr. Cadbury suggest—I think it would be inconsistent with what he said previously, so I hope he does not suggest—that clergymen are going to give advice on the use of intra-uterine devices. Surely you are not suggesting that they be exempted—if we were to take the approach in my bill

that they be exempted from the Code section—without some additional legislation such as bringing intra-uterine devices under the Food and Drugs Act.

Mr. CADBURY: That is really taking the words out of my mouth. I didn't say intra-uterine devices. I said advice on family planning.

Mr. STANBURY: The point is that there are no controls of this sort of thing now except I think you agree that under the Code there should be. You do agree they should be under the Food and Drugs Act.

Mr. CADBURY: Yes, I agree, but I do not agree that you should specialize on the one subject of contraception when the gaps are probably there in a much wider field. I very much doubt whether this is the place to do it in this section of the Criminal Code.

Mr. O'KEEFE: Surely contraceptives affect the very life of Canada; they affect the family unit even apart from the religious aspect of it. Surely it is only reasonable to suggest that you as an organization are intensely interested in it.

Mr. FIDLER: Mr. Chairman, there are certainly different aspects of family planning advice, information and education. There is the technical advice relating to particular devices, instruments, chemicals, pills and so on, which is for a medical person to give; but there is also counsel, advice and education in the field of the responsibility of family planning.

I should add, rhythm to the whole field; but there is a distinction, shall we say, between technical advice and application and the broad field of education in responsible parenthood. Now, certainly the clergy, teachers and parents are competent in the first and general field, whereas you would expect the technical advice to be given by those who have special training. And I think we will agree with you there.

Mr. STANBURY: This is the sort of distinction I would have hoped you would have made. I think you have made it now, and with that we agree.

Mr. FIDLER: We have assumed this and probably wrongly.

The CHAIRMAN: Ladies and gentlemen, I think we have had a very full discussion. Are there any other last minute questions of the witnesses? If there are not, first of all I would like to inform the committee that we now have received another brief from the Saskatchewan Association of Social Workers. It will not be printed as part of the proceedings but will be forwarded for the consideration of members of the committee so that every member can expect to receive a copy within the next few days.

If there are no other questions of the witnesses, we would like to thank Dr. Fidler and his colleagues for coming before us today and giving us the views of the Family Planning Federation of Canada. We appreciate the effort that went into the presentation you made.

Mr. FIDLER: Mr. Chairman, if you think it would be desirable for us to appear with further proposals along the lines suggested elsewhere we would be happy to think about this.

The CHAIRMAN: I was going to suggest that if you feel that you wish to go into more detail on certain matters, a letter to the committee that could be read and incorporated in our proceedings would be a useful way of doing that; it would save the committee time.

The committee is adjourned until Tuesday morning at 11 o'clock, when we will be hearing the Anglican Church of Canada.

APPENDIX "A"

A BRIEF
CONCERNING AMENDMENT OF THE CRIMINAL CODE OF CANADA WITH RESPECT TO FAMILY PLANNING

Prepared by the Family Planning Federation of Canada
(March 24, 1966)

The Family Planning Federation of Canada presents the following Brief to the House of Commons Standing Committee on Health and Welfare regarding the amendment of Section 150 of the Criminal Code of Canada. This presentation is made on behalf of the member organizations represented in the Family Planning Federation of Canada, which include:

L'Association pour la Planification Familiale (Montreal)
Planned Parenthood Association of Ottawa
Planned Parenthood, Toronto
Hamilton Planned Parenthood Society
Family Planning Association of Winnipeg
Planned Parenthood Association of Edmonton
Calgary Association for Responsible Parenthood
Society for Population Planning (Vancouver)
Department of Christian Social Service of the Anglican Church of Canada
Department of Christian Education of the Baptist Convention of Ontario and Quebec
Board of Christian Education of the Presbyterian Church in Canada
The National Marriage Guidance Council of the United Church of Canada
The Canadian Unitarian Council.

The views expressed here reflect the basic objectives of the Federation which are:

1. To encourage good citizenship through responsible family life; to promote the understanding and adoption of family planning and to ensure that information pertaining thereto be made available in accordance with the public good;

2. To promote research and education on population problems;

3. To inform the public on the problems arising from uncontrolled population growth;

4. To assist and cooperate with other jurisdictions in their population control problems.

The present legislation governing the distribution of family planning information and assistance is incorporated into Section 150 of the Criminal Code of Canada. The pertinent section presently reads as follows:

Offences Tending to Corrupt Morals

2. Everyone commits an offence who knowingly, without lawful justification or excuse—

(c) offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage or—

The Family Planning Federation of Canada urges the deletion of the three words "preventing conception or" from Subsection 2(c) in order to take this matter of private conscience and conduct out of the jurisdiction of criminal law where it was wrongly lodged by legislation of a previous century.

In the opinion of the Federation, family planning information and assistance should be available to married couples and to couples preparing for marriage. At the present time, doctors, nurses, social workers, clergy, pharmacists, family planning workers and responsible parents are inhibited in their professional and personal responsibilities as sources of family planning information and assistance by the potential threat of prosecution under Section 150 of the Criminal Code. The way the law is worded, it leaves the burden of proof of innocence upon the individual who must prove that what he or she did was in the public good. The Family Planning Federation of Canada believes that this threat of prosecution should be removed. At the same time the Federation recognizes the desirability of adequate legislation to control the sale or advertisement of contraceptives to juveniles, and the development of the fullest sense of responsibility by all concerned in the dissemination of knowledge and devices for contraception. It does not however believe it possible to define such controls adequately by the type of amendment suggested in at least one of the Private Members Bills before the Committee, and therefore urges that the matter be dealt with in the simple manner proposed.

We agreed that there should be no indecent advertising of contraceptive devices. Experience in other countries leads us to believe that this would not occur. We are opposed to indecent advertising of any products.

Supportive reasons for amending the Law

The present law makes a criminal offence of the dissemination of information and provision of services relating to activities which are properly matters of the conscience of individuals. The Family Planning Federation of Canada believes in the fundamental human right, recognized by all religious faiths, that a married couple should be able to plan the size of their family and the spacing of their children. In his message to Congress on Domestic Health and Education on March 1, 1966, President Johnson said: "We have a growing concern to foster the integrity of the family and the opportunities for each child. It is essential that all families have access to information and services that will allow parents freedom to choose the number and spacing of their children."

The present law runs counter to the religious and moral beliefs of the majority of Canadians since it makes a criminal offence of something which the

Churches believe to be a family responsibility. The Canadian Council of Churches with membership of the Anglican, Presbyterian, United, Baptist, Greek Orthodox Churches, the Evangelical United Brethren, Salvation Army, Society of Friends, has unanimously approved the principle of family planning and has called for amendent of the Criminal Code. "... in such a way as to make legal the dispensing of information and means under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances, who wish, in keeping with their religious convictions, to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so with adequate knowledge and instruction." (From the resolution adopted at the Fifteenth Annual Meeting in 1964.)

The Roman Catholic Church also approves the principle of family planning and sanctions two methods of preventing conception; abstinence and the rhythm method. As with other methods, instructions given concerning the rhythm system of birth control would seem to contravene Section 150(2)(c).

Recent events in the province of Quebec have further indicated the desire of parents in that province for information on planning their families. Advertisements placed in weekly French language newspapers in the province offering information on methods of family planning, together with one radio interview on the subject, brought more than 1000 replies within a three-week period.

The practical result of the present law, however, is to deny to families access to information and assistance which would allow them to plan the number and spacing of their children. Family planning services are usually available through private physicians for those who can pay, but public agencies, deterred by the existing law which threatens them with prosecution, are reluctant to provide these services.

Personal and Social Consequences of Unwanted Pregnancies

(*a*) Abortions

In a recently published issue of the Ontario Medical Review, a study of maternal deaths in Ontario over a seven-year period revealed that septic abortions accounted for the largest number of deaths caused by infection:

> Septic abortion accounts for by far the greatest number of infections and is the outstanding cause of direct obstetrical deaths in Ontario—over 20 per cent of the total. The vast majority of these are, of course, criminal. It is estimated by the Abortion Squad of the Morality Department of the Metropolitan Toronto Police that more than 35,000 criminal abortions are procured annually in this area—
>
> ("A Seven-Year Study of Maternal Deaths in Ontario", W. T. Noonan, M.B., L.M., D.G.O., F.R.C.P.(I), and D. E. Cannell, M.B., B.Sc., (Med.), F.R.C.S.(C), F.R.C.O.G., *Ontario Medical Review*, October, 1965, Pp. 705-07.)

Because reliable family planning information is not available to many people in Canada, many unwanted and unplanned pregnancies occur, exerting a distressing number of pressures on the family. For example:

(i) A large number of women resort to attempts at self-abortion or risk injury, disability and even death at the hands of criminal abortionists with resultant psychological ill-effects upon the mother and the family; effects which may be very long range and difficult to assess.

(ii) Even more serious are the number of maternal deaths resulting from abortion with tragic and immediate effects upon the families of the mother and indirectly upon society which may become responsible for the motherless children.

Evidence indicates that if family planning information were made available, the number of women seeking abortions and suffering the tragic results would be reduced.

In Corpus Christi, Texas, where a Planned Parenthood Clinic has been in operation since 1959, the number of births in a charity hospital clinic has dropped from 2,159 in 1961 to 1,637 last year (1964), and there has been a forty per cent decrease in the number of women seeking treatment for bungled illegal abortions—and the poor there, largely of Latin American stock, are about ninety per cent Roman Catholic.

("Federal Birth Control: Progress Without Policy", Wade Greene, *The Reporter*, November 18, 1965.)

(b) Unwanted Births

The unplanned for and unwanted births of children bring serious pressures to bear upon the children, the family and society. Since family planning information is not readily available and widely used, children are often born to families ill-equipped for them, economically or emotionally. For example:

(i) Many families who may never come to the attention of social agencies suffer the emotional and economic strain of too many children spaced too closely together.

(ii) The strains on the family may bring about its dissolution due to desertion by a desperate parent, or because of neglect or maltreatment of the children.

(iii) The costs for treatment of parents who have broken down physically or emotionally lead to grave personal and economic results of unwanted and unplanned births.

(iv) Society must bear the cost of care for mal-adjusted children requiring therapy or medical treatment.

(v) Society must also bear the cost of care of those children who become wards of child welfare agencies for any of the above reasons.

An account of the serious and far reaching strains has been written in a compelling description of her own experience by a Scottish doctor, and it is recommended to the Committee for their information. It is entitled "All Things New", by Dr. Anne Biezanek, published by Pan Books Ltd., London, 1964.

A critical aspect of this problem of unplanned and unwanted pregnancies is that low cost or free family planning services under medical auspices are lacking to the low income families who must rely on public clinics for their medical services. It can easily be indicated that an inverse relationship exists between family income and family size; the poor do have more children than those with higher incomes and the poor would have fewer children (a more normal family size) if they had the choice.

Comparison of Average Size of Canadian Families by Schooling of Family Head and Family Earnings in Families where the Head is in the 35-44 year Age Group

Schooling of Family Head	Average No. Children	Average Annual Family Earnings
University	2.6	$ 8,610
Some University Study	2.4	$ 6,610
4th or 5th Year High School	2.4	$ 5,961
3rd Year Secondary School	2.5	$ 5,348
1st and 2nd Year Secondary School	2.7	$ 4,792
5th Year Elementary and over	3.1	$ 4,030
Less than 5th Year	3.9	$ 3,099
No Schooling	4.2	$ 2,467

(These figures were compiled from the DBS publication *Households and Families,* Bulletin 2.1-9, 13-1-64, Table 80, "Families by Schooling and Age of Head, showing family size, type, composition and average earnings, for Canada and the provinces, 1961.)

The average earnings of Canadian families in which the heads were university graduates in the 35-44 year age group, was $8,610 and the average number of children supported—2.6. Where the family heads had had 5 years or less of schooling, the earnings were $3,099 and the average number of children was 3.9. Where there was no schooling, earnings averaged $2,467, and the number of children averaged 4.2. The group with the lowest education and earnings had on the average 62 per cent more children and yet earned 71 per cent less than those with the highest education and earnings.

For related studies on a more specific level, the Committee is referred to the report of the Study Committee on Family Planning of the Community Welfare Planning Council of Winnipeg, November 2, 1965 entitled "The Need for a Family Planning Association in Manitoba", copies of which have been sent as background information to the members of the Committee. This report shows the inverse relationship between family income and size, and the incidence of children in low income families requiring foster home placement as temporary wards of the Children's Aid Society. (pages 6-12).

In a recent publication by Michael Harrington, "Poverty, Family Planning and the Great Society" he says (page 4) . . . "The Federal government's research comes up with these figures: that the incidence of poverty in a family headed by a man with one or two children is 8 per cent, with three or four children it is 14 per cent, with five or more children it is 36 per cent.

The Family Planning Federation of Canada believes that family planning information and assistance at low or no cost should be made available for parents with low incomes on an entirely voluntary basis so that these parents will have the same choice as the rest of the population in spacing their families as they desire.

A study undertaken in 1959 by Dr. Donald Bogue, Ph.D., Director of the Community and Family Study Centre, University of Chicago, entitled "Chicago Fertility Study", reported that "The incidence of unwanted and accidental pregnancy is very high in these low-education and low-income groups; nevertheless, they endorse the idea of family planning more strongly . . . than the general population . . . Despite this endorsement of the small family ideal . . . almost nobody was completely ignorant" of some method of family planning, but they did lack the information and knowledge of the existence of a number of methods.

Public Opinion

A majority of Canadians do not consider the practice of birth control to be immoral. In a public opinion survey released in September 1965 by the Canadian Institute of Public Opinion, the following results were recorded:

The Question: 'Some people believe that the practice of Birth Control is morally wrong. Others do not agree. What are your views on this?'

	1952	1961	Today	Men	Women
Morally wrong	32%	28%	18%	21%	15%
Not morally wrong ...	48%	55%	67%	63%	72%
Qualified	10%	3%	5%	5%	5%
No Opinion	10%	14%	10%	11%	8%
	100%	100%	100%	100%	100%

Under present circumstances, the existence of this law, which is seldom enforced and which runs counter to the conscience of the majority of Canadians, can only lead to a weakening of respect for the Criminal Code of Canada as a whole and for agencies of law enforcement across the country.

Canada is hampered in providing direct assistance to those developing countries with enormous population problems.

Recent reports indicate that the Canadian government is now deeply concerned with the world's population problems, and particularly with the so called population explosion in the developing countries which is currently neutralizing most of the aid which Canada and the other western countries have been providing over the past 15 years. It has now been indicated by the Canadian government that it intends to support family planning assistance programs through the United Nations. However, due to the present stigma attached to family planning under the Criminal Code, Canada is apparently deterred from responding to direct requests from developing countries for assistance in their family planning programs. Thus, while the law remains

unamended, Canada is hampered from providing such assistance as it might deem proper within its technical assistance program to meet the threat of the world's exploding population.

Conclusions

On the basis of the foregoing reasons and evidence, the Family Planning Federation of Canada therefore respectfully urges that the House of Commons Standing Committee on Health and Welfare recommend to the Parliament of Canada:

(1) deletion of the words "preventing conception or" from Section 150 (2) (c) of the Criminal Code of Canada;

(2) inclusion of family planning information and services as an integral part of health and welfare programs; and,

(3) inclusion of family planning assistance to requesting countries through our External Aid programs.

Appendix "A" to the Brief

According to newspapers and official documents, a large number of responsible and widely representative Canadian organizations have passed resolutions urging amendment of the Criminal Code in regard to family planning and many of these have been presented to the Minister of Justice and other members of the government. These organizations include:

Anglican Church of Canada
United Church of Canada
Presbyterian Church
Lutheran Church
Baptist Church
Evangelical United Brethren
Churches of Christ Disciples
Canadian Unitarian Council
National Council of Women
National Council of Jewish Women
Voice of Women
Young Women's Christian Association
Consumers' Association of Canada
Canadian Union of Students
Canadian Medical Association
B.C. Bar Association
Edmonton Family Service Bureau
Children's Aid Society, Metropolitan Toronto
Women's College Hospital, Toronto
Society of Obstetricians and Gynaecologists, Edmonton
Toronto City Council
Quebec Students Liberal Federation
Alberta Liberal Party

Young Progressive Conservatives
National New Democratic Party
National Social Credit Women's Association

Appendix "B" to the Brief

WHAT SOME OF THE CHRISTIAN CHURCHES IN CANADA ARE SAYING ABOUT FAMILY PLANNING

Because they believe:

1. That children have a right to be wanted, loved, cared for, and adequately educated;

2. That the sexual act in marriage should play a vital part in enriching the relationship between husband and wife, as well as in the begetting of children;

3. That in the world context there is evident and urgent need for population control;

4. That knowledge is now available to mankind which makes it virtually possible to lift the begetting of children out of the area of biological accident and into the realm of personal decision.

Appendix "C" to the Brief

The Family Planning Federation of Canada believes that the Committee should be aware of the significant stand taken by the Canadian Medical Association on the subject of family planning in Canada. At its 97th Annual meeting in Vancouver in 1964, the General Council of the CMA approved the recommendation of the Committee on Maternal Welfare that the Criminal Code be amended by deleting "preventing conception or" from Section 150 (2) (c).

The October 10, 1964, issue of the CMA Journal carried an editorial on the subject entitled "Physicians and Contraception".

> ... Increasing public awareness of the implications of the law as it now stands has led various national and provincial organizations to demand repeal of this section of the Criminal Code which, in the three words "preventing conception or", forbids the sale or advertisement of birth control methods or instruction. The Canadian Medical Association has now put itself on record in this respect. The position of the physician in this instance is paradoxical: he is acting illegally, but...he is in no sense acting unethically.
>
> In Canada it is often extremely difficult for newly married or other couples at many levels of our society to obtain advice on fertility regulation. On the other hand, in Great Britain, in 1960 there were 340 Planned Parenthood Clinics with a total staff of 460 doctors, 630 nurses and over 3,000 volunteers; at the same time in Canada there was only

one such clinic, in Hamilton, Ontario. In Great Britain and in many other parts of the world the hospital clinic patient and other individuals of limited means can obtain instruction and advice concerning contraception as readily as the private patient. In this country, those who do not have a family physician or who depend on hospital clinic services for medical care many have great difficulty in obtaining such advice; yet, on the whole, it is this group who most need such help, together with continuing medical support, if their efforts in family planning are to be successful.

A recent survey has demonstrated that doctors are reluctant to bring up the subject of birth control with a patient unless requested and that, on their part, patients find it difficult to ask for such help. At least part of the reason on the physician's side is the lack of preparation in such counselling in medical schools. Medical students bring to university the same misinformation and anxieties regarding sex as any group of similarly educated people, yet little is done in most medical schools to counteract misinformation and inculcate more enlightened attitudes.

At the present time medical students are given very little instruction in the practical aspects of contraception techniques and counselling, and still less in its wider implications for the health of the family and the community. While the techniques are properly taught in the department of obstetrics and gynaecology, the importance and necessity of effective fertility control can be presented as an aspect of the proper practice of many aspects of general practice. Instruction in all methods seems desirable for all medical undergraduates but experience in counselling patients with respect to family planning is particularly appropriate in the intern year. Departments of preventive medicine might also increase their teaching in this area, not only in relation to the needs of the individual, the couple, and the family, but also with regard to wider implications of fertility control for the community, the nation and human race... Page 820.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 6

TUESDAY, MARCH 29, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Representing the Anglican Church of Canada: The Rt. Rev. E. S. Reed, Bishop of the Diocese of Ottawa; The Rt. Rev. H. R. Hunt, Suffragan Bishop of the Diocese of Toronto; The Rev. Canon Maurice P. Wilkinson, General Secretary of the Department of Christian Social Service; The Rev. John Hannant, Executive Secretary of the Diocesan Council for Social Service, of the Diocese of Toronto.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23713—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,	Knowles,	Rideout (Mrs.),
Brand,	Laverdière,	Rochon,
Brown,	MacInnis (Mrs.)	Rock,
Cameron (High Park),	(Vancouver-Kingsway),	Rynard,
Chatterton,	Macquarrie,	Simard,
Cowan,	Matte,	Stanbury—(24).
Enns,	O'Keefe,	
Howe (Wellington-Huron),	Orange,	
	Pascoe,	

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, March 29, 1966.
(7)

The Standing Committee on Health and Welfare met at 11:05 a.m. this day. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brand, Brown, Chatterton, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, Orange, Pascoe, Rock, Simard, Stanbury (17).

Also present: Messrs. Allmand and Prittie, Members of Parliament.

In attendance: *Representing the Anglican Church of Canada*: The Rt. Rev. E. S. Reed, Bishop of the Diocese of Ottawa, Chairman of the Family Life Committee and Vice-Chairman of the Council for Social Service; The Rt. Rev. H. R. Hunt, the Suffragan Bishop of Toronto, Chairman of the Clergy Advisory Committee of the Toronto Planned Parenthood Incorporated; The Rev. Canon Maurice P. Wilkinson, General Secretary of the Council for Social Service; the Rev. John Hannant, Executive Secretary of the Diocesan Council for Social Service of the Diocese of Toronto.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman introduced the Rt. Rev. Reed who, in turn, introduced the other members of the delegation.

Bishop Reed made some introductory remarks with reference to a document expressing the views of the Anglican Church of Canada on amendments to section 150(2)(c) of the Criminal Code regarding Birth Control, and to a pamphlet called "What Some of the Christian Churches in Canada are Saying About Family Planning". Both these documents were distributed to the members of the Committee. Bishop Reed indicated the broad background as it relates to world Anglicanism through the Lambeth Conference.

Canon Wilkinson presented some of the actual thinking and planning which went into the preparation of the Resolution contained in the document.

Bishop Hunt spoke on some of the concerns with which he is personally in touch through his position as Chairman of the Clergy Advisory Committee on Toronto Planned Parenthood, Incorporated.

Rev. Hannant gave further details about the action taken by the Diocese of Toronto on family planning.

The representatives of the Anglican Church of Canada were questioned.

23713—1½

Mr. Brown and other members of the Committee thanked the delegation from the Anglican Communion for their assistance to the Committee.

Bishop Reed expressed his appreciation to the Committee for the study being undertaken and for the reception given to the delegation.

On behalf of the Committee, the Chairman thanked the delegation of the Anglican Church of Canada for appearing before the committee and answering questions.

At 1:05 o'clock p.m., the Committee adjourned to 11 o'clock a.m. Thursday, March 31.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 29, 1966.

• (11:15 a.m.)

The CHAIRMAN: Ladies and gentlemen, there is now a quorum present. I have no correspondence or other matters to bring before the committee at this time, so we will get right into the delegation this morning from the Anglican Church of Canada. I would like to introduce the head of the delegation the Right Reverend E. S. Reed, the Bishop of the Diocese of Ottawa of the Anglican Church of Canada.

The Rt. Rev. E. S. REED (*Bishop of the Diocese of Ottawa*): Thank you Dr. Harley and members of the committee. First of all, I would like to say that I do not appear here as the Bishop of Ottawa but as chairman of the Family Life Committee of the Anglican Church of Canada and as vice-chairman of the Council for Social Service. In that capacity I would like to express on behalf of the Anglican Church of Canada our pleasure at the fact that this committee has been set up for this purpose. We have been watching the published reports of the committee meetings up to March 15 with a great deal of interest, and we are grateful for the privilege of appearing before you this morning to share with you some of the resolutions which have been passed by our Church and its organizations and also to answer any questions which you yourself may wish to put to us in our capacity as members of the Anglican Church of Canada.

I should like to introduce to you the other three members of this delegation: The Rt. Rev. Henry R. Hunt, the Suffragan Bishop of Toronto who is also chairman of the Clergy Advisory Committee of the Toronto Planned Parenthood Incorporated, and who will later speak from some concerns of that body and of his relationship with clergy of different churches who sit on the advisory committee. I should also like to introduce The Rev. Canon Maurice P. Wilkinson who is General Secretary of the Council for Social Service of the Anglican Church of Canada, who is sitting beside me, and the Rev. John Hannant who is Executive Secretary of the Diocesan Council for Social Service of the Diocese of Toronto of our Church. Each of us would like to speak briefly to the subject.

Distributed, Mr. Chairman, to the members of the committee are two documents which I think each of you has in front of you. One of them is this document headed "Anglican Church of Canada" which I shall go through in a moment and the other is a printed pamphlet called "What Some of the Christian Churches in Canada Are Saying About Family Planning". I wonder, Mr. Chairman, if each of the members has copies of these two documents?

The CHAIRMAN: Yes, they have all been distributed.

Bishop REED: I regret that there are no French translations of these documents but if French speaking members of this committee have questions relating to them we can provide answers through your translation system.

The first document explains quite briefly some of the history of our concern as a Church about the matter of family planning. This has come before the world-wide meeting of the Bishops of the Anglican Communion which is regularly held every ten years. In the opening paragraph there is described for us some of the changes in thinking that have gone on amongst the bishops of our church since we first discussed this. We could go back actually to 1920 but the document suggests that from 1930, when the bishops, meeting at that time in Lambeth Conference, disapproved of mechanical methods to prevent conception, and the time we met at Lambeth in 1958 a change took place.

I have with me today the full copy of the report of the Lambeth Conference of 1958 in which there is a large section given to this whole question of family planning. I should explain that this meeting consisted, of course, not only of Canadian bishops but of bishops from all parts of the world, so that we were very much concerned about population questions in Asia. Our Japanese bishops and Indian bishops particularly had a number of statistics which they revealed to us about their problems and so this whole question of family planning was related to the world scene as we met together in 1958.

At that time the bishops emphasized that family planning ought to be the result of thoughtful and prayerful Christian decision, something which concerns husbands and wives. But they also went on to say that scientific studies can rightly help parents in making responsible decisions in regard to the size of their families and the number of their children, and that we have a duty to assess the effects and usefulness of any particular means of providing the parents with help in family planning and that Christians have every right to use the gifts of science for proper ends. This was the gist of the thinking of Lambeth at that time. The resolution of Lambeth, which was passed by all the bishops, reads as follows:

> The Conference believes that the responsibility for deciding upon the number and frequency of children has been laid by God upon the consciences of parents everywhere: that this planning, in such ways as are mutually acceptable to husband and wife in Christian conscience, is a right and important factor in Christian family life and should be the result of positive choice before God. Such responsible parenthood, built on obedience to all the duties of marriage, requires a wise stewardship of the resources and abilities of the family as well as a thoughtful consideration of the varying population needs and problems of society and the claims of future generations.
>
> (Resolution No. 115, Lambeth Conference 1958)

The members of the committee, Mr. Chairman, will recognize that a great deal is compressed into those few words and the implications of them may be a subject for your questioning later.

It is important to notice that the structure of the Anglican Communion is such that nothing that the bishops say when they meet together at the Lambeth Conference every ten years is binding upon the members of the church throughout the world; but that each constituent part of the Anglican Communion is a self-governing autonomous unit and so action is required by each of those units if some change of this kind in our thinking is to be put into our practice. For instance, the body which we represent here this morning is the

Anglican Church of Canada. It has its own legislative organ known as the General Synod, which is representative of our 28 dioceses, with bishops, clergy and laymen from Newfoundland to British Columbia. This body, then, has the responsibility to take any action that it wishes to, following guidance which the bishops may give when they meet in Lambeth Conference every ten years. So following upon the 1958 conference of our bishops our Church in Canada, as recorded on this document, which is in your hands, working through the Executive Council of our General Synod, supported the opinion of the bishops to which I have just referred, and passed unanimously in 1964 its decision as follows. This was brought to the attention of our church through the organ known as our Council for Social Service:

> The Council for Social Service urged Church members across Canada to take action in support of efforts being made to amend the Criminal Code to make it possible for Church people legally to fulfil the new responsibilities as outlined by the Lambeth Conference.
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> WHEREAS the Lambeth Conference of 1958 has, within the concept of responsible freedom, given general approval to the practice of family planning and has set forth some of the principles to be considered by Christians in such practice; and
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> WHEREAS for all people in Canada the exercise of responsible freedom in the area of family planning, with due respect for civil law, is made impossible by existing legislation which prohibits the sale or dispensing of instruction, medicine or drug, or articles for use in family planning; and
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> WHEREAS for certain groups in Canada the exercise of responsible freedom in the area of family planning is not possible either for economic reasons, or because of lack of factual knowledge and understanding, thus making the achievement of a full and rich marriage and family life more difficult than it might otherwise be;
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> THIS COUNCIL FOR SOCIAL SERVICE meeting in joint session with the Executive Council of General Synod
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> URGES that every effort be made to amend present legislation in Canada in such a way as to make legal the dispensing of information and means under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances, who wish to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so with adequate knowledge and instruction.
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> AND AFFIRMS that the dissemination of information of family planning within the context of the principles enunicated by the Lambeth Conference of 1958 is a responsible practice within the educational and pastoral ministry of the Anglican Church.

That is the end of the resolution which now represents the position officially of the Anglican Church of Canada. It was recorded at that meeting that the Council would be taking further steps, in co-operation with other Church bodies, in efforts to have the Criminal Code revised, and would also be encouraging Church members to give serious thought to new responsibilities

which now confront us as the result of our increased knowledge and understanding in the area of family planning.

It may be of interest to the committee to know that the synods of eight of our dioceses have already taken action, and similar resolutions are in course of preparation for presentation in a number of others. These synods consist of clergy and laymen and they have been giving thought to this question. It may be of interest to members here from various part of Canada to know that resolutions along this general line of urging the amendment to the Criminal Code have already been passed by the Diocese of Toronto; the Diocese of Rupert's Land, the See of which is in Winnipeg, the Diocese of Cariboo which is in British Columbia; the Diocese of Niagara whose See is Hamilton; the Diocese of Huron whose See is London; the Diocese of Ottawa; the Diocese of Montreal and the Diocese of Qu'Appelle whose See is Regina, Saskatchewan.

That, Mr. Chairman, is the background of our position and our thinking up to this point, and I would ask that Canon Wilkinson as the executive officer, General Secretary of our Council of Social Service, might now speak giving some further details of what has taken place in our thinking and action.

The Rev. Canon MAURICE P. WILKINSON (*General Secretary of the Department of Christian Social Service, of the Anglican Church of Canada*): Thank you, Mr. Chairman. In our preparation for our presentation to you it was felt that I might usefully present to the committee some of the actual thinking and planning which went into the preparation which appears before you. Bishop Reed has indicated the broad background as it relates to world Anglicanism through the Lambeth Conference. More particularly, of course, the establishment of the Planned Parenthood Association, as it then was, gave stimulus to many persons who were concerned about not only the needs of Canada but the needs of the world for planned parenthood. Through our Department we were party to the establishment of the Planned Parenthood Association. Various members of the staff, both before I came to the department and since my holding of this office, have continued to work both at the local and at the national level of this association now incorporated in the federation of Canada as well as within the Church's own courts and jurisdictions in terms of family life education, preparation for marriage and similar areas of concern into which inevitably the question of the size of a family and the frequency of childbearing and the whole matter of family planning cannot help but enter. Consistently, of course, parish priests, social workers, concerned church men and women were aware of the fact that by entering into this kind of area they were technically contravening the laws of the land. They did not, therefore, do so lightly. They did so from deep conviction, a conviction which found much needed support and expression through the pronouncements from Lambeth and a considerable impetus, of course, was given towards taking more specific action for the amendment of what had become to be recognized more and more as in fact a bad piece of legislation.

• (11:30 a.m.)

We felt that it was poor law; it was bad law because of the obvious difficulties of enforcement. We felt that with the development of thought and religious conviction, such legislation had, in fact, for us at any rate, become

hypocritical and ineffective. It did in fact prevent people such as doctors, social workers and the clergy from giving information needed for the building of strong family life. In fact the situation was worse than this. It was becoming positively harmful in many areas of social concern. I think particularly of the kind of concern in which we as a Church have a very large responsibility in the Christian ministry among our native people, the Indian and Eskimo races. Through the kind of structure which we have in Canada, these folk were being more effectively shut off from the kind of help which they need in planning a responsible size family more than almost anyone else in Canada. We felt that for these and probably many other reasons, which each individual would express in his own way, it was both necessary and time that the Church should take action to try to help bring about reform in this aspect of our Criminal Code.

Therefore, in March of 1964, my department sent out to all clergy of the Anglican Church of Canada this little two-page sheet citing the Lambeth resolution which Bishop Reed has ready read to you in support of the paragraph from the findings of the conference which set the concept of planned parenthood in the context of family responsibility and relating all of this to the then Bill No. C-64, I believe it was, which Mr. Prittie had presented to the House.

Perhaps it might be useful to read the two brief paragraphs from Lambeth in their findings section which provides, so to speak, the springboard on which the resolution was presented and which you have already heard. That section appears in the findings section and it reads as follows:

> The responsible procreation of children is a primary obligation. The questions, How many children? At what intervals? are matters on which no general counsel can be given. The choice must be made by parents together, in prayerful consideration of their resources, the society in which they live, and the problems they face.
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> Responsible parenthood implies a watchful guard against selfishness and covetousness and an equally thoughtful awareness of the world into which our children are to be born. Couples who postpone having children until certain financial goals are reached, or certain possessions gained, need to be vigilant lest they are putting their own comfort ahead of their duty. Similarly, those who carelessly and improvidently bring children into the world, trusting in an unknown future or a generous society to care for them, need to make a rigorous examination of their lack of concern for their children and for the society of which they are a part.
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> (Lambeth Conference 1958 Report p. 2-146)

As Bishop Reed said so clearly, this again serves to emphasize the total context in which Lambeth sought to act when it enunciated its resolution.

We have in our modern technological period discovered ways of preventing natural methods of population control. We have at the same time discovered means of effectively controlling population by other scientific means. If we feel we have a great responsibility to utilize those scientific things that control death, it seems to me we have equally heavy responsibilities lying upon us to utilize scientific knowledge in the proper control of birth.

Mr. Chairman, briefly this is the kind of background against which the resolution was presented. I must emphasize that it was presented to the Annual Meeting of the Executive Council of our Church meeting in joint session with the board of the Department of Christian Social Service. Both of these bodies have representation from every diocese in Canada and from all orders; that is bishops, priests and laymen. So far as it is humanly possible, this fact presents a very good cross-section of the voice of the Canadian Anglican Church. I would point out that prior to that meeting six months' notice was given by our Department to all dioceses which enabled them to give particular attention to this issue. Moreover, at least four weeks in advance of this meeting other supplementary material was put in the hands of every one of the delegates attending that meeting. There was careful study given to this as evidenced not only by the speeches they presented, moving and seconding the resolution, but by the discussion which took place on the resolution.

In the light of all of this, I think it is quite significant that the resolution was adopted unanimously. In the debate the discussion was for clarification, not for contradiction at any point that I can recall or that I could see from having checked through the minutes of that meeting. Mr. Chairman, I believe that is all I should say at this point.

Bishop REED: Mr. Chairman, I think Bishop Hunt will speak to us, if you would allow him, on some of the concerns with which he is very personally in touch through his position as Chairman of the Clergy Advisory Committee of Toronto Planned Parenthood, Incorporated.

Bishop HUNT: Thank you, Mr. Chairman, and members of the Committee. As one who has been intimately associated with this whole movement towards the revision of the Canadian Criminal Code in respect of Section 150 clause (2) (C), I believe, I have had some part to play both in the framing and presentation of resolutions on this subject and moving the resolution before the Toronto Synod in 1964. The resolution was adopted on a divided vote, but with a very strong majority. During the same summer, in 1964, I also associated myself with the resolution before the Executive Council of the General Synod in Lennoxville, about which Bishop Reed and Canon Wilkinson have just spoken to you. Therefore, my involvement has been very intense and very zealous simply because it is my conviction that the people of Canada should have every right under law and without any restrictions within families to plan their families in a responsible way with all due regard to the requirements of society and demands of the future.

I have also been responsibly engaged in this cause for the revision of our Criminal Code in this particular respect by reason of my membership in the Anglican Church of Canada, in the Canadian Council of Churches and in the Clergy Advisory Committee of Planned Parenthood, Incorporated of Toronto which was recently incorporated under provincial charter.

May I say that the Clergy Advisory Committee was responsible for the preparation of this pamphlet that is entitled "What Some of the Christian Churches in Canada are Saying About Family Planning". We had a number of meetings, of course, and we assembled the resolutions of all of the Churches: the Anglican Church which you heard together with the Presbyterian, the Churches of Christ (Disciples), the Evangelical United Brethren, the Baptist

Church, Ontario and Quebec Convention, and also the United Church of Canada. We had all resolutions of those Churches on this subject but we did not publish them in this pamphlet as we felt it would make too weighty a document, and we wanted something that was light and readable and easily assimilated. However, on the overpage of the pamphlet we indicated where the specific resolutions of these various Churches may be obtained.

In introducing this pamphlet this morning Mr. Chairman, I speak not only for the Anglican Church of Canada in our own particular presentation as a member of the Canadian Council of Churches but for the Canadian Council of Churches itself which I believe has not, as yet, made a formal application to be heard before this committee. I was in consultation with an officer of the Canadian Council of Churches who is responsible for the presentation of the particular resolution of that Council at the annual meeting held in the fall of 1964 which is in the central portion of the leaflet. I would like to draw your attention to this resolution and tell you something of the circumstances which lay behind its adoption, again, unanimously, by those who were present at this particular meeting together with representatives from all of the Churches named including the Greek Orthodox Church, the Salvation Army and the Society of Friends. The preamble reads as follows:

> WHEREAS the Christian meaning of family life, and especially the welfare of the family in relation to the realities of the modern world, is involved in the question of Responsible Parenthood;
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> AND WHEREAS we believe that every child has the right to be wanted, loved, and cared for throughout the whole of childhood, and that the law of the country should be framed in such a manner that parents can be educated to consider these needs of the child and to plan their families in accordance with their own resources, the total situation in which they live, and their religious convictions;
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> AND WHEREAS section 150, sub-section 2(c), of the Criminal Code makes it an offence for any person in Canada to sell, advertise, publish an advertisement of, or have for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception:
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> BE IT RESOLVED that the Canadian Council of Churches respectfully call upon the Government of Canada to amend the Criminal Code in such a way as to make legal the dispensing of information and means, under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances, who wish, in keeping with their religious convictions, to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so with adequate knowledge and instruction.

This resolution was presented with full debate before the Council and was unanimously adopted. It may be of interest to members of the committee to know that the person who seconded the resolution was a member of the Greek Orthodox communion—a priest in that communion. Also we had several Roman Catholic observers present at this meeting, as they are at other major meetings of the Canadian Council of Churches, and not being members they were without voting privileges, they informed the framers of the resolution—I think spoke on the floor in regard to the resolution—that this was not offensive to their point of

view as members of that particular communion. Because of the insertion of the conscience clause, "exercise their freedom in keeping with their religious convictions" it carried the judgment both of the Orthodox and the Roman Catholic church members who were there as observers. I might say that on the overleaf you will find some of the reasons adduced by the Clergy Advisory Committee of Planned Parenthood, Incorporated of Toronto for this strong support of the revision of our Criminal Code so that children have a right to be wanted, loved, cared for and adequately educated, and that the sexual act in marriage should play a vital part in enriching the relationship between husband and wife as well as in begetting children; that in the world context there is evident and urgent need for population control. I think that this committee was made fully aware of that need in the address some weeks ago by Mr. Basford in the presentation of his particular bill which is recorded in the proceedings of the committee.

Knowledge is now available to mankind which makes it virtually possible to lift the beginning of children out of the area of biological accident and into the realm of personal decision. For these reasons, Mr. Chairman, I cherish the opportunity of being present today in association with other members of our delegation from the Anglican Church. I represent particularly the point of view of the Canadian Council of Churches and Family Planned Parenthood of Toronto.

Bishop REED: Mr. Chairman, we would now like the committee to hear from the Reverend John Hannant. Mr. Hannant can speak to us as a parish priest and as one who is in daily contact with people who face the type of problems that we have been discussing. He is presently the Executive Secretary of the Council for Social Service of the Diocese of Toronto which in our membership is our largest diocese and contains within it many urban industrial parishes as well as rural, and town parishes. Mr. Hannant can also give us further details about the action which the diocese of Toronto has taken in this matter.

Rev. JOHN HANNANT: Thank you, Mr. Chairman, and members of the committee. With respect to diocesan action, I would speak to the resolution passed by the Synod of the Diocese of Toronto in May of 1964, as one of the eight resolutions to which reference was made earlier. I should indicate at this point that if the number eight of the 28 dioceses of the church in Canada should not appear to be an impressive one, it is quite understandable. In a matter with such a national application many dioceses in their judgment would leave this to the National Council for Social Service and to the General Synod and would not presume therefore to speak against nor to duplicate the decision in which they had a part and which has been made on that same national level.

This resolution was passed by the Synod of the Diocese of Toronto and, as he has already indicated, presented to the diocese by Bishop Hunt. This was passed in May of 1964, in advance of the resolution which you have before you and to which earlier reference was made. This is the wording of the resolution of the Diocese of Toronto:

> WHEREAS warnings against the explosive results of rapidly increasing world population from experts in demography, economics and sociology have pointed to the urgent necessity of regulating population growth through the responsible exercise of planned parenthood; and

WHEREAS the morality in Christian conscience of such planned parenthood was recognized by the Lambeth Conference of 1958, in its study of "The Family in Contemporary Society", and by Resolution 115 of the conference, and;—

I will not repeat the wording of that resolution which has already been given to you.

WHEREAS planned parenthood is recognized, allowed and encouraged by many nations throughout the world, but is expressly disallowed under Section 150, subsection 2, of the Criminal Code which classifies as a criminal offence the sale or advertising of or instruction in methods of conception control and information relating thereto; and

WHEREAS this restrictive legislation does not in fact prevent the exercise of planned parenthood in large sections of Canadian society, but inhibits it in other less privileged sections, and therefore is grossly discriminatory; and

WHEREAS Mr. Robert Prittie, member for Burnaby-Richmond, is sponsor of Private Bill C-48, proposing the removal of such restrictions:

BE IT THEREFORE resolved that this Synod of the Docese of Toronto in its One Hundred and Twelfth Session, supports Bill C-48, presently before the House of Commons, and endorses fully the proposal of Mr. Robert Prittie, M.P., that the words "preventing conception or" be deleted from the following passage in subsection 2 of Section 150 of the Criminal Code.

I will not give you those words with which you are so familiar. That was the resolution passed in May of 1964, by the Diocese of Toronto, one of eight similar resolutions passed either in advance of or subsequent to the passage of the resolution on the national level.

Bishop REED: That concludes our presentation, Mr. Chairman.

The CHAIRMAN: Thank you very much gentlemen. Now, Mr. Knowles.

Mr. KNOWLES: I have just one question of detail I would like to ask our Anglican brothers. I think they are perfectly correct in speaking, as they have, for other churches than their own. I wonder if the Lutheran Church should not be included in this list. I have in mind the booklet that I received, and I am sure other members have, in connection with another matter we are debating, namely, capital punishment, which has in it a statement on planned parenthood which it seems to me is directly in line with this. Is there any reason why the Lutheran Church is not named in this list?

Bishop HUNT: Mr. Chairman, the Lutheran Church could well be named if it were a member of the Canadian Council of Churches, but it is a Church in friendly association with and is not within the membership at the present time. I believe the Lutherans who were present at the 1964 biennial at Niagara Falls were fully in accord with the action, but again being in friendly association, they were not voting members.

Mr. KNOWLES: I imagine you are aware of the book that I have referred to in which the Lutherans do take the same position.

Bishop HUNT: Yes, they take the same position, I understand, Mr. Chairman; it is just simply due to the technical matter that they are not full members of the Canadian Council of Churches, so any document issuing from the Council does not involve the Lutherans as such.

An hon. MEMBER: The Ecumenical movement is still going on.

Bishop HUNT: Yes. I suspect that they will be seriously considering membership in the near future. There are certain very definite reasons why they could not accept membership heretofore but they are very definitely moving in this direction.

Bishop REED: Some of these are related to their organization which, of course, when into the United States. They have set up more of a Canadian organization which will now make it possible for them, when they so decide, to apply for full membership in the Canadian Council of Churches.

Mr. CHATTERTON: Mr. Chairman, I notice that certainly throughout the resolution passed by the Canadian Council of Churches—I do not know to whom I should direct my question, maybe Canon Wilkinson—the reference is limited to spouses only. Now, we had a witness I think, last time tell us that—I think he was a medical doctor—when a young girl came to him and asked him for a pill he gave her a pill rather than have her come back three weeks later and ask for an abortion. What is the practical position, of say, the National Council for Social Services when such a position arises. Do you close your eyes to it?

Bishop HUNT: No. This is a matter which is still a major area of difference amongst various denominational groups, and indeed within denominations, but this resolution adopted at the Niagara Falls biennial meeting was very concerned to capitalize on the general desire to have birth control information, and so on, made available and legalized within as much of an area of agreement as was possible at the time. This was the limitation of the area of agreement at that time. This does not say that all those who voted in favour of this would go only that far. Within our own churches there is still a matter of quite considerable debate among different segments.

Mr. CHATTERTON: If a young girl came to you for some more advice, if she went to that trouble what would you do? The doctor who gave evidence last time said that he came across this one girl that had been living with a man for eight months. What would you do in a case like that, for instance?

Bishop REED: Well, in the case of anyone coming to a clergyman for advice and counsel, he would deal with that particular situation as a situation, and he would have to weigh the various consequences involved in giving counsel to that person. But as a Church we have not gone on record as suggesting that contraceptive articles be sold to people who are not married or who might be juveniles. We have not gone on record as advocating that, because the position of our Church in regard to the sexual union of two people is that it is of such a character that it should only be in the context of a stable marriage relationship.

We are, of course, not unaware of the fact that there is a great deal of sexual intercourse which is practised by unmarried people, and consequently in our day-to-day relationship with people we are facing this particular problem.

This is a matter for pastoral counselling at any one point and our Church as a whole has not taken a stand in respect of what the position should be in regard to the sale of contraceptives to people who are not married. In other words, this would be hard to police and it is also a matter in which we have not taken a stand. It has been suggested, I think, in representations before this committee that under the Juvenile Delinquency Act some recourse could be had to those who might sell contraceptives to juveniles. I understand, Mr. Chairman, you have already had some representations about that, and we as a Church would of course be greatly concerned about this whole matter.

I am not sure whether we have given a good answer to the question.

Mr. CHATTERTON: You have skirted around it.

Bishop REED: Yes. But if you would like to put the question to us again more definitely, I will try to give a better answer.

Mr. KNOWLES: No, no, he has not skirted around it at all.

Mr. ENNS: Well, I did not have a question at this point. I merely wanted to commend the witnesses for the very useful manner in which they have appeared before the committee today. I feel that you have lent a forceful voice in support of my own persuasion in connection with what this committee is undertaking, and my comment at this time was merely one of commendation.

Mr. BRAND: May I say first of all that I support the proposals put forward, but I have a few questions for the delegation, if I may. First of all, I get the impression you feel Mr. Prittie's bill is the one that you would support. I wonder if you could answer that one, or do you feel that it is the one with which you have the most sympathy. Secondly, what about the control, or do you believe there should be any control of the sale of contraceptives? Thirdly, I notice under the resolution of the Canadian Council of Churches you mention "to make legal the dispensing of information and means under competent medical or other professional guidance". Could you spell out what you mean by "other professional guidance"? And also you say "irrespective of their economic circumstances". Now, I would like to know, are you proposing subsidy or free contraceptives in this proposal through the family planning agencies.

Bishop REED: In regard to the last part of the question, Mr. Chairman, we would include social workers under the "other competent". We also mean clergy and anyone who has the competence and training in matters of family counselling, such as family counselling agencies. The other part of the question has to do with control of sales. I wonder if Bishop Hunt, who has given a great deal of thought to this, might speak to that question plus the first one.

Bishop HUNT: Certainly, Mr. Chairman, the control of sales is indicated both in the resolution of the Canadian Council of Churches, and also in the resolution of the Executive Council of the General Synod of the Anglican Church of Canada. The fact is that certain of the diocesan resolutions including the Diocese of Toronto, specifically support the Prittie bill as at that time it was the only piece of legislation actively before the House as a private member's bill. It was felt that a strong supportive voice from the Church might be given for the particular piece of legislation that was before the House at that time.

Since then other bills have been introduced and I would say that the resolutions from the General Synod of our Church, and also the Canadian Council, would indicate that the thinking officially would be in the form of some controls as contained in one of the other bills now before the House. Whether any of these bills suffice to meet the situation is for this committee to determine, Dr. Harley, in due course, because you may feel that all present bills are not really adequate to meet the problem as we know it. It will relieve the situation legally for people who quite properly wish to plan their families and do so within the law with a clear conscience which they cannot do now, and at the same time not encourage or enlarge the whole very difficult area of sexual promiscuity. We are not pleading for a permissive society in this regard at all. We are pleading for a controlled society and an educated society.

Canon WILKINSON: Mr. Chairman, the remaining point to that question was the final one of subsidy in accordance with their physical and economic means. This I am pretty sure had clearly in mind the requirements of a number of municipal welfare departments as well as Northern Affairs, Indian Affairs, where subsidy, as you quite rightly indicated, is required. At the moment, of course, any such things operating are operating outside of the law, and this phrase is deliberately inserted there to comprehend this aspect of it as well.

Bishop REED: Mr. Chairman, perhaps going a little further in relation to Dr. Brand's first question about subsidy, I am sure the committee is aware of this, but there is a great need for help in regard to Canadian Indians. As you know, the Canadian Indians are now the fastest growing racial group anywhere in the world, I understand. This creates a great number of problems for our Indians. Our Church has had a long experience with the Indians and Eskimos of Canada stretching back well over a 100 years. As a result of this experience, and that which has happened more particularly in the last 20 years, we are very much concerned about this whole question as it relates to that section of our population. Certainly we would consider it to be advisable that there should be subsidy for the kind of family agencies, as well as for contraceptive devices, and so on, that would make possible the right kind of counselling to our Indian and Eskimo fellow citizens. But we would also say that it is not limited to them. As the present studies of the government in regard to the war on poverty indicate, there are many sections of our population where people are prevented actually through lack of means from getting the kind of help which is required in this area, which of course is open to anyone who has money today but is not open to the poor people of Canada.

• (12:00)

Bishop HUNT: I should just like to add a word in regard to the resolution of the Canadian Council of Churches and the words "irrespective of economic status." Of course, the resolution was phrased with the knowledge of the action that had been taken just shortly before the meeting of the Canadian Council of the Toronto Civic Council in providing conception control aids to people who were welfare cases which was in contravention of the law I may say. Nevertheless, it was a highly responsible action on the part of the civic body.

Mr. STANBURY: Mr. Chairman, I merely wanted to point up the differences, as Mr. Chatterton and Dr. Brand did, among the three resolutions which have

been quoted. The Canadian Council of Churches refers specifically to an amendment of the Criminal Code, "to make legal the dispensing of information and means under competent medical or other professional guidance" the word "spouses" is mentioned which seems to indicate that these controls and restrictions should be embodied in the Code. The resolution of the Anglican Council for Social Service is not quite as specific as it refers to an amendment of existing legislation. The resolution of the Toronto diocese does not recognize specifically the need for controls at all. I think you have commented sufficiently on these differences except that I would be interested to know whether you specifically oppose changes in legislation which would permit the sale of means and the dispensing of information on contraception to people other than spouses.

Bishop REED: Mr. Chairman, in answer to an earlier question asked by Mr. Chatterton, we indicated that our Church has not taken any official position in regard to that question. As an individual, I would like to say that we would feel it would be irresponsible if the sales of contraceptive devices took place, as I understand they do in some countries, from a slot machine; you know, where one might go into any place, and they are available by means of a slot machine. I think this all has to do not only with what we consider to be the dignity of human being but it also has to do with health measures. I think that the licensed pharmacists, doctors and family service agencies, and so on, would seem to be the appropriate sources at which contraceptive devices should be available for sale and for distribution to those who might not be able to afford them.

In regard to the question of whether people who are not married should in fact be sold such things, or information given to them, I would think, speaking as an individual, that this would not be possible to control. If one had to make a choice between the increase of venereal disease which now is beginning to rise, and the provision of safeguards to health such as would be possible in what we are speaking about, one would certainly choose the course of helping the health of the nation. As churchmen we would continue to counsel our people and to proclaim the importance of the recognition of the sexual relationship of two people as being of such a responsible character that it should only be practised within the stable family relationship of man and wife. I hope I am not avoiding the question. I am trying to be as frank as I can about our official position and about what we might feel as individuals.

Mr. STANBURY: This is a very satisfactory answer to me.

Mr. HANNANT: I was just going to add, Mr. Chairman, with respect to the Toronto resolution, I think, without question, it is phrased against the backdrop of resolution 115 of the Lambeth Conference of 1958, which leaves no doubt of the fact that it is husband and wife to whom reference is made.

Mrs. RIDEOUT: Mr. Chairman, I would like to direct my questions or observations to Rev. Hannant. I presume, sir, that your clerical work is concerned with counselling, and I am wondering whether you are involved with young people in your particular kind of work.

Mr. HANNANT: Under the Diocesan Council for Social Service, one of the operating subcommittees and one of the programs of that subcommittee is in the

area of marriage education and preparation for marriage. In this respect counselling is a piece of the work of the Council for Social Service but it is not one in which I am directly involved, but this is one of the services.

Mrs. RIDEOUT: I am very impressed with the presentation you gentlemen have made this morning and certainly I think that this booklet which you have published on planned parenthood and responsible parenthood is very commendable. I think you mentioned Bishop Reed, that young people might take advantage of the sale of contraceptives. Should there be a legal restriction prohibiting the sale of contraceptives to young people? I find this a very wide observation and I think that as parents and church people we have a responsibility at this time to take a wider look at young people, the unmarried young people. I hope that as you have made such a progressive step forward, as demonstrated in the resolution at the Lambeth Conference and the pamphlet that you published, in your program there will be not only counselling for young people but a new attitude towards them to enable them to accept the responsibility that is theirs as young unmarried people growing up in our present day society. I am particularly concerned as I have a 16-year-old son who during Christmas time attended a model parliament. As a parliamentarian myself, I was interested in his impressions and I asked him about legislation they had discussed. He said, "Mother, the most impressive legislation we had was on birth control". Perhaps I should have been shocked but I was pleased that these young people had entered into a discussion—a very sensible and reasonable one—and I hope that this might indicate a new attitude in our young people. But certainly it has to come from church guidance and inspiration; I am not asking any question. I am merely hopeful, as you have made a giant step forward, that young people and unmarried teenagers will receive special consideration.

Bishop REED: Mr. Chairman, I would like very much to respond to that challenge which Mrs. Rideout has given to the Churches and say that we do consider this as one of the most important areas that faces us today. I know from conversations with other Churches, as well as from what is going on within our own Church, that we feel there is a great need today for helpful knowledge and discussion by young people. While it is difficult to make general observations that are true in all cases, we find that young people generally are much more responsible about this area of life than sometimes they are given credit for. They welcome free and frank discussion. Young people are not out for promiscuity; they are out for the kind of helpful support which communities can give them so that they can have the proper kind of relationships with each other as boys and girls and young people, looking forward to marriage; and when the time comes for marriage they will be able to bring with them all they should bring into it as we understand it. We feel that that concept is widely held but they need a great deal of support because, with the freedoms that there are today, we place more tension upon our young people than we have a right to place upon them. In other words, we are subjecting them to the kind of tensions which no people ought to be subjected to unless at the same time they are going to be helped and supported to be responsible. For that reason I think it is fair to say that we want to exercise all the charity we can to young people who get into difficulties in this area. This goes without saying, but at the same time we ought to be doing a great deal more. Within the churches today there is

a great disposition to co-operate toward this kind of sex education in all its facets, of pre-marital preparation and of family training after marriage, which is another important area. There is a disposition on the part of the Churches today not only to do this, as they have been doing within their own communions for some time, but to do it co-operatively in community situations. There are many places in Canada, in rural areas and towns, where, unless Churches and social agencies can effectively co-operate in this area the problem will not be met as it ought to be met. What came out of the "Canadian Conference on the Family which was held two years ago here was that the Church leaders and social workers present at that Conference expressed the desire to work together. This may be one of the areas in which the Vanier Institute of the Family can engage in, providing it can get the right kind of financial support, hopefully, some from the government. It will be an agency designed to conduct the proper kind of research and surveys which are necessary in order for us fully to understand what young people today are up against and how best to meet those needs.

This is not an easy situation. There are many facets which are not known even to those who work quite closely on this problem. While it is not the province of our committee to be putting in support for any particular agency, I hope that if the members of Parliament on this committee, Mr. Chairman, should later on in the course of your sessions, be asked to give support to the Vanier Institute of the Family, you will feel that you will be discharging some of the obligations Mrs. Rideout has mentioned by making a sufficiently large financial appropriation so that agency can do the kind of research which Canada very much needs in this area. Many countries are much further ahead than we are in this whole question of how effectively to help young people and young married folk in the matter that we have been discussing.

• (12:05 p.m.)

Canon WILKINSON: May I add a footnote to that? Involved as I am with many social workers, both within Church circles and in many agencies, I appreciate very deeply one of the aspects at which Mrs. Rideout hinted in terms of the products of underprivileged homes, be they in the slum areas of the city, the slum areas of the country, the slum areas of the North or any other part of society where you find young men and women involved in extramarital sex, whether for reasons of finance—and this is quite common with a number of them—or for other exploitive reasons. Where a responsible worker gets any contact with such a youngster it seems to me—and I am speaking as an individual as you can understand with bishops beside me—only common sense to utilize whatever means, medical and mechanical, that there are to help prevent in these cases children being brought into the world in such circumstances. I do not say this is all one should do, and no reputable social worker or Church worker would ever do so, but as a method to get that youngster into some place where responsible living can become part of his own personal discipline let us use the means that modern science has made available.

I would also like to insert into the record one or two other items that support the kind of thing that Bishop Reed has so ably said with respect to the Vanier Institute of the Family and the over-all concern of Churches and social agencies for family life education. I am sure many of you have heard of the

North American Conference on the Family. One of its most notable sessions was held some three years ago at Green Lake. The current session will be held in Hamilton this year. The very fact that this conference is coming to Canada is indicative of the very large growth in the activity on the part of all church bodies as well as social agencies in the area of family life education, family life preparation and counselling throughout this whole area.

Within our own Church and the department which I serve, family life education at the moment holds top priority in our program. We are currently bringing to fruition a study which has been going on for at least three years, and is resulting in a series of booklets aimed at various aspects of total family life education. In order to help support this we have obtained the services of a specialist in family life education who is being made available to leadership groups throughout the country. She has already been instrumental in conducting a number of such schools on a voluntary basis, retiring from a research post in Montreal in order to be able to give more time to this. She is already lined up for institutes in the North amongst Indian leaders and Eskimo leaders, as well as here in the south in various areas from coast to coast.

Bishop REED: This particular person is currently engaged in educating bishops and clergy, too!

Mr. ALLMAND: Bishop Reed, in your pastoral work have you found there has been a breakdown in moral standards with respect to sex, either in premarital moral standards or in moral standards after marriage, that is to say adultery? Have you found over the years in your pastoral work that there has been a breakdown in these moral standards?

• (12:20 p.m.)

Bishop REED: Mr. Chairman, I find this very difficult to answer, because I suppose the question is addressed to me as an individual on what my observation has been. This is one of the areas in which not sufficient study has been made for us to come up with the kind of answer that would be in any way responsible. Looking back over my pastoral experience going back now over 30 years, I would not be prepared to say that there has been a breakdown in morals of this kind. Looking back to that period I can remember this same kind of situation taking place at that time in regard to breakdown in family life, in adultery between married persons, as well as premarital sexual intercourse on the part of unmarried folk. I think what has happened in more recent years is that we have had more studies—some of them have been rather superficial—in magazine articles, and so on, which would lead us to think that perhaps there has been a greater permissiveness in this area, as the question indicates. I am sorry but I cannot give to you a reasonable view to the effect that I have noticed during those 30 years a breakdown in this area. I think it is quite possible that what our studies do show is that more younger people are engaging in sexual intercourse outside marriage than was the case a few years ago, and that there seems to be an acceptance on the part of society that perhaps this is not a wrong act.

Mr. COWAN: What evidence have you got that society accepts that?

Bishop REED: Again as I say, I have no evidence of this. This is the kind of question that I would like to see properly researched because I do not think we have evidence of this. One can only say that studies such as, for instance, the one the Salvation Army made in preparation for the Canadian Conference on the Family indicate that pregnancies outside marriage on the part of younger girls has increased during the past 20 years. That was contained in a brief that the Salvation Army presented to the Canadian Conference on the Family arising out of their ministry to unmarried girls who were mothers. That seems to be fairly well established. I cannot give you any responsible view as to whether society is accepting that.

Mr. ALLMAND: The reason why I asked that question of Bishop Reed was that some people suggest that the greater availability of birth control apparatus and birth control information has been a cause to some extent of this breakdown in moral standards in respect of sex. I was going to ask you whether you thought that this availability had a contributing effect to this breakdown. I agree with you that a much greater study must be made.

Bishop REED: May I comment on that, Mr. Chairman?

I do not think the availability of contraceptive devices has had any real bearing on the question we are discussing. I think perhaps the kind of things that have had a bearing have been the additional possibilities for young people to have sexual intercourse. These possibilities have been increased because of the motor car and because of many things which have to do with the freedom which they have. This is part of what I meant earlier when I referred to the tensions that young people have to face today. I think those things have been the contributing factors if there has been an increase in premarital sexual intercourse, not the sale of contraceptive devices, because I think at that point the fear of pregnancy does not prevent young people or any people from having sexual intercouse. The tensions which they face are of such a character at that point that it is not a case of whether they have or they have not access at that moment to contraceptive devices.

Mr. ALLMAND: I have a further question. In your brief you mention that eight dioceses have passed resolutions more or less approving the Lambeth declarations. I want to ask you if there were any dioceses in Canada which have rejected the Lambeth declarations or have accepted them in a restricted manner.

Bishop REED: I think the answer to that, Mr. Chairman, is No. The dioceses that I quoted are all ones of considerable size. We have a number of dioceses in Canada, as for instance the diocese of the Arctic which has only had one synod in its history because of the expense involved in bringing people across that vast area to meet together. We have other dioceses not so vast as that where a synod is not held every year. The eight dioceses that we mentioned are very populous dioceses, and they hold an annual meeting of their synods, both clergy and laymen, but we have no diocese as far as I know—and I would ask my confreres to correct me if I am wrong—which has had a discussion and has taken a stand against the Lambeth proposals.

Canon WILKINSON: To the best of my knowledge, My Lord, we have no such evidence, and we have polled all of them. The only evidence that we have

that is not before you is that there are three other dioceses with favourable action pending, waiting for their synods to be held later this year.

Mr. ALLMAND: I have one final question. You speak in your brief of responsible family planning. I wonder if in the opinion of your Church there is either irresponsible or immoral family planning. If so, can you give us examples of what you would consider irresponsible or immoral restriction of a family?

Bishop REED: As Bishop Hunt pointed out earlier, Mr. Chairman, it would be the position of our Church that it is the responsibility of two people in marriage who can have children to have children. In other words, it would be irresponsible in terms of Christian concepts for two people who can have children not to have children at all; that would be irresponsible. For them to decide simply for selfish reasons that they were not going to have children we would consider to be wrong. We should also consider it irresponsible if people did not give conscientious concern to how many children they have: this would be irresponsible. That is why we support this change. We would like to get it into the realm of responsibility so that people have children responsibility in relation to their income and in relation to their means, in relation to the society in which they live and in relation to the world in which they live. This varies, of course, if you are living in Canada or if you are living in India.

We, also, as a church are not in favour of abortion except for the safety of a mother. The Lambeth Conference studied this very carefully in 1958. There were present there bishops from Japan and India and so on, countries where they are faced with great questions in this area. We feel that if proper counselling in methods of family planning through contraceptive devices and other ways was made available to people, then the incidence of abortion would in the course of the years go down. The reason why there are so many abortions in Canada is that we have not given this constant help to people. This is one of the reasons. Bishop Hunt, Mr. Chairman, will speak to this question.

Bishop HUNT: In response to this question I would like to read one paragraph in particular from the supportive document of the Lambeth resolutions. "It may be said, however, that responsible parenthood implies a watchful guard against selfishness and covetousness and an equally thoughful awareness of the world into which our children are to be born. Couples who postpone having children until certain financial goals are reached or certain possessions gained need to be vigilant lest they are putting their own comfort against their duty. Similarly, those who carelessly and improvidently bring children into the world trusting in an unknown future or a generous society to take care of them need to make a rigorous examination of their lack of concern for their children and for the society of which they are a part." That is the Lambeth definition of responsibility.

May I just add further, Mr. Chairman, that our deputation today deeply appreciates the importance and the dignity of the responsibility you have to bring in a report on this subject. We are so encouraged that our Parliament in the present session has set up such a committee to deal with this question in the light of the four bills. We are very hopeful indeed as a result of your careful and responsible study of the whole question some legislation in due course may be introduced which will relieve the consciences of many of us and at the same

time promote a healthy society, because your immediate concern is health and welfare.

The CHAIRMAN: Thank you very much.

Mrs. MACINNIS (*Vancouver-Kingsway*): Am I correct in assuming now that your Church would think the best thing to do, as at least one step, would be to eliminate reference to birth control in the Criminal Code?

Bishop REED: Yes, I think so. I am just trying to think of the implications of this question, Mr. Chairman.

We would certainly go along with the suggested Bill No. C-71 which takes out the words "preventing conception".

Mrs. MACINNIS (*Vancouver-Kingsway*): My reason for asking this question is that you took this stand when there was only the one bill, and I wondered whether or not—you see, we have been discussing spouses and unmarried people—your organization had gone further subsequently into thoughts of possible other control measures. Has this matter any place in the Criminal Code? That is the first thing I want to know.

Bishop REED: That is, has the term "birth control" any place in the Criminal Code? Is that the question?

Mrs. MACINNIS (*Vancouver-Kingsway*): No. The question is whether that section which is now in the Criminal Code having to do with the dissemination of information has any place in the Criminal Code. That is the first thing.

Bishop REED: Yes. I think that our church would agree that it has a place in the Criminal Code, because as you know there is in this the word abortion.

Mrs. MACINNIS (*Vancouver-Kingsway*): Yes.

Bishop REED: We would feel that this has a proper place in the Criminal Code.

Mrs. MACINNIS (*Vancouver-Kingsway*): But not birth control?

Bishop REED: No, not birth control.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well may I inquire whether you have gone into whether or not provincial jurisdiction would be the best way of handling the outlets for the sale of contraceptive devices?

Bishop REED: We have given some thought to that, Mr. Chairman, but I would not say that we have examined this in detail. Perhaps Canon Wilkinson might like to make further reference to what we understand is going on in British Columbia; and perhaps it may well be that some provincial control might be the way to do it.

I would not like to say that we have given careful thought to it. I think Canon Wilkinson may know more about this particular end of it than I.

Canon WILKINSON: No, I have not more detailed information. I know that it is currently under review and study in our family life committee. Their major concern as implied in the resolutions you have before you is that there does

need to be control; there is by no means unanimity that that control should be incorporated in the Criminal Code. For instance, as you have heard before this committee, control by the food and drug administration might be equally effective.

Mrs. MACINNIS (*Vancouver-Kingsway*): I have one more question.

Bishop REED: This relates to advertising too, I take it.

Mrs. MACINNIS (*Vancouver-Kingsway*): This refers to advertising. What views has your Church on whether there should be controls over advertising?

Bishop REED: I think perhaps I will be expressing the view of our church when I say that we feel the same kind of controls that are now practised by the food and drug section should be applied here. We, I think, would not want widespread advertising of the kind that would entice people to buy contraceptive devices irresponsibly. Bishop Hunt, I know, has given thought to the advertising angle; maybe he would like to answer.

Bishop HUNT: Certainly we do not advocate any type of latent and objectionable advertising. In certain countries where conception control information is proper and allowable under law there has seemed to be to date no violation of advertising technique. Therefore in Japan, in Scandinavia, in Switzerland and in Britain where birth control information is allowed under law quite freely, advertising is only in responsible journals. I should imagine that in Canada we would exercise similar responsibility in whatever legislation you bring in to see that advertising is controlled in a reasonable and proper way. Possibly, as has been indicated by Bishop Reed, under the Canadian Food and Drugs Act the control can be introduced.

Bishop REED: I think the general position we would take—and I am sure this feeling is shared by many responsible people in the advertising field—is that sometimes it is possible for commercial enterprises to be motivated by many things, and if you were to allow the type of advertising in regard to this that now goes on with some other things, it would lead to the exploitation of people rather than to the help of people. I think this needs to be considered very carefully. The kind of subliminal advertising in some quarters is I think open to serious question ethically by those who have made studies of these questions.

Mr. COWAN: Bishop Hunt read a very learned treatise there from the Lambeth Conference about married people relying on an unknown future. Can you find the section there. I am interested in the last portion you read where it says "an unknown future." "What other kind of future is there?"

Bishop HUNT: I think what Lambeth is indicating here is people in impoverished circumstances who bring an unlimited number of children into the world.

Mr. COWAN: I was just wondering what kind of futures you people knew of. Did I understand Canon Wilkinson to say it was the Council of Churches or the Anglican church which met at Niagara Falls?

Bishop REED: The Council of Churches.

Mr. COWAN: Did they pass a birth control measure in Niagara Falls in view of all the popular connotations of Niagara Falls!

Let me ask Bishop Reed about this nice little pamphlet here. Paragraph No. 4 says "that knowledge is now available to mankind which makes it virtually possible to lift the begetting of children out of the area of biological accident and into the realm of personal decision." Would he hazard an estimate as to the percentage of our 19 million Canadians who are "biological accidents" and those who are the offspring of "personal decision".

Bishop REED: I would not hazard a guess, Mr. Chairman, but I would say that in the general realm of personal decision I would think that many married people do in fact decide to have children. It is not just a biological accident. I think that in our counselling of young people we find that this is a real question to them, when they are going to have their first child and so on. Sometimes they decide, for instance, not to have children for a period of time and we try to help them to make responsible decisions in that way. In thinking of the total figure Mr. Cowan raises in regard to the world as a whole, I think it is quite possible that most of the births are biological accidents, as you have indicated.

Mr. COWAN: I did not indicate that.

Bishop REED: I am sorry.

Mr. COWAN: I do not like the phrase; I do not like the wording.

Bishop REED: What does Mr. Cowan object to in regard to the phrase? We can change this.

Mr. COWAN: I do not like the phrase "biological accident" referring to any child; it reminds me of that damned dirty gutter thing that "I would never have been born if mother had known the rubber was torn." I do not like it at all. I am surprised to find it in a church pamphlet, I can tell you that.

Bishop REED: I would like you to suggest an alternative, because we can change that.

Mr. COWAN: I have quite a few alternatives. I do not like to see the Church engaged in birth control. I would like to ask you this: When you have taken birth control and planned parenthood down to the point where you have the control you wish on births, are you then going to take a hand in the death rate of the country too to see that the population does not disappear? We are told in the 28th verse of the 1st chapter of Genesis to multiply and replenish the earth. There do not seem to be any limitations placed on that.

Bishop HUNT: Mr. Chairman there is already increasingly death control owing to the life expectancy. One just has to look at the statistics now compared to a few hundred years ago. Two hundred years ago, for example, in England 25 per cent of all children born died in the first year; 50 per cent died in the first ten years. That was when there was no attempt whatsoever to control birth. Furthermore, of every marriage that continued for 15 years one partner or the other died. Practically no marriage went on beyond 15 years before one or other of the parties died. If one of the partners did survive to be 30 years of age and they had five children, three of those children would

have died before he was 15 years of age. That was the situation in England 200 years ago. We now find in Canada, as elsewhere throughout the world, that life expectancy is greatly extended on the average and for individual people. So there is death control through the progress of modern science, better nutrition, and many other factors. Because of death control at the beginning of the 19th century the world population was one billion. At the beginning of the 20th century it was two billion. Sixty years later or a little better (in 1963) it was three billion. The prognosis is, as you know, by the end of this century, at the beginning of the 21st century if the birth rate continues unchanged it will be six billion—double what we have now. If it goes on unchecked, in another 35 years it will be 12 billion, four times as many people on the earth as there are now.

Mr. COWAN: What about it? We are told in the Bible to multiply and replenish the earth. I do not know that it is up to us in 1966 to start changing it. It is repeated again after the Flood. The Lord told Noah and his people to multiply and replenish the earth.

Bishop HUNT: The situation was vastly different from what it is today.

Bishop REED: I think, Mr. Chairman, it is very proper to discuss the topic Mr. Cowan has raised. If time permits one would be glad to discuss it. The biblical exegesis used by Mr. Cowan raises a very important question as to how you regard those statements. I think that what comes out of the biblical position, the Judaeo-Christian tradition, is the importance of responsible decision.

Mr. COWAN: But not mechanical control.

Bishop REED: God has created man and has given to him certain responsibilities which he cannot evade however much it might be easier sometimes to evade them. I think that this is the point of the position we have tried to elucidate this morning. It is not our business as a Church to tell people how many children they should have. This is said in the Lambeth Conference report. This is the decision which persons, individuals, must make. We stand behind that. But as those entrusted with trying to say how you interpret our tradition in the year 1966, we place a great deal of emphasis on the doctrine of the Holy Spirit which is that God has promised to guide His church in all situations and that by prayer and thought we must try to say how these questions can be dealt with as we face new situations from day to day. I would hope, for instance, that we would be concerned with the plight of the Eskimo. While the life expectancy has risen—I think it is 67 now for women in Canada—it still remains, you know, in the twenties with regard to the Eskimos.

I think we cannot sweep these questions under the rug. I think we must not play God. We must not say that this is what an individual must do. We do have to bring out various questions involving people in the society in which they live and try to say how can we be responsible as those who are heirs of this great tradition, the Judaeo-Christian tradition, how can we be responsible in seeing that in the kind of world in which they live they can fulfil what are the purposes of marriage. We consider those purposes to be the providing of a stable society of husband and wife and children in which children can be born and in which they can be trained so that you have in the family the kind of basic society which makes it possible for people to live responsibly in the larger

societies of which they are a part as they move from the family situation into the world as a whole. I think these are very important questions and I wish it were possible to give further time to the one that Mr. Cowan raises and, if your time permits, one would be glad to discuss it.

• (12:50 p.m.)

Mr. COWAN: I would like to hear you preach some day on the text: "Suffer Little Children to Come Unto Me, And Forbid Them Not", it would be quite interesting.

Bishop REED: I should be glad to let you know, Mr. Cowan.

Mr. COWAN: I will be there.

In this pamphlet, which you gave us today, March 29, the resolution in the second paragraph reads as follows:

> AND WHEREAS for all people in Canada the exercise of responsible freedom in the area of family planning, with due respect for civil law, is made impossible by existing legislation.

Do you mean to say that people cannot control the size of their families without mechanical contraceptives?

> AND WHEREAS for all people in Canada the exercise of responsible freedom in the area of family planning, with due respect for civil law, is made impossible by existing legislation—

I know of no legislation that forbids people to do family planning without using these mechanical devices and pills. Tennyson wrote that:

> Self-reverence, self-knowledge, self-control. These three alone lead life to sovereign power.

Maybe Tennyson was wrong. I never thought he was wrong.

Bishop REED: Mr. Chairman, I do not think that I have been advocating the sale of contraceptives. I have been talking about family planning. I think that the Criminal Code as it now stands would make it illegal for me or for a Roman Catholic priest to give any counselling in regard to the rhythm method of family planning. As the Criminal Code now stands it prevents us giving effective counsel or advice. In other words, we are committing an offence and I would like to know, Mr. Chairman, if that is not the view that this committee has. As I understand the Criminal Code that is what it now says. Now, certainly, we have been talking about the sale of contraceptives, and so on. But this must still be, as we have read from the Lambeth Conference report, a matter for conscientious decision on the part of persons.

Mr. COWAN: Absolutely. It is not forbidden by any law. It is not forbidden by any law to tell a person to use self-control in the matter of family planning. It never has been in the criminal law. You say in this pamphlet:

> AND WHEREAS for all people in Canada the exercise of responsible freedom in the area of family planning, with due respect for civil law, is made impossible by existing legislation.

It is not made impossible if they will exercise some self-control.

Bishop REED: It may not be made impossible, but it is certainly made illegal.

Mr. COWAN: It is not illegal to exercise self-control in family planning. I do not agree with that statement at all.

Bishop REED: It is illegal to give counsel.

Mr. COWAN: All right; you can also tell them to use some self-control. I tell it to everybody in this room; use self-control in the question of family planning. Now bring a criminal action against me for saying that. There is no law violated by that. Use some self-control. I would rather use self-control than birth control. There is too much time being wasted on birth control and no attention being paid to self-control, it seems to me.

Bishop REED: Mr. Chairman, we do not use that phrase; we use the phrase family planning.

Mr. COWAN: I did not bring it up until somebody over here used it two or three times.

Bishop REED: We use the phrase "family planning" for special reasons, some of which I think are shared by Mr. Cowan; that is why we use the term "family planning". I think it is a much more responsible phrase and the Lambeth Conference report does, in fact, come out quite strongly in regard to this whole matter of self-control.

Bishop HUNT: Perhaps I should read just what Lambeth says about this:

> In the man-woman relationship, not only before marriage but in it, chastity and continence are virtues of positive worth, sustained by the grace of God, for they release creative power into other channels. If the sexual relationship is to be truly an expression of partnership the male has to recognize that his sexual urge may be the stronger and therefore he has more consciously to exercise self-control. Nothing that is said here about the use of contraceptives in family planning takes away from the beauty and strength of abstinence mutually accepted.

This is recognized and should be observed.

Mr. COWAN: Absolutely.

Bishop HUNT: But having said that, there is still this area of responsible family planning and that is all we are saying here this morning.

Mr. COWAN: I liked Canon Wilkinson's reading of that yellow sheet that he says has no racial connotations. He had a phrase there "watchful guard". I wish you would emphasize "watchful guard" more than you do this thing or wanting to have an exception made in the Criminal Code. There is one other thing; I do not want to bore this committee but since these witnesses change from week to week I am going to return once again, whether the committee members are bored with it or not, to *Time* magazine of March 11, page 20 in which reference is made to the conviction of this killer Schmid who murdered two girls, daughters of a doctor in Tucson, Arizona. It is quite evident what the trouble was. He was up on trial because a number of young people had disappeared

down in Arizona. *Time* magazine makes this statement, and I would like to quote it to the Planned Parenthood representatives who have come in here:

> The advent of birth control pills has tranquilized the fear of pregnancy among young girls who have no moral reservations about sexual activity. 'What are parents and what is the community doing to fill the gap?' asks Mrs. Eileen Strutz, director of the city's Planned Parenthood center. 'Nothing'!

Well, after you have destroyed the moral reservations what else is there that you can do about it, I would like to ask Mrs. Strutz or anybody in the Planned Parenthood association who would like to answer. I think that we have to have some moral reservations but as *Time* magazine points out, "the advent of birth control pills has tranquilized the fear of pregnancy among young girls who have no moral reservations about sexual activity". You legalize these pills and young people who now have moral reservations are going to say, "Oh, I do not need to pay any attention to that, Parliament has legalized it. Everything is fine, everything is hunky-dory now, those wise people down in Ottawa have legalized the pills, why should I have any moral reservations about this".

The CHAIRMAN: Mr. Cowan, I would like to point out to you one thing. You have mentioned that several times. The pill is now controlled by prescription only under the Food and Drugs Act. The committee is not really considering that part of it at all.

Mr. COWAN: When they take the three words out they will be able to handle it.

The CHAIRMAN: No. Those pills still come under the Food and Drugs Act. They are there for a medical purpose.

Mr. COWAN: And you wish to move this section from the Criminal Code over to the Food and Drugs Act.

The CHAIRMAN: No, I am just telling you a fact.

Mr. COWAN: When I said "you"; I did not mean you, Dr. Harley, personally, I am talking about the applicants.

The CHAIRMAN: I am saying that the pill is already controlled under the Food and Drugs Act, at the present time, so the pill really does not come into this part.

Mr. COWAN: I am asking these gentlemen because they are all ordained just what comment they have to make about what Mrs. Eileen Strutz asked, "What are parents and what is the community doing to fill the gap about moral reservations? 'Nothing'!" she says. I think that we have made a pretty fair effort in the past but it is being broken down by trying to legalize immoral practices, in my view.

Bishop REED: Mr. Chairman, I share very warmly in the concern that we need parent education, and that we need to have the kind of effective moral education that is required. If we were discussing this particular subject there is a great deal that we could share with you as to what in fact is going on. We do

not feel it is nearly enough. We feel that it is only a drop in the bucket in regard to the need. This certainly is a very important area.

If I were to feel that the change in the Criminal Code were going to make people immoral, then certainly I would be against it; but my own struggles with this question over a long period of time have not led me to that conclusion. I can only say then conscientiously that I have given a great deal of thought to this going back many years. I was present at those discussions that we referred to in 1958, as the Canadian representative at the Lambeth Conference committee on the family, where we spent six weeks on these kinds of questions, meeting every day. Some of us have had to face this question as a deep matter of conscience. All I can say in summary form is that if I were to feel that the change in the Criminal Code would help people to be immoval, then I would not be advocating it. But I do not feel this at all. I feel it will help people to take a responsible, moral attitude. Going back to the original question, I do understand the Criminal Code to make it illegal to give any instructions whatever to people about family planning, about children and so on. The actual word "instructions" comes in the Criminal Code so it would, in fact, be illegal for me as a pastor to even suggest any of the methods Mr. Cowan has mentioned. I mean, if you want to take a strict view of what the Criminal Code says.

Mr. COWAN: How would the population of Canada be going up with this in the Criminal Code, as you say?

Bishop REED: I am not against the population in Canada going up. I think that we need a great deal more population in Canada.

Mr. COWAN: That is what I say.

Bishop REED: I think our brothers in India and Japan are faced with other questions which are very real and we have a responsibility to them too. I think that one of the difficulties that some of our representatives in international bodies have found themselves in is that they cannot take a responsible view in regard to these questions of world population and famine because of the situation that we are in, in Canada. In other words, I think there must be some sense of embarrassment on the part of those who take part in the United Nations discussions because of the Criminal Code section to which we have been referring.

Mr. COWAN: You state you do not believe that the loosening up of these controls will increase immoral practices. You are the only witness here today who used the word "venereal disease" and you said it was going up. To what do you ascribe the increase in the figures to which you alone alluded. Nobody else alluded to them. You said they were going up. To what do you ascribe that increase?

Bishop REED: This is not my field, Mr. Chairman. When I made that statement I was quoting an article, a responsible article, that I read recently in regard to these figures and I would not be in a position to comment on this.

Mr. BRAND: Can I answer that question.

Bishop REED: I would be glad if a doctor would.

Mr. BRAND: As far as the increase in venereal disease is concerned, a large amount of it is due to the fact that the drugs which previously brought down the incidence to a great degree are no longer effective in many instances. Now we are having to get stronger and different kinds of antibiotics and things of this nature. I do not think you can necessarily ascribe it to a loosened morality necessarily. Certainly, there is no question now that gonorrhoea, for example, which used to respond to one shot of penicillin now may require a couple of weeks of therapy with much more expensive, much more different types of antibiotics. This is part of the reason I am sure.

Mr. COWAN: Through you, Dr. Harley, I would like to ask Dr. Brand what is the percentage of venereal disease among married people and the percentage among unmarried people.

Mr. BRAND: I cannot answer that question.

Mr. COWAN: I always understood it was rampant among the unmarried rather than among the married.

Mr. BRAND: Well, I do not think I would say it was rampant among any of them in our country.

Mr. COWAN: Well, I am taking the venereal cases.

Mr. BRAND: It seems to be more common among those who are promiscuous, whether they are married or not. I do not think you can base this on morality alone.

Mr. BROWN: As one who did not ask any questions today, I would just like to thank Bishop Reed, Bishop Hunt, Canon Wilkinson and Mr. Hannant as representing the Anglican Church for giving us what, I thought, a wonderful presentation because I found, particularly when the questions were answered, a great deal of help myself and I know other members of our committee have been helped in the consideration of what is very important and what we are going to have to decide which will mean, perhaps, changes in our criminal law. It was most helpful, and I would like to thank the delegation from the Anglican communion for being with us this morning.

The CHAIRMAN: Did you have another question, Mr. Stanbury?

• (1: 00 p.m.)

Mr. STANBURY: I did, Mr. Chairman. I will be very brief. I thought that out of the questioning, particularly by Mr. Cowan, there should be some clarification of the position of the Anglican Church. I do not think your Church has taken any position on the manner in which the controls you recommend should be imposed; whether they should be in the Criminal Code or outside of the Criminal Code. Is that correct?

Bishop REED: That is right.

Mr. STANBURY: I wanted to comment further following your answer to Mr. Cowan. In my humble opinion you, My Lord, would not be braking the law if you gave the advice you mention because presumably you would be acting in

good faith and in the public interest. But what the present law does do is place on you an unreasonable burden of proving that. If I am correct in my recollection that Mr. Cowan identified himself as a Presbyterian, I think I would also like as another Presbyterian, to subscribe to Mr. Brown's vote of appreciation because I think perhaps Mr. Cowan's attitude was somewhat antagonistic and . . .

Mr. COWAN: I would not thank you at all for that, Mr. Stanbury.

Mr. STANBURY: Apparently I am a more liberal Presbyterian. I want to express, as Mr. Brown did, an admiration and appreciation for perhaps the most responsible, open-minded and constructive approaches to this whole problem which we have had before this committee. To me as a Presbyterian it indicates that your church is one that is very awake to the present needs of our society.

Bishop REED: Mr. Chairman, might I say "thank you very much for this expression". Not to repeat what Bishop Hunt said earlier, we have a great sense of obligation to you and to the members of your committee. We feel that what you are undertaking, and the kind of discussions that you are having, are very important. Whatever may be the outcome of your consideration, we are grateful that the Parliament of Canada considers that this is something that should be looked into. We do appreciate the warm reception you have given us.

I would also like to say that I did not consider Mr. Cowan's remarks as antagonistic.

Mr. COWAN: I think I personally know those two gentlemen there in the corner better than all the other men in the room put together.

Bishop REED: I realize Mr. Cowan expressed a point of view which must be heard because, as I pointed out, I think there are certain questions here in regard to the understanding of scriptures which we have to face, you know, in our own experience. While I cannot speak for Mr. Cowan, I think that he himself would respond to the suggestion we made that this is what the Churches as a whole have to do. The Churches have to ask themselves, "How can these principles, which are so important to uphold, be implemented in the kind of society in which we live?

Mr. COWAN: I do not like your using that word "implemented". That is where I disagree with you.

The CHAIRMAN: Gentlemen, some members of the committee have already thanked the delegation from the Anglican Church. I would like to do so officially on behalf of the committee as another Presbyterian. We would like to thank Bishop Reed, Bishop Hunt and Canon Wilkinson and Reverend Mr. Hannant for appearing before us and answering our questions over a period of two hours which is somewhat of a gruelling examination. On behalf of the committee, we thank you very much.

The meeting is adjourned until 11.00 a.m., Thursday when the SERENA group will be before the committee.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 7

THURSDAY, MARCH 31, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESS:

Dr. Laurent Potvin, M.D., F.R.C.P.(C), Ottawa,
President of SERENA-Ottawa.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23792—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,
Brand,
Brown,
Cameron (High Park),
Chatterton,
Cowan,
Enns,
Howe (Wellington-Huron),
Knowles,
Laverdière,
MacInnis (Mrs.) (Vancouver-Kingsway)
Macquarrie,
Matte,
O'Keefe,
Orange,
Pascoe,
Rideout (Mrs.),
Rochon,
Rock,
Rynard,
Simard,
Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 31, 1966.
(8)

The Standing Committee on Health and Welfare met this day at 11:15 o'clock a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brand, Brown, Chatterton, Cowan, Enns Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Laverdière, Matte, Pascoe, Rock, Stanbury (16).

Also present: Messrs. Allmand and Prittie, Members of Parliament.

In attendance: Dr. Laurent Potvin, M.D., F.R.C.P.(C) of Ottawa, President of SERENA-Ottawa.

The Committee resumed consideration of the subject matter of Bills C-22, C-40, C-64 and C-71.

The Chairman introduced Dr. Potvin who outlined the background, the organization and the function of the SERENA Movement. Dr. Potvin presented a brief on the problem of use of a means of birth regulation and the amendment of Section 150(2)(c) of the Criminal Code. He was questioned thereon.

Members of the Committee congratulated Dr. Potvin for his presentation and thanked him for the information supplied to them.

On behalf of the Committee the Chairman also thanked Dr. Potvin for appearing and for presenting the views of the SERENA Group.

At 12:20 p.m. the Committee adjourned to 11 o'clock a.m., Tuesday, April 5 at which time Dr. Serge Mongeau, Executive Member of The Family Planning Association and the representatives of The Board of Evangelism and Social Service of the United Church of Canada will be heard.

Gabrielle Savard,
Clerk of the Committee.

23792—1½

EVIDENCE

THURSDAY, March 31, 1966.

The CHAIRMAN: Ladies and gentlemen, we now have a quorum. I have no correspondence or other matters to bring to the attention of the committee this morning. Therefore, I would like to introduce our witness this morning who is Dr. Laurent Potvin of Ottawa, Chairman of the Serena Group. I will leave Dr. Potvin to explain to you what the Group is, and I think for the understanding of the members, Dr. Potvin is going to give his testimony in French.

Dr. POTVIN: Mr. Chairman, without giving a lecture on physiology, I shall take a few minutes to say a few words, for the benefit of those who have not heard of them, about the existence of the Serena teams and their work.

They are teams which operate of their own free will and which are made up of couples trained to practice and to teach a method of birth control based on the study of the temperature graph. I won't go into technical details. Let us say that the method consists in taking regularly the temperature of the woman every day in certain conditions. This temperature which is recorded on a graph shows a curve which enables us to find out the moment when the ovulation is over. We know that from a biological standpoint that once the ovulation is over, conception is no longer possible until the subsequent menstruation.

This method requires obviously a certain discipline since, as all rhythmical methods, it must be well performed. It requires also continent periods and therefore a rather important sexual control. Serena teams have for several years been doing this work by individual contact, proceeding from one couple to another. This method has enabled us to understand certain aspects of the problem which we believe to be very important, to wit, that it is not simply a question of technique, but also the fact that in the problems of birth control or contraception, there is connected with the technical problem of a specific means to be used all the additional psychological or conjugal problems.

I should like to make it clear here that this is not a brief concerning the organization of all the Serena teams as such, because they may be found here and there in the Province of Quebec, the central nucleus being in Montreal; but I can assure you that what is recorded in this brief represents the thought of the large majority of the leaders of this movement.

As the brief is not too long, after these explanations and at the suggestion of the Chairman, I shall read it to you and make a few comments at the same time.

> The experience we have acquired with these couples who have to face a birth control problem has shown us that this question exceeds by far the problem of contraception techniques to be used. Thus it is that those who work within organizations as the Serena teams are aware that to this problem raised by a birth control technique to be used are added human problems in the areas of conjugal love, of sexual behaviour, etc.

Gradually in our society, a notion has developed that fecundity must be reasonable, such factors as the financial means available, the state of health, the education of children, etc., being taken into account. Realizing that the present Act no longer corresponds to the needs of our society, we believe that for the welfare of individuals, of families, and of society itself, it is necessary that there should be a certain control of contraception. We believe that this control should centre on:

1. the persons who will be authorized to provide information, to teach the use of means for the prevention of pregnancy;
2. on the sale and distribution of products and instruments used to prevent conception;

Incidentally, may I add that I have not mentioned the control which already exists with regard to the Food and Drugs Act. We are acquainted with this Act and we believe that it can be used, but it does not cover evidently all the problems.

3. a control which bears also upon the advertising of the products and of the instruments themselves.

If this viewpoint is accepted, if it is believed that changes are necessary, a way therefore has to be found in order to achieve this control. And we believe that it is the duty of those who have made laws in the past to study this problem and to take the necessary steps, as they deem advisable, in order that this control even if it does not originate from themselves, may nevertheless exist. It seems to us that there are two possible solutions.

The first solution would consist in amending the Act so that in the future people would still not be allowed to provide information for the use of contraceptives except in the case of doctors, nurses, social workers and the duly authorized members of associations, of private or public clinics, incorporated under provincial laws.

In addition, we suggest that the sale or distribution of products or of contraceptive instruments themselves still be prohibited except in the case of drug stores, hospitals and clinics incorporated and recognized by the authorities as offering that kind of service.

Finally, we suggest that the advertising of products and of contraceptive instruments themselves still be prohibited except in the publications intended for people who are allowed to provide information in this field.

Another solution which has been considered would be to delete purely and simply the words "preventing conception" from section 150 (2) (c) of the Criminal Code, as Dr. Prittie suggests, and to leave it to the provincial authorities to control contraception.

If the Committee were to consider this solution as the best, we strongly suggest that it recommend that all authorities concerned, whether federal or provincial, be invited to a conference in order to exchange ideas before the Act is repealed. In this way, there would be less risk of creating a legislative vacuum between the time when the Act would be repealed and the time when provincial controls would come into force. In

addition, such a meeting between the authorities concerned would enable them to come to an agreement on the basic principles which would permit a certain equivalence in the control between the different provinces, and which would guarantee the protection of rights which we believe to be essential:

> The respect of different points of view; the assignment of public funds without discrimination of language, of religious faith, of viewpoint, and without harm to personal conscience; personal freedom, including the right of persons receiving assistance from welfare agencies, to take advantage or not of the service, of the clinics or organizations of their own choosing.

In such a conference research, medical, sociological or other plans could be also provided for this field of birth control.

I should like to add that this idea of providing control before the repealing of the Act could also apply perhaps to a lesser extent and with less urgency to the second solution which would consist in restating the law so as to provide exceptions, so as to allowing people to teach the subject and to distribute contraceptive products within the law.

I believe that this, Mr. Chairman, summarizes the thought of the chief leaders of the Serena teams who have been working on this problem for several years already.

• (11.25 a.m.)

Mr. PRITTIE: Mr. Chairman, I am not a physician, but I have appreciated the honour which Dr. Potvin has done me.

The CHAIRMAN: Fine. Thank you very much Dr. Potvin. Are there any questions?

Mr. MATTE: You would like, Doctor, a conference on birth control. However, by agreeing to hold the kind of conference you want we would go, as a matter of fact, against the present Criminal Code.

Dr. POTVIN: This is a legal objection to which I am not able to give any answer, since I have no legal knowledge. However, I imagine that there must be a way for legal experts to go around the present legislation since, at the present time many groups or organizations go around the Act itself, even if they feel that they are acting somewhat unlawfully.

(*English*)

Mr. ENNS: I find the brief is another valuable added feature to the many briefs we have already heard. You have two alternatives in approaching the problem, as you point out. In the first approach you speak of controls both in the method of distribution and who should be authorized to give counsel and advice. The third point you make on page two, deals with the control of advertising. You say:

> —it still would be illegal to advertise contraceptive products and instruments, except in publication intended for persons to whom restrictions on giving this sort of information would not apply.

It still is a very broad kind of proviso. I am thinking of magazines that would be dealing with family life generally. Would it be useful for mothers to know of this? Would you allow that kind of magazine to have these advertisements? Children would also be likely to have access to this kind of publication.

Dr. POTVIN: I think that there should be a limitation on the advertising of the means and of the products themselves, but not on the advertising of a clinic or of an organization. I believe that it would be quite normal that in a publication which deals with family problems the following statement should appear: "If you wish to have information on such and such a means or problem of birth control, we suggest that you write to such and such organization, whether it be the Serena team, the Family Planning Group, or other organizations of the same type." I certainly would not put any restrictions on that type of advertising.

(English)

Mr. ENNS: That is quite a distinction you make; it is a good one. You would therefore frown on a pharmaceutical firm advertising its product directly, in such a magazine; is this correct? You would simply want to have the advice available to parents, or that at such and such an association, or from the doctors or from the family planning group, you could get information about contraception, birth control or birth prevention, but you would rather not have a product directly advertised.

Dr. POTVIN: Exactly so, as it is a fact that the medical profession would not find it suitable that a drug company should advertise a product in a magazine, especially if it is a rather dangerous product or a product which has rather serious effects. The tendency is certainly to limit the advertisement of a product itself to those who can understand and interpret it. And I don't think we would approve, for example, the action of a drug company advertising a product against arthritis in a magazine or in a newspaper, when we know quite well that the policy has been until now to limit the advertising of a product to medical magazines and journals and other publications of the kind. I would see something good in this viewpoint or in this way of thinking.

Mr. MATTE: Would you prefer to see all the means of birth control advertised.

Dr. POTVIN: I confess that I would be reticent about the advertising of the means themselves. It is the distinction which I wanted to make. I believe that one should be able to advertise the existence of a clinic, of a recognized agency whose responsibility it is to provide the necessary information, because there is always a danger when a product or a means or a technique are advertised that they be misunderstood or misinterpreted. In addition, if you wish, for example to advertise the sympto-thermic method, it is very difficult for somebody to follow this method simply by reading an advertisement in the paper. I would say that it is almost impossible. If you do the same thing for a product, say for a simple contraceptive pill, there are still certain precautions to take, there is a way of taking the pill which would require explanation.

(*English*)

Mr. PRITTIE: Yes, I think the question of Mr. Enns and the reply of Dr. Potvin have helped to perhaps isolate one problem here.

We have been talking about advertising in a general sense and here the distinction is being made regarding advertising that birth control information is available in certain places, without specifying particular products. I think I have seen in the magazine *"Actualité"* an advertisement and I do not know whether it is from the Serena Clinics in Montreal or not, but it advertises their method.

There is no objection, I do not think, by anyone to that sort of advertising, but I think this has perhaps helped to clarify our thinking in one way and in future committees, we can talk about whether we want to allow advertising that birth control information is available at such and such a place.

The other question is whether particular products should be advertised generally. I do not think there is any objection to the advertising of particular products in medical journals.

May I say it is a well-worded brief and very clear.

Mr. ENNS: Following on what Mr. Prittie said, he earlier displayed to the committee some publications in the form of actual books available from newsstands and I would like to ask the witness whether he would consider this an undesirable type of advertising, or is it even advertising, or is it part of the literature. Has Mr. Prittie got the books available? Maybe the doctor knows of the pamphlet or booklet dealing with the subject of birth control available on newsstands or anywhere. Can you control this? How can you control this?

Dr. POTVIN: It is very difficult to reply to this. In thinking about these problems, we become aware that from then on we are coming close to the question of freedon of expression in publications. It is very difficult to put obstacles to the publishing of books without bordering on the problem of freedom and on the extent to which one may be allowed to go. I confess that with regard to the publishing of books, I don't really have any specific suggestions to make. This is a problem which is connected with the basic one: to what extent, in a democracy, may people be allowed to publish books at what point should it be prohibited? I confess that I am unable to express my opinion on this point. We believe that it is a difficult problem. There are perhaps no immediate solutions to this problem of book publication.

Mr. ISABELLE: Doctor Potvin, does the Serena group belong to a religious denomination or is it a purely social organization?

Dr. POTVIN: Let us say that until now the Serena teams have been organizations founded and organized by Roman Catholics. There would be no objection, as far as the group is concerned, to the spreading of the movement to non-Catholics, because the values which we stress are human values: a healthy birth control, a certain amount of sexual control, the development of conjugal love on the part of one partner for the other. And such being the case, there would be no objections. I can tell you that there has been a rather considerable amount of experimentation with this method in France for example; it goes back to several years and shows us that while it was originally inspired by Roman Catholics, the method has been taught and practiced by a great number of people who were either agnostics or non-practising Christians.

Mr. MATTE: Do you accept limitation or control?

Dr. POTVIN: In the brief we have used the word "control", regularly. Let us say that we should not split hairs on the terms. In Roman Catholic movements, we have preferred to use the word "control", which seems to correspond a little more to Catholic thought on the subject, instead of the word limitation. The most current thought in the Church at the present time is that this problem of births should be considered on the basis of economic and other factors; thus it is a question of being reasonable and at the same time of cultivating a certain attitude of generosity on the part at least of those who use one method or another. So, in view of this, we prefer the word "regulation" which tells us that one accepts the phenomenon of fecundity. One accepts that fecundity be sufficiently generous, and one accepts at the same time that it be reasonable. There is thus a certain regulation. You will note though that if you use the word "limitation" and if you use it in the same sense, the very same thing is being said. In certain circles the word "limitation" has unjustly been associated to a limitation which, if you wish, can be called egoistical, a limitation which in fact says: we limit the size of the family, not because there is a reasonable motive for doing so, but rather because of an egoistical motive, because we want to have more money to buy this, that and the other. This is the difference I would draw between both.

Mr. MATTE: You also use the word "to prevent" in your brief.

Dr. POTVIN: In the legal text "of preventing conception" is the phrase used in article 150; that is why I have used the expression "to prevent". I might add that one of the fears held by the leaders of "Serena" is that the law might be abolished, without providing for a suitable alternative, thus creating a gap. That, I believe to be the fundamental point. We believe that the legislators who have in the past enacted a law probably corresponding to the needs of society many years ago, still have the right and the duty to make sure whether they should change that law or have it abolished. Following the change or the abolition there would however not be a complete vacuum.

Dr. ISABELLE: In other words, Doctor Potvin, and if I have understood you well, you are in favour of an amended Criminal Code (Section 150), and this is according to method one or two as recommended by you. In any case, your movement would be ready to accept an amendment to the Criminal Code, so long as it be done according to one of the two methods you have just suggested. Is that right?

Mr. POTVIN: Yes, I must confess that we feel ourselves to be more or less in a position of illegality. No one in our movement has yet had to tremble, yet despite the fact that we are very exacting with our couples, we ask ourselves while working whether or not we are acting unlawfully. It is difficult. We provide a kind of social service without yet quite feeling at ease where the law is concerned.

Mr. ISABELLE: Would you accept Mr. Prittie's bill? Or would you ask for modification?

Mr. POTVIN: Well, I would accept it as a second solution, on condition that the authorities concerned implement a regulation. I believe that should the legislators content themselves with mere abolition and say: "We wash our hands

of this matter. It is none of our business since it is a matter for provincial laws or other laws", they would be failing, to my mind, in certain of their duties consisting precisely in bringing about the recommended regulation, even though it be not under their jurisdiction.

(*English*)

Mr. CHATTERTON: Dr. Potvin, if the Criminal Code is amended as you suggest, would your organization then commence to advocate other means of birth regulation?

Dr. POTVIN: There lurks a problem of religious nature behind the question you are asking me, to wit whether this "Serena" group which is composed of Roman Catholics might be teaching other things. In so far as to-day is concerned, in the month of March 1966, the answer is no. Seeing as it is possible that Roman Catholic thought might be modified on certain points in the future, I would naturally be uneasy about pledging the movement's future in that field. Nevertheless, I can tell you that even if the religious thought of the group were to modify itself, we still consider the method we are teaching to be of great value, and without teaching it exclusively, we would continue to work in that direction.

Mr. ALLMAND: Why do you consider restrictions to be necessary: for social reasons, for moral reasons, for the well-being of society? Why?

Mr. POTVIN: Because by giving someone a means towards birth control, a means of regulating births, we are providing him with a technique. But we have noted that for the great majority of people this problem of technique, once solved, very often results in delaying the solution of the problem of conjugal life. We believe that the utilization of a means, whatever it may be, may have repercussions of a psychological or affective nature upon the individual, the family, and indirectly upon society. It is because of these repercussions of a psychological nature, also of a moral nature and others, that we believe in the necessity of a certain regulation. I am not sure whether this answers your question. Where the advertising or the sale of products is concerned, there is evidently a question of the utilization of any means at all. A utilization which is regulated for instance by a law like the Food and Drugs Act. We know precisely that certain medicaments or certain means may cause important physical side effects, and in view of this, we demand that the instrument or the medication be made available by people capable of explaining its proper utilization and also of giving instructions in order to forestall side effects. If a doctor prescribes a medicament or a contraceptive pill, and if he practices medicine honestly, he will, I should think, not only prescribe to the person concerned to take a pill at such and such time, but also explain the bad, good and possible effects and how to cope with them. The same goes for the psychological repercussions of a technique. Secondly, concerning the advertising of products—we referred to this a while ago—I believe that it would be bad to advertise a product. An advertisement is always rather dry, devoid of sufficient explanation, and it bears unwittingly the imprint of the vendor. I can give you an example: when a representative of pharmaceutical company drops in to see me and tells me about some product his company has on the market, he already shows a certain bias in favour of the product, and even if he is very honest, experience will often show

me that his enthusiasm is somewhat higher than mine after having utilized the product for several months.

Mr. ALLMAND: Then if I understand you well, your reasons for these restrictions are social rather than moral or medical?

Mr. POTVIN: There are medical restrictions; there are social and moral restrictions in the way of repercussions of, shall we say, a psychological nature. I have not brought in morality here in the religious sense.

Mr. ALLMAND: Have you carried out studies in that field, or are you merely expressing your opinion?

Mr. POTVIN: Through the work of the "Serena" teams, which is based upon several years' experience which, for certain groups in Montreal amounts to eight or nine years, adding to this the experience of groups in France who have been working for fifteen years in that field, we have been able to find out to what extent the utilization of a means of birth control has important repercussions upon the individual and the couple. Some studies carried out by our groups have shown that the utilization of such a means, if it is properly explained while at the same time accompanied by some instruction of a moral nature, can cause a complete transformation not only of the religious life, but of the conjugal life of a couple, because in each means of birth control, it should never be forgotten that we call upon, or should call upon, the collaboration of both man and woman.

Here we must point out immediately that one of the two partners, or both, will have to make certain concessions, will have to accept certain drawbacks. This is why couples are loath to accept them, especially when they have not had their reason explained to them. A contraceptive means, even a pill, for instance, may have drawbacks for the one using it. It has few inconveniences for the man, in the present state of things anyway. Thus we are immediately aware that this may create a problem for the couple, and we believe that if we give a tablet in order to prevent a birth, and if we want to perform social work of a useful nature, we must at the same time (the one who gives must at the same time) undertake, if possible, a certain task of education.

Mrs. G. MACINNIS: It is precisely on this point that I wish to question Doctor Potvin. You have observed the facts and furthermore you have shown that this problem greatly outstrips that of contraceptive techniques. Could you give us a brief explanation on that point, since it may be a fairly recent idea for certain members of our Committee?

Dr. POTVIN: I shall proceed by means of one or two examples. We have met couples who reported to "Serena" teams saying: "We have a birth control problem." The woman does not want to have any more children, thus causing misunderstanding between man and wife. After having taught them a fairly exacting method and upon having met them again—we try to keep in contact with the couples for a certain time—we realized, and so did the couple, that the problem of birth control was simply a secondary one. They had a problem; in reality the fundamental problem was one of personality, or it might be a problem concerning the way in which to cope with marriage or life in common.

The second example I might mention is one in which we came to realize that by preaching a fairly exacting method we were obliged to make a special appeal, especially to a certain number of husbands, to show more self-control and more consideration for their wives.

After a number of months we obtained a considerable number of testimonies from people who not only told us: "Well, now we no longer have to fear pregnancy", but who went on to say, and this is far more important: "We notice that our love has become enhanced because now we no longer look upon our sexual life simply as being a question of physical pleasure. You have shown us that important values were to be found beyond this, those of love and also of sacrifice for each other, and it is in this sense that we have been awakened."

Allow me to recount an experience reported to us by the French group, and which will throw light upon what I mean. Doctor Charles Randu, of Paris, runs since a good many years a centre called Centre Cler, which is a liaison centre for teams dealing with the "Symptothermic" method. They have often encountered couples who used an ordinary contraceptive, condom, diaphragm, or other device, and who for some reason or other were not satisfied, be it for aesthetic reasons or for some other reason of a psychological nature. These couples were then instructed in the use of the "Symptothermic" method, which is far more exacting than the one they were using, and a certain number of couples eventually abandoned contraceptive means in order to use the "Symptothermic" method because by using it they imposed upon themselves a certain discipline, a certain amount of self-control, and a kind of spirit of sacrifice for each other which considerably enhanced their conjugal love. The frequent recurrence of spontaneous testimonies such as these led Doctor Randu's group, which at first had not recognized this aspect, to conclude that the way in which one approached birth control could be of extreme importance for the effective life of the couple.

Mrs. MacInnis: Do you think that these methods could achieve great success with intelligent people possessing self-control? Do you think that these methods could achieve success with the mass, with the majority of the people?

Dr. Potvin: If you asked me if this method could be rapidly spread, if the "Sympto-thermic" method could be used to cope with the birth problem in India, and if you told me that I would be sent there tomorrow to supply that method, I would have to answer: "No." The reason being that since this method requires a certain discipline, and above all, a direct contact between couples, we realized that only people using the method themselves could properly instruct others. It would take a long time to spread the method. First, it raises an objection. Secondly, there are cases where, with the best of will, the method cannot be used for either medical, technical or other reasons. I have far more reservations, though, for what concerns the matter of education, because there have been some very revealing experiences with the method in that area. It is not so much a question of education; the method can be demonstrated to the masses, even to fairly illiterate people.

If one can imbue them with the ghost of an ideal...The following may surprise you: an extremely interesting experiment was made on the Island of Mauritius where, in spite of a relatively primitive population, the "Sympto-thermic" method has produced an overwhelming amount of good technical

results and good psychological results. This, let us say, is one of several interpretations: in teaching to very simple-minded people, it has nonetheless been possible that the majority of the men on the island were taught to think of their wives, this perhaps for the first time in their lives, because it is a method requiring the collaboration of both man and wife. In the case of a woman who takes a pill, she is the one who bears all the drawbacks and upon whom rests the onus of control. The same goes for the diaphragm. In a very exacting method such as this one, the husband is obliged to carry a good share of the sacrifices. Of course, if a person is without intelligence, or has an underdeveloped moral sense and cannot be convinced to show a certain amount of restraint and a sense of sacrifice towards the other partner, it must be taken for granted that the method cannot be of any help to either.

Experience of the working classes shows us that it is not a question of the amount of upbringing, I mean of education. It is just a question of education. It is possible to have very little education but to use well what one has.

Mr. ISABELLE: Mr. Chairman, I would like to ask two questions. The first is that the two solutions that you would envisage for amending the Criminal Code, Article 150, the first I would say ... (some words not recorded because of technical difficulties) ... the second and that in the first you give some rights. You wish to give these rights under the Criminal Code; however, all use of contraceptives and their sale, in fact, everything concerning them can come under the provisions of the Food and Drugs Act, and also of a certain provincial law governing drug stores which gives them permission to sell contraceptives like any other product. Well, I think, as I have just said, that the first solution may be completely disregarded, if this would help you. My second question is: since we have been told that in Toronto and in Montreal there is a black market in pills (and this is true), do you think, after your experiences with "Serena", that there is a black market in pills in Ottawa and Hull?

Dr. POTVIN: I cannot confirm nor deny this from experience. I admit that I suspect it to be true but, after all, I cannot, from personal experience, say either yes or no.

Mr. ISABELLE: Are you also conscious of it?

Dr. POTVIN: It seems so to me. Contact with my patients allows me to suspect it; there must be. To reply to you first question, Doctor Isabelle, I think that perhaps the difference between the two solutions is that the second seems possibly a little more liberal. But it would certainly mean that the legislators would have to make immediate preparations to call a conference of all concerned in order to try to start drawing up regulations.

Mr. ISABELLE: To open the door so that other public bodies could rule on the question.

Dr. POTVIN: Yes. And after all, I think this is, perhaps, a question of leadership in the sense that the central legislature may launch an investigation so that provincial, local and other authorities do not feel themselves confronted by a gap in the legislation but have time to consider the problem and rule on it.

• (12 noon to 12.15 p.m.)

(*English*)

Mr. ROCK: Dr. Potvin, as a doctor do you feel that it is your duty to give to the public the scientific and medical information, as known today and approved by the medical profession, or do you feel at times that this information should be kept away from the public because of possible religious beliefs and conscience?

(*Translation*)

Dr. POTVIN: As a doctor, I feel that the medical profession should collaborate to inform the general public about matters, like this, of public interest. The medical profession is not the only one to involve itself in the problem since there are all the social and other aspects. I believe that, as a doctor, I feel a certain duty to do all I can to inform the public about a problem which affects everybody and which has social significance.

(*Text*)

Mr. ROCK: I have another question. In your brief you have come to a conclusion that if or when we do take these words out of the Criminal Code control should possibly come under provincial laws. Have you any reason to say that control should not come under the Food and Drug Directorate of Canada?

You see, we have two methods suggested here: one is to take it out of the Criminal Code and then to recommend that it be left to the provinces to do what they wish to do; or, instead of that, we could possibly have the Food and Drug Directorate bring out a regulation which would apply equally across Canada. By the latter method we could avoid the complications of having each provincial government laying down different regulations.

As a federal body, possibly we could give instructions to the Food and Drug Directorate to bring out a regulation which would apply throughout Canada.

(*Translation*)

Dr. POTVIN: In order to answer your question, I would have to ask you one: while I agree that the Food and Drugs Act could cover the sale of contraceptives, could it have any validity over, or be the basis of any regulations above the persons authorized to give information or to teach a method or a way? It is possible. After all, I confess that from a legal viewpoint I should have to be able to answer that question. If the Food and Drugs Act made it possible to intervene not only in the sale and advertising of such products but also about those who teach their use, I would say yes. However, I must say that, according to my interpretation, the Act does not cover this.

(*English*)

Mr. ROCK: Yes. Well, I think Dr. Potvin, that we have that problem, too, and we will find that out when some of the men from the Justice Department appear before us. I think we will find that out ourselves. I understand your concern. Thank you very much.

Mr. BROWN: Dr. Potvin, perhaps you have already explained this but I would like you to explain it to me again.

On the second page of your submission, you are speaking of the first solution, which consists of changing the present law. Do I understand that you would not have any objection, or that your movement would not have any objection, to the sale of contraceptive devices in a pharmacy?

(*Translation*)

Dr. POTVIN: Our movement does not wish to impose any personal or religious restrictions by law. Even if we do not recommend the use of such means of contraception, we do not wish to impose our views on those who consider themselves morally justified in using them. So we would have no objection to the sale of contraceptives in drug stores. Our only concern is that, because of the effects of such products on the family, on society and in other ways, we believe that there should be certain controls on their sale. We would strongly disapprove of such products being sold, like carbonated drinks, by automatic vending machines on street corners or even in drug stores.

(*English*)

Mr. BROWN: But then would you have a different feeling with respect to the sale of a pill. Would there be any special restrictions that you would suggest? That is an oral device.

(*Translation*)

Dr. POTVIN: Morally, I would not see the problem of the pill as one of moral restrictions but rather of medicine. I believe that the sale of pill should be covered by the Food and Drugs Act in the same way as the sale of antibiotics or any fairly strong medicament. If I am opposed to the uncontrolled sale of contraceptive pills, it is for a medical, not for a moral reason.

(*English*)

Mr. BROWN: Thank you.

The CHAIRMAN: Dr. Brand.

Dr. BRAND: Dr. Potvin, I would like to congratulate you on your brief and on your organization. I think it is a very broad-minded one which takes in—all religious considerations aside—the whole field and I personally like your first solution. I always have and I have always felt that some control should be instituted; I have said this from the outset. I would rather see it this way and I wonder how you feel about it.

I have heard several opinions about it and I am not quite clear which one you really favour. Rather than leave it to the provinces, as you suggest, in the second solution I think this is a federal matter. I would like to know whether you believe the first solution is the one that you would prefer to see carried out or would you prefer us to go to the second solution you proposed in your brief.

(*Translation*)

Dr. POTVIN: If it were possible to apply the second solution in its entirety together in one room and to study this subject in order to obtain a certain equivalence, I would favour the second solution. But on the other hand, if the legislators felt that the different governments, groups, and other authorities would not be able to agree on a common basis as a starting point for drawing up regulations on this subject, I would prefer the first solution. I do not know if

that answers your question. Let us say that, theoretically, at best, the second would be the ideal solution. However, it is possible that, in practice, the legislators would find the first solution easier to apply than the second, at least for the time being.

Mr. PRITTIE: Is it not that co-operative federalism?

Dr. POTVIN: Yes, perhaps it is.

(*English*)

Dr. BRAND: I, of course, agree that we do not seem to be getting the sort of unanimity among provinces that sometimes we would like to see. I find it highly theoretical to believe that we can get them all in the same room and agreeing at the same time. I would suspect, therefore, from your answer that in order to have something done, at least the first solution would be an immediate answer to the illegality.

I have heard a lot of discussion today about the advantages of different types of contraception, of the rhythm method and so forth, which I do not think are really applicable at all to what we are discussing, I think it has more to do with removing from the code the illegality, and I think you will agree. It seems to me that solution number one that you proposed would be more suitable at this time, which I believe is Mr. Stanbury's bill rather than Mr. Prittie's.

(*Translation*)

Mr. MATTE: Attention is mainly given to the woman's part in regulating births, for example, by the pill. Has anyone considered giving them to men also?

Dr. POTVIN: Well, I can tell you that from a medical point of view there has been much research to find chemical substances which could be taken in the form of pills and would be effective for men. In fact, there are some. Unfortunately, however, all the products which have been discovered so far have had side effects which rendered them unfit for use. One of the side effects is that certain of these products, when absorbed, produce unpleasant reactions if the person then drinks any alcohol. This is similar to the effect of certain pills and other products. So you can see at once that from a practical point of view it is rather difficult to put them on sale; but I know that much research is being done in this field.

Mr. MATTE: What is your opinion about the view that birth control is necessary because of over-population?

Dr. POTVIN: It seems to me that in discussions on the problem of birth control, misplaced arguments have sometimes been used. If you tell me that, for example, in Japan and India there is a problem of over-population, I thoroughly agree with you. But I believe that, to propose birth control in Canada because the population is too large is an argument which is entirely false. I am in favour of birth control but not because the population of Canada is too large.

(*English*)

The CHAIRMAN: Are there any other questions of Dr. Potvin.

Mr. COWAN: I just want to ask what is the size of the organization, I hope it is millions. How many chapters are there and what is the total population? You signed this as president of Serena, Ottawa.

(*Translation*)

Dr. POTVIN: There are Serena teams almost everywhere. Here in Ottawa we have two teams, one French-speaking and English-speaking; we have a team in Hull, one in St. Jérome, and teams in Montreal, Quebec and elsewhere. To give you an idea, for the past two or three years we have seen about 200 new couples a year in Ottawa. Obviously, this is not a huge figure. In Montreal, the team sees about 2,000 new couples. This is not counting those seen in previous years. From the point of view of active strength, we have a French-speaking team in Ottawa made up of about ten couples of advisors, that is, a man and a woman who have voluntarily learned the method, use it themselves and take part in study sessions to understand how it works and the spirit behind it. These couples voluntarily give up their time to teach other couples. In a city like, for example, Quebec, there are about 80 pairs of advisors, in the city and in the surrounding areas. The English-speaking team is made up of 4 or 5 couples and in Hull there is a team of about the same size as the French team in Ottawa. Does this answer your question?

(*English*)

Mr. COWAN: I did not mean active participants but rather membership contributing to the financial support of the organization.

(*Translation*)

Dr. POTVIN: Primarily, we work on a voluntary basis from the point of view of finance. Secondly, since there are, even so, certain expenses, we suggest that the couples whom we help make us a gift, usually of about $2. We do not accept more than this for the work we do with a couple. This helps to pay for stationery, the baby sitter who looks after the children while the parents are away, etc. Unfortunately our financial means are very limited, as you see.

Mr. ALLMAND: How many countries have a Serena organization?

Dr. POTVIN: The technical organization known as Serena is found only in Canada under this name. However, we know of other organizations which are differently named but which do the same work in France, Belgium, England, the United States and certain other European countries and other places such as, for example, the island of Mauritius in the Pacific but I do not have a complete list of these.

(*English*)

Mr. COWAN: Do you have any trouble operating in Canada under the law as it now stands?

(*Translation*)

Dr. POTVIN: Up to now, we have not experienced any difficulties and no one has made difficulties for us. The only question that has arisen, that someone has raised is: if someone did decide to make trouble for us or to prosecute us, what would happen? Obviously, we do not know.

(*English*)

The CHAIRMAN: Mr. Enns?

Mr. ENNS: It is a fact that you are among those persons who are discussing the problem of prevention and, in that sense, you are operating illegally. You would still want the Criminal Code amended, would you not?

(*Translation*)

Dr. POTVIN: Even if we can work, I believe that we are in favour of amending the law for two reasons. The first is that, even if no one interferes with us and even if the law is not enforced, we do not believe that it is good for a social movement which concerns itself with what are, after all, fundamental problems and which should set an example in obeying the law, to exist on sufferance. Even if there is no trouble, we believe that this sort of existence is bad. Our second reason is that we believe that, since the public in general is convinced of the necessity of a certain amount of control and since even in the strictest religious circles a certain control is allowed, we should have a law which takes into account this change of attitude by the general public on the subject of the control or limiting of the number of births.

• (12.15 p.m.)

(*English*)

Mr. STANBURY: Dr. Potvin, I would like to add my own personal congratulations for what I consider to be a very clear, complete, enlightened and constructive presentation.

I just want to get one point clear for myself; you suggest in the second paragraph on page 2 under your first solution that pharmacies be permitted to sell or distribute contraceptive products and instruments. I think you do imply that there should be regulation, at least under the Food and Drugs Act, of certain products and instruments which does not now exist.

(*Translation*)

Dr. POTVIN: I think that is right and that it may be necessary to have certain controls governing the sale of these products, let us say to children or adolescents. There are laws to prevent shops from selling firearms or even fire crackers to young people because this is held to be dangerous. Well, we believe that, in either the Food and Drugs Act or some other act, controls could be introduced governing of the sale of these products.

(*English*)

Mr. STANBURY: For instance, in the case of intra-uterine devices, which are not now covered by food and drugs regulations, this would be an example of the kind of device which you feel should be sold only under prescription, though.

(*Translation*)

Dr. POTVIN: Not only should they be obtainable only on prescription since they are, after all, medical or biological instruments, but also, since their use demands training, I believe that, at the present time, they should be used, or rather fitted only by a doctor or, at least, by someone who has been specially trained for that as there may be complications in the insertion or the use of these instruments.

(*English*)

Mr. PRITTIE: May I add for Mr. Stanbury's information I have learned recently that the United States Food and Drugs Act requires that intra-uterine devices be under their control.

Mr. STANBURY: Yes, but does not Dr. Potvin anticipate that when he suggests it should be legal for pharmacies to distribute contraceptive products and instruments that there would be a prescription required for certain kinds of products and instruments such as the intra-uterine devices.

Dr. POTVIN: Exactly.

Mr. STANBURY: Thank you.

The CHAIRMAN: Are there any other questions of the witness? If there are no other questions, I would like, on behalf of the committee, to thank Dr. Potvin for coming before us and presenting the views of the Serena group.

I would like to adjourn the meeting until next Tuesday at eleven o'clock. I would like to point out to the members that that meeting will not be held in this room. There will be a larger group appearing before us and it will be necessary for us to hold our meeting in room 371 in order to accommodate the group.

Dr. Serge Mongeau from the Family Planning Association Services, and the Board of Evangelism and Social Services of the United Church of Canada will appear. All of our meetings from now on will consist of more than one witness in order to get through these hearings that we may get on as soon as possible and get on with the estimates of the Health and Welfare Department which I anticipate we will begin on May 18. We have had enough meetings now on this topic and we have to discuss and prepare the report. It will be about the middle of May when we will be getting into our estimates.

The meeting is adjourned.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 8

TUESDAY, APRIL 5, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Dr. Serge Mongeau of Montreal, Executive member of The Family Planning Association; *Representing the United Church of Canada:* The Right Reverend Ernest Marshall Howse, Moderator; The Reverend J. Ray Hord, Secretary of Board of Evangelism and Social Service; The Reverend Frank P. Fidler, Secretary of The Marriage Guidance Council of the United Church of Canada, all of Toronto; and The Reverend Maurice E. Nerny, Minister of L'Eglise St. Marc, Ottawa.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23794—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and Messrs.

Ballard,	Knowles,	Rideout (Mrs.),
Brand,	Laverdière,	Rochon,
Brown,	MacInnis (Mrs.)	Rock,
Cameron (High Park),	(Vancouver-Kingsway),	Rynard,
Chatterton,	Matte,	Simard,
Cowan,	O'Keefe,	Simpson,
Enns,	Orange,	Stanbury—(24).
Howe (Wellington-Huron),	Pascoe,	

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

NOTE: Mr. Simpson replaced Mr. Macquarrie on April 4.

CORRECTION (English copy only)

PROCEEDINGS No. 6—Tuesday, March 29, 1966

In the Minutes of Proceedings and Evidence—

Page 150, Line 15 should read:

"Bishop HUNT: Certainly we do not advocate any type of *blatant* and"

Page 151, Last Line should read:

"be *50* years of age and..."

ORDER OF REFERENCE

MONDAY, April 4, 1966.

Ordered,—That the name of Mr. Simpson be substituted for that of Mr. H. Macquarrie on the Standing Committee on Health and Welfare.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House.

23794—1½

MINUTES OF PROCEEDINGS

TUESDAY, April 5, 1966.
(9)

The Standing Committee on Health and Welfare met this day at 11.15 o'clock a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Brand, Brown, Chatterton, Cowan, Harley, Isabelle, Knowles, Laverdière, Matte, Orange, Pascoe, Rynard, Simpson, Stanbury (16).

Also present: Mr. Allmand, M.P.

In attendance: Dr. Serge Mongeau of Montreal, Executive Member of The Family Planning Association; *Representing The United Church of Canada*: The Right Reverend Ernest Marshall Howse, Moderator; The Reverend J. Ray Hord, Secretary of Board of Evangelism and Social Service; The Reverend Frank P. Fidler, Secretary of The Marriage Guidance Council of the United Church of Canada, all of Toronto; and The Reverend Maurice E. Nerny, Minister of L'Eglise St. Marc, Ottawa.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

Agreed,—That questioning take place only after the presentations are completed.

The Chairman introduced Rt. Reverend Howse and Dr. Mongeau. The latter expressed the point of view of The Family Planning Association with reference to the provisions of section 150(2) (c) of the Criminal Code. The Chairman thanked him for his presentation and called on Rt. Rev. Howse to introduce the other members of the delegation of the United Church of Canada.

On motion of Mr. Rynard, seconded by Mr. Knowles,

Resolved,—That the Brief on Planned Parenthood, copies of which had already been distributed to the Members, be taken as read and printed as an appendix to this day's proceedings (*See Appendix "A"*).

Rt. Reverend Howse gave further information to supplement the brief. He was examined and he was assisted by Rev. Hord, Rev. Fidler and Rev. Nerny.

Dr. Mongeau was also questioned.

The Chairman thanked the witnesses for their assistance to the Committee and at 12.45 p.m. the Committee adjourned to 11 a.m. April 19, at which time the Committee will hear the National Council of Women and L'Association des Médecins de Langue française.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

TUESDAY, April 5, 1966.

• (11.15 a.m.)

The CHAIRMAN: Order. We have two groups of witnesses before us this morning.

Mr. CHATTERTON: May I make a suggestion to you and the Steering Committee. In view of the conflict of Committees that cannot be avoided, would it be possible to hear more than one brief at one meeting, that is two, three or four briefs at one meeting?

The CHAIRMAN: If you look at the program from now on you will see that today we have two. I think every day from now on we have at least two, and on one day, three different groups of witnesses to appear before us. We hope that we will actually conclude our hearings and report to the House by the middle of May.

Mr. CHATTERTON: In order that all the time might not be taken up by the first brief, perhaps questions could be delayed until both briefs have been submitted.

The CHAIRMAN: Fine, I was going to do that without even asking the Committee. I have no correspondence or any other matters to bring before the Committee, therefore, I will introduce first, Dr. Mongeau of Montreal, Executive Member of the Family Planning Association. Dr. Mongeau will speak in French, and following that we will have the brief from the United Church of Canada.

(*Translation*)

Dr. SERGE MONGEAU (*Executive Member of the Family Planning Association*): First of all, I want to thank you for the opportunity which you have given us to say what we think on this problem. One thing should be clarified first: a former group has suggested a national conference on this problem. In Montreal, it is not believed that such a conference would solve the problem. One can see what other conferences produce and it would take a lot of time to solve things.

What I want to tell you is that, first of all, contraception is being practised in Quebec. If the same rate of increase of population had been maintained in Quebec as in 1850, there would presently be 32 million people in Quebec; in 1971, there would be 40 million. Thus, contraception is being practised. Meanwhile, what one notices, is that those people who practice contraception are those who have the means to obtain information from private agencies, thus, it is costing them money. Legal interdiction prevents public bodies from putting at the disposal of their clients information which they might need. Moreover, the methods at our disposal up to a few years ago, were difficult to apply to certain

classes of society. For instance, in Quebec, of 994,000 non-farming families, 83,000 have an income below $1,500 per year. And of these 83,000, 5 per cent have more than three children; 11 per cent, two children; and 18 per cent, one child. In rural areas, more than 50 per cent of the women have had more than five children. Eighty-eight thousand families belong to the level between $3,000 and $3,500, and 30 per cent have more than three children.

This is proof that people live in ignorance, through the lack of being able to acquire information: I am presently writing a chronicle in a newspaper in Montreal and, one week, I wrote that I would send to those interested a brochure on oral contraceptives. Within one month, I have received 415 requests. I receive an enormous number of questions on this problem at the newspaper office. People live in ignorance.

There is also an association in Montreal. We have created an information service by mail. Within one and a half month, we have received 1,200 requests, each one more pathetic than the other. I shall not read all 1,200. I think it would take too long, although it would be very instructive. I should like to read you two or three to show you the type, and also to show you that it is what people were waiting for since a long time: "Doctor, what a relief and what a joy it is to learn that there is finally someone human enough to understand the unhappy couples who have to contend with the frightful headache that birth control is for us. We are both 36, we have been married 13 years, and have two children. Morally, physically and financially, it is impossible for us to envisage another pregnancy. After having experimented with methods permitted by the Church, here are the results: the Ogino method, after eleven months, one boy: the thermometer method, result one boy and one miscarriage; the suppository method, one miscarriage."

Here is another letter: "Having listened to you on the radio on the subject of family planning, I agree with you 100 per cent. The reason being that I am only 34 years old and my husband is 37, and we have ten children. From my fifth child onwards, I have tried the Ogino method, the thermometer, and I have been surprised each time since, with every pregnancy. I do not believe that I am able to take the pill, although my doctor tells me that I am. But I am afraid because I have had varicose veins in my legs. Every month I suffer from anxiety. We do not want to have any more children. My husband is an ordinary carpenter. We are paying off a house and my husband has to work every evening, and also on Saturdays. This is why we are writing to you."

Here is another example: "I congratulate you for the initiative you are bringing to this acute problem. Had I been made aware of birth control methods, I would live a happier married life. Until now, I have only known the responsibilities of marriage. Not being regular in my periods, it usually take me two months before I realize that I am pregnant. I have four children and have hardly, if ever, had any sexual pleasure, because I always had to watch myself in order not to become pregnant. This is really unfair. Result: I am unhappy and diminished both physically and morally. On the verge of depression, I feel like a prisoner and wonder when the day will come when I shall enjoy a bit of freedom. I am beginning to believe that the more intelligent people are those who do not get married."

And thus it goes on. Each letter is a testimony, telling us that something must be done, and that people are agreed on this. Doctor Jobin spoke here for the federation. He has since received letters from Alberta, from Saskatchewan, from people telling him that in their villages, the doctor is against contraception. As they had no way of obtaining efficient means, they wrote to Montreal to obtain this information. A woman here tells us: "My husband manages to obtain condoms here in Quebec, but he had to try out about ten drug stores before finding any."

I am of the opinion that all conclusions stemming from this point to one thing, namely that something must be done. But what? According to the minutes, all the members of the Committee here seem to be agreed on the urgency of the problem, but all question themselves on the possible repercussions. What could we do as a start?

Once the relevant section in the Criminal Code is repealed as suggested by Mr. Prittie's amendment, four things could be done. First: permission to advertise the existence of family planning information centres. It is not possible of course, to reach by means of a selective method the people most in need of it. By publishing only in certain magazines, medical reviews for instance, we reach doctors and they are not the only ones in need of contraceptives. The great majority of people for whom the need is most pressing are precisely those who find themselves beyond the normal range of influence of doctors, clinics, and social workers. These people fall entirely beyond this network. What is needed is to reach the masses. It is unfortunate that I do not have a copy for each one of you, but you will be able to examine this chart afterwards. I have a chart of the requests received by us from the Association, and the peak periods of requests always coincide with the advertisements for example in *Le Devoir*, *La Presse* or on television. This is normal.

Advertising, and I am sure that you all agree with this, should be controlled for two reasons. First, from the ethical point of view, it is evident that people do not want to see billboards advertising all sorts of things. And yet, I think that it is possible to turn out advertisements which make sense. I do not think it would be shocking to have them prepared by the health services, for instance. Yet, they are advertised in all the papers. Advertising should also be checked and controlled as to its truthfulness. It is possible that some companies will come up one day and say: "We have a means which is 100 per cent efficient, which is not dangerous, etc." and so forth. It is at least necessary to make sure that they tell the truth. In order to achieve this, a national organization or provincial organization could be set up to control advertising. Furthermore, I think that they should have far reaching terms of reference since there are many other fields where advertising should be controlled.

One wonders what repercussions the abolition of the law on birth control would bring about. We have never asked ourselves what the repercussions are of sex as it is used in advertising, for instance when a car is advertised with a nearly naked girl stretched out across it, or things of this nature. These, by the way, are the images which enter into homes and into people's minds. There certainly are repercussions. There are also other advertisements which from the sexual point of view, although not dangerous, leave many people quite dissatisfied.

I remember the advertisement of a finance company which said that everyone has a right to enjoy holidays, that everyone has a right to enjoy travel: thus ask our company for a loan. I think that this is not right.

As a second possibility, the sale of products could be centralized in drug stores and in family planning clinics. It would thus come under the control of the Food and Drug Directorate. Even certain contraceptives which do not appear to come under this control, condoms for instance, may be made in such a way that they are not efficient, and could thus prove to be dangerous, depending upon the material used. If we want to protect people's health, we should also control the manufacture of these products.

As a third measure, government sponsored family planning clinics could be opened in all regions. By this I do not mean special clinics. They can be set up for instance in connection with health units.

Then the Committee here has been flooded with questions. Of this you are aware yourselves. But our answers are few. It might be time to initiate research in this field. Birth control is a young science and stands in great need of research, both from the medical and the sociological points of view. And this would at the same time make it possible no matter what resolutions the government will put out after your report, to control the effect of these measures. I believe that everyone here is anxious about the possible repercussions which future measures might bring about. I can only foresee favorable repercussions where today's families are concerned. People will be able to have the number of children they choose to have. It will enable them to give their children a better education. Where future families are concerned, one may ask whether they will continue to raise children. A recent and not yet published inquiry carried out in Quebec among 5,000 young people between 18 and 21 years of age, has shown that in rural areas 33 per cent of the young girls want to have more than five children, and in urban areas 20 per cent of the young girls between 18 and 21 want to have more than five children. I do not think that an amendment to the law will bring about any change of a moral nature among young people in general, whether this morality be religious or natural. morality is practically subconscious. Those who have a fairly flexible morality were alarmed about hypnotism. One wondered whether hypnotists would not take advantage of the women which they hypnotized. Then, people came to realize that a hypnotized person would obey the hypnotist up to that point where his ordinary moral principles would allow him to go. Thus, we see that morality is practically subconscious. Those who have a fairly flexible morality take measures in order to acquire the necessary means, or else, due to ignorance, they do not acquire them, giving results with which we are all familiar. In Canada, the yearly number of successful abortions stands at nearly 100,000. One never hears about the unsuccessful abortions, and yet these cases are far more numerous. Furthermore, many women do not have an abortion or are not capable of obtaining one, with the result that there are many unwed mothers. In 1963, 5,644 illegitimate children were born in Quebec, which comes to 4.2 per cent of total births. In Canada, the number is 24,458 or 5.3 per cent of the birth rate. Over the last 10 years there has been an increase of 32 per cent in illegitimate births in Quebec. A couple of allusions have been made to Sweden when in 1940 to 1950 it had 15 per cent of illegitimate birth. In 1964,

illegitimate births in Sweden stood at 9 per cent, whereas in Canada in 1950, we had 3.9 per cent, and in 1964, 5.9 per cent.

Where the population in general is concerned, would such a repeal of the law bring about a halt in demographic growth? On this subject Canada would perhaps do well to submit itself to some self-examination. We entrust the least endowed and often the least well-prepared people with bringing our future citizens into the world and educating them. At this point, I take the liberty of quoting Mr. Henripin, head of the department of demography at the University of Montreal.

> I do not believe that we can look upon such a situation with much satisfaction. I do not think that a society which is preoccupied with social justice can blithely take this to be part of the nature of things and take the attitude that those who have chosen to have children and are trying to bring them up only have to make do with whatever means they have. And besides those measures which allow people to have the number of children they wish, there might also be a means of encouraging precisely those who want children, in order that they might succeed better with their education.

So, there are positive measures to be considered. For instance, from the economic point of view, a decent salary would certainly be of help, a minimum salary, also family allowances adapted to large families, allowances and maternity leave for employed women, and so forth.

From the social point of view, marriage counselling agencies might perhaps prevent certain homes from breaking up. Likewise, sexual education in the school would inform people and prevent rather frequent mistakes.

In conclusion, we recommend first of all, to continue on treating abortion and contraception separately; secondly, to amend the Criminal Code according to Bill C-71; thirdly, to create a national organization, or to help in the creation of provincial organizations controlling advertising in all fields, for the protection of the consumer; four, that the Food and Drug Directorate should control the sale of all contraceptive products sold by drug stores and family planning clinics; five, to create family planning clinics on a nationwide scale; six, to encourage by positive means families wanting to have children; seven, to create a research fund for the study of problems pertaining to fertility.

(*English*)

The CHAIRMAN: Thank you very much, Dr. Mongeau. Without questioning at this time, we will now call on the Moderator of the United Church of Canada, The Right Reverend Mr. Howse to introduce his party and to present their evidence this morning.

Before we do that, may I say the United Church has made a very extensive brief which they are not going to read. I think it was given to the Committee yesterday. I would like to have a motion that it be printed as part of today's record.

Mr. RYNARD: I so move.

Mr. KNOWLES: I second the motion.

Motion agreed to.

(*Translation*)

Rt. Rev. ERNEST MARSHALL HOWSE (*Moderator of the United Church of Canada*): Mr. Chairman, ladies and gentlemen.

I should like to speak to you in French today but I am unable to do so. My regret is all the greater due to the fact that some of my ancestors were French.

(*English*)

I assure you that despite my ancestry part French, it would do no good to anybody if I tried to answer questions in such poor French as I can command. But I need not divert this Committee by telling you how much I am annoyed at the education that left me that handicap and how much I believe that Canada would be enormously improved if everybody from the Atlantic to the Pacific was thoroughly bilingual.

I will introduce my group here, Dr. Frank Fidler, Rev. Ray Hord and Rev. Maurice E. Nerny, who can overcome the handicap that is mine, and speak to you in either language.

Mr. Chairman, the man who has really done the work on this particular brief is Dr. Fidler, who is perhaps best prepared to answer a particular detail about the brief itself, but the subject covered by the brief is one which I, myself, and others, have been concerned with for a number of years. I am most happy to read the excellent brief which was presented by my friend to my left, and I am pleased that I am in thorough accord with everything that he has presented.

As you mentioned, we are not going to go through and read the document which you yourself can read, and I am a bit puzzled to know just what I should say and what I should leave for questioning, because if I started to speak to you in the various fields of the problems with which I have been concerned in the past years, I would be very much like the young lad who faces the first question on his examination paper: "Describe the Universe and give two examples". The problems are so vast and so complicated that we could not begin even to indicate the difficulties that arise before us when we attempt to deal with the problems of population and family planning.

I can say, that I do think that this is the most serious problem the human race is faced with. It is a more serious problem than the atomic bomb because the atomic bomb is more easily controlled. It is also a problem that no generation before us ever had to face. It is a creation as new as the atomic bomb. In time past, from time immemorial, all religions without exception, certainly all the great religions, talked in such phrases as be truthful and multiply. But in times past, the one thing that populations could not do was multiply. It was not the time in which you and I have lived, that populations could multiply. The whole population of the world, for example, at the time of Christ, so far as we can tell—and these statistics must obviously be vague—was probably one quarter of a billion people. This was after maybe 100,000 maybe ten times 100,000 years of human population of the earth. It took 1,700 years to multiply by two. It was not until the beginning of the time of the black death that you had approximately twice the population that there had been. In two more centuries, you multiplied by two again, and at the time of the peak of the Victorian era, you passed the fateful figure of one billion. In one century after that you multiplied by three, and by the middle of the 19th century, you had something like

three billion. Now we are coming to the point where we are increasing at some 2.5 to 3 percent per year over the world. One does not know about some parts of the world because the points where explosion is most dangerous is the point where we perhaps have the least accurate statistics; but we know in the general field, what the statistics are. Now people do not realize, when we talk of 2.5 and 3 per cent per year increase, what this means. No country in the world, anywhere at any time, can stand a 3 per cent increase in population; it is just physically impossible. You see, 3 per cent multiplies, and divided into 72, it is 24 years; 2 per cent makes 36 years, but few people have calculated what geometrical progression means. Ripley, years ago, I remember, in his "Believe It or Not", pointed out that if you took the figure 2 and multiplied it by 2, 63 times, which you would think any person could do in a morning, the total figure involved, if you did that, would be so great that all the population of the earth, if they had never done anything all their lives except count this figure, could not count that much. It has been calculated by a Jesuit scholar, that if you had 100 people at the time of the Pharaohs, and they had increased by 3 per cent a year, up until now, the total weight of these people would be three times the weight of the earth.

This is the first time when people have been multiplying populations, and the multiplying populations would be absolutely impossible to face: 3 billion, 6 billion, 12 billion, 24 billion, 48 billion. Just imagine what it would be in a few centuries.

The actual fact is, that populations, when they reach a certain point, have to stay at a given level. We have changed nature, and we have changed nature for one reason: we have instituted death control. We are the first people who set off the killer diseases. We, and certainly our fathers, are the first people who ever lived on earth without running the ravages of epidemic diseases. My mother's family was wiped out with typhoid.

In Iceland, as late as the middle of the 19th century, there was 50,000 population; 18,000 people were killed in a few months with smallpox. China, has had, I think it was a total of 1,473 total famines in recorded history. It is exactly the same as the squirrels on the campus of the University of Toronto. There are no more there now than there were 30 years ago, because nature has the control. Nature had the control equally for human beings, until in our generation, with medical science, we upset it, we took aside the control of nature, and we took aside the killer diseases; we also dealt with famines. China has had famines. Now there is famine in India. What do we do? We ship tons of wheat from over here so that we have set aside, and now we are multiplying. This is impossible. As soon as we set aside death controllers, as soon as we set aside the control of nature at one end, we made it inevitable that there must be control at the other end.

• (11.45 a.m.)

Now this control has come. It has come among the educated and the well-to-do peoples of the earth, indiscriminate of religion whether it be Christian, Moslem, Buddhist, Roman Catholic or Protestant, the general rate of increase in a given section is almost impossible to change into different percentages; it is almost exactly the same. In the old days mothers died, not only the children died, but the mothers died too. But, at the present time with

the medical resources we now have to keep her from dying the average healthy woman marrying in youth could in the course of married life, have twenty to twenty-five children. There are still occasional instances, extremely occasional, where they do; the rest do not. They do not because they control their families by one means or another. And we have moved into a position now where laws that were made in other situations, with other things to consider, are just not for our time. And the time has come—and there is evidence of this—when children are born they are born as the parents prescribe them to be born. Every child is a wanted child; every child comes when it is not going to destroy the health of the mother; every child comes when the family into which it comes is able to look after it, so that it can be brought up in a way that makes life have some dignity. Sometimes questions arise about this word "natural", but we only have to remember that one thing that sets a man above a beast is his ability to set aside a natural control. You remember first when they had lightning rods. People said this was against nature and against God. They said, "when God hit a house with lightning, he meant to hit it. His will will be done." When we first had chloroform, people said it was used to ease women in childbirth. Men have said that God intended women to suffer, and the argument on this went on until someone looked up the Bible and pointed out that when Eve was created God made Adam fall into a deep sleep. And once it was thought that God himself had used his own chloroform. It seemed easier for people. And then there came inoculations, when there was actually a directive from the Church; in this regard I may say that between Catholic and Protestant there was very little difference. If you go back a hundred years, there was opposition on both sides, and whoever used this method was not a child of God. That was within the last hundred years. The thing that places a man above a beast is his natural or intelligent control of his own life. As someone has said, it is unnatural to wear a pair of pants; and so it is. We think that most of the arguments that came out at last against us is because of the lingering prejudice of people who have not thought through the new position. We think one further thing. It now has come to be recognized almost everywhere—and we have again both Roman Catholic and Protestant Churches; there are no people more adamantly opposed than certain sections of the Protestant Churches and I think we even can include these—that we should no longer put into civic law the injunctions of churches about their own conscientious objections. They should be perfectly free. Men like Cardinal Cushing and Cardinal Léger, together with other Roman Catholic figures throughout the world at the present time have expressed this quite vigorously. So we think the time is long overdue when we should review the section of the Criminal Code which makes preventing conception a crime.

I will now endeavour to answer any questions you may wish to ask. Before doing so, perhaps I might just read the recommendations which we are presenting to you.

Our recommendations respectfully submitted to the Standing Committee on Health and Welfare of the House of Commons are as follows:

1. that the Criminal Code, Section 152(c), be amended by deleting the words "preventing conception or".
2. that physicians in private practice and public health services at all levels of government be encouraged to provide instruction and

assistance in family planning, including fertility assistance, in accordance with the wishes and religious convictions—

Nobody suggests that it should be done against the religious convictions of any person.

—of husbands and wives.

3. that public welfare agencies be encouraged to assist in financing the cost of contraceptives, prescriptions and devices, as they do for other health prescriptions as part of accepted public welfare programs, and that social assistance grants be recognized as including such services.
4. that quality and safety controls of contraceptive drugs and appliances be provided under the Food and Drugs controls of the federal government.
5. that there be adequate regulation of the advertising of birth control devices and preparations to avoid offence to good taste, and that slot machine dispensing be forbidden.

As a matter of fact and most every woman here is too young to remember when I went to university in the old country, slot machines like this were on every corner throughout Europe, particularly every shady corner you could find. This I think is something we might very well stop in Canada.

6. that every possible encouragement and assistance be offered to responsible public and private agencies so that they may provide more adequate programs, especially for adolescents and young people, to prepare them for responsible marriage and parenthood.

This is signed by four people. One is a layman, the treasurer of our church, who was unable to be present. Thank you, Mr. Chairman.

The CHAIRMAN: Thank you very much, Right Reverend Howse. The meeting is open for questions to be put to either or both groups of witnesses.

Mr. RYNARD: Mr. Chairman, I think that the brief is an excellent one. I would like to question Doctor Howse's attitude on birth control measures being handed out either in pill form or otherwise to people that are not married, university students or otherwise. We had a case crop up the other day where somebody said if a lady came to him at eighteen years of age, or twenty, or whatever the case may be, he would give her a prescription. Now I would like to know what Doctor Howse's attitude is on this particular phase of it, and how he proposes to control it.

Mr. HOWSE: Well, this, of course, is not bound up essentially with the provision "preventing conception or". Our specific recommendation here does not necessarily lead into the problem. But you have an important problem. My opinion would be quite different, apparently, from the one you heard expressed; and, we might have variations in that. There may be some rules which may be made about this. They would have to be considered carefully. This is extremely difficult. To give you, perhaps, an extreme case, you may remember the time of the dreadful massacres in the Congo. I have particular concern about that perhaps because I have a sister who is still in Angola who may leave any day. They are not in any harm. She has been there for thirty years. They are

certainly not in any harm from the people around them. But if a riot breaks out and people come from elsewhere they are not going to distinguish between people. So, as I say, I have a particular sensitivity and concern of what happened in the Congo. But you remember among the terrible tales that came out were the rape of nuns; you may remember that the nuns appealed to Rome about this and three eminent theologians who were Jesuits were asked what was it proper to do in such a case. The answer given by the Jesuit theologians, which was never opposed by Rome, was this: that in such a case it was proper for nuns to use contraceptive devices if they were facing rape of this kind. And then there was another phase which I cannot recall exactly: to remove all traces and consequences of the violent deed. Now this is, as I say, quite an abnormal situation. But it does indicate one thing; there may be quite exceptional circumstances. It could well be that you may have the case of a subnormal girl, where a doctor might feel that giving her contraceptive devices was a lesser evil than having her producing more subnormal children. This is an exceedingly difficult thing. It is almost as difficult as the problem of euthanasia. I have a very dear friend, who was a brilliant man and suddenly he is cut off with a brain tumor. He is becoming just a vegetable. I cannot do anything, and it is a pity. What can we do? Now we are getting into just as difficult a problem with the other. On general principles I would say, of course, contraceptives are not at all for unmarried women.

Mr. RYNARD: Therefore, it would have to be controlled.

Mr. HOWSE: I think we probably would have to work out some social controls on things of that nature.

Mr. RYNARD: This, I think, is a very important point, and somehow or other we must control it. You were accusing the doctors of being partially responsible for this problem, and you are quite right. This is a very good point and is well taken. But, I am thinking now also of the increase in venereal disease. This, to me, is quite an important problem because, here again, your point upsets the balance; something happens, for which nature is not responsible and this, incidentally, increases our V.D. rate. Now, this, I think, has to be taken into consideration. If we are going to hand those things out there has to be some control on who they are going to. In other words, I think that you are stating pretty unequivocably here that they should go to married couples.

Mr. HOWSE: That is my opinion, yes.

Mr. RYNARD: That is the point I want to make.

Mr. HOWSE: Mr. Chairman, I would think that public and private agencies—and this of course would be schools, churches, parents, the home and so on—provide more adequate programs, especially for adolescents and young people, to prepare them for responsible marriage and parenthood. Now, our society needs more education, certainly with regard to venereal disease; there is a great deal of ignorance among our young people. This would fit into this area here.

Mr. RYNARD: I am further wondering, then, if you feel that there should be some control by the municipality or the province over this paper, in which they all get to advertise. When people are taxpayers, they have a right to this

information, and why not? Why should this not be financed through the province or the municipality? Here you have a situation where you say you have doctors who will not give this information. This is wrong.

Mr. HOWSE: Right now, they are guilty legally, if they give it.

Mr. RYNARD: Yes, that is right, and this is wrong. Now, why should this not be brought out so that your province or your municipality makes that information available to every citizen? Is this not the right way to go at it?

The Rev. FRANK P. FIDLER (*Secretary of the Marriage Guidance Council of the United Church of Canada*): This is recommendation No. 3 that we have proposed.

Mr. ALLMAND: Dr. Howse, you have referred extensively to the problem of world population and, of course, I think this is a different problem than the problem of Canadians as individuals regulating their own families because in Canada we do not have a problem of overpopulation. But, I was going to ask you because I do not remember seeing it in your brief, whereas it was in the brief of the Anglican Church, whether or not you think a family or a couple should be restricted in the number of children they wish to have. Do you think that, first of all, a couple has a moral obligation to limit the number of their children, in view of this problem which you said is the greatest problem in the world to-day? You said it was greater than the problem of the atomic bomb.

Mr. HOWSE: Yes, I think it is more difficult to control.

Mr. ALLMAND: Yes. But I was going to ask you whether you think a couple have a moral obligation to limit their children; further, whether you think the state, whether it be this state or another state, either directly or indirectly, has the right to impose restrictions on the number of children a family could have—indirectly, perhaps, through incentive, through the granting of social welfare benefits and so forth, which was recommended. It was brought up in this Committee a few weeks ago that a professor from the west suggested that social welfare benefits be not given to families if they have more than so many children. What is your reaction to this?

Mr. HOWSE: You have brought up a number of important problems. In the first case, you are quite right. There is a difference between Canada and the rest of the world. There is a difference between Canada and India. I don't know how many there are in India, but in Calcutta today it is said there are one million people who have no more of a home than the goats and the dogs in the street. There is Brazil, the South American countries and Korea, although the Asiatic countries are taking care of it better. It is a problem but you are quite right, there is a difference. My point is this. As a world problem, here is a situation we have to deal with, and if we refuse to admit that and think we can set it aside we would be just as foolish as our ancestors who refused to believe that the earth goes around the sun. I remember hearing one debate on this, and a man said: "Oh, what is the matter with that? There is only three billion and the earth could take fifty billion." Now, I think he is wrong, and he is wrong for one reason. We cannot live healthy lives without certain metals. Phosphorus is one of them. Probably the top population the earth could control, if it was good and healthy, might be ten billion, but that does not make any difference. Supposing

he is right. Supposing we have only three billion and the earth can take fifty billion. So what? At three per cent, thirty years later there would be one hundred billion, and thirty years later there would be two hundred billion. The fact is we cannot escape this, from now on, the people on earth must control the level of population. And now, as to Canada; the fact, that Canada has enormous spaces, most of which, by the way, are not habitable—I happened to fly over a great deal of the Hudson Bay territory this year and found that, for hundreds of miles it is emptier than Brazil, and I presume always will be—has nothing to do with the fact that a particular family here needs help in birth control just as much as a family in Brazil—not perhaps as much because their circumstances are not as desperate. But there are all sorts of people who need immediate assistance. Then there are all the rest of us who live a normal life and who do control our families. Is there a single one of us here with twenty children in the family? Not yet, I know I never will. There may be hope for you. The average family realizes that in the future it is necessary to have a university education. We are quite different from what we were before. The need in Canada is just as great as if we were crowded. These two things are different. Now you ask whether families have a moral obligation to limit their families. I don't think in Canada we have reached that stage. I think if they are a bright young couple and they have the adequate resources they can have six or eight children or as many children as they like and they can bring these children up decently. In Canada, I don't think there is any obligation yet to limit them. I don't think the state has any right to limit them. I think if more children come along, we have the obligation to give everything we can to provide decent, humane living for them. I would take a very dim view of the state saying that any given number of children is desirable. I know in India, for example, after four children the mother can ask for an operation so that she will not have any more. Probably in India this is a very good thing because the Indian family has a little bit of land. It can grow only so much food. It can feed only so many. Let us say it can feed four.

If you have eight, the other four will die of starvation. They know that before they come. I think the Indian government is justified. I would take a dim view in Canada doing anything to limit indirectly because I think that is entirely up to the family. Our brief on responsible parenthood has really little to do with limiting children. Children should come, responsibly, when they want them. And, let us not forget the mother, who used to be forgotten so much. The mother is not just someone to bear another child each spring. But, if there are couples in Canada who can bring up a half a dozen children, or eight or ten children, in decency and humanity, I do not think we have reached the point yet where we should say anything to that family.

Mr. ALLMAND: You have stated that a family has the right and responsibility to have as many children as they want, and a responsibility to limit their families.

Mr. HOWSE: That is right, provided they can look after them.

(Translation)

Dr. MONGEAU: I apologize for speaking to you in French again. I want to express well what I have to say. First of all there are certain persons who, at the

present, are somewhat guilty of excesses in wanting to wake up people to the problem, and I believe that the dean of the Faculty of agriculture is amongst these. There is also a priest in Montreal who has said that families having an income of $2,500 should have three children but not more. I think an awakening is necessary in order to draw attention and to do something about the problem. But people sometimes tend to go overboard in this. I don't think that we can look upon people as cows and simply say there are either too many of them or too few. I think that some organizations have policies. For instance, a social worker may advise a family not to have any more children, but he must not take restrictive measures and say for instance: if you have more children, we shall cut off your family allowance cheque. I think that here we fall into techniques similar to those used by Nazism. It is not a matter of forcing people to have the ideal number of children. The present problem is that people want to have means of contraception, but are unable to obtain them. In my private practice, I have never come across a woman having one or more children who had not tried, even though it were only for a limited period, to prevent herself from becoming pregnant. It is a fact that all techniques are not efficient and it is especially true that they are often badly practised, yet all these women had tried some means or other.

(*English*)

Mr. FIDLER: Just to follow up the question and the comments that have been made in response, I would like to draw your attention to page 9 of the brief, which hopes from an action of the General Council of our Church, which puts the answer, I think, quite clearly, in an official way, too, that a husband and wife who plan for parenthood in accordance with their Christian functions and their ability to provide for the welfare of their children exercise responsible parenthood. And then, two paragraphs down beyond that, conception of children without regard to the ability to care for them, or without consideration of the claims of future generations, is irresponsible parenthood and may be as sinful as is the limitation of children for purely selfish reasons.

Mr. HOWSE: I think we should have read that following what we said first. The next sentence went on: Responsible parenthood is not merely birth control to prevent parenthood. It is thoughtful and conscientious use of knowledge to provide that children are brought into the world at such times and in such spacing that promise the greatest good for the whole family and for society.

The Rev. J. RAY HORD (*Secretary of the Board of Evangelism and Social Service*): Mr. Chairman, with regard to the limiting of families in Canada, I think there are certain groups that we really should be concerned about. I would like to underline this on page 12: that the population increase among the Indians of Canada—this is the second last paragraph—is among the highest of any in the world, 3.3 per cent per year, and the world average is 2.1 per cent per year. Latin America is 2.5 per cent. Here is a group of people that we must be very concerned about. Another group that I have often been aware of but personally do not get involved with is at the out-patient department of hospitals. When I go and when many of the doctors go to visit their paying patients there is a line-up of poor people, many of them women, many of them with unwanted pregnancies, afraid to have another child, just can't afford it,

their health is run down, and I have heard medical doctors say, who take their turn on these shifts, as I have said to myself: I wish to God somebody would do something for these women, to give them some birth control information so that they can handle their family. Now this is a group of people in our society that tends to be neglected.

(*Translation*)

The Rev. MAURICE E. NERNY (*Minister of l'Eglise St. Marc*): Dr. Mongeau has done very well. Would you like me to speak English here?

(*English*)

We are always putting the responsibility of decision on the parents. That the state or any other group would come in with any restrictive suggestion is completely out of our thinking; counselling, and so on, yes. The moral decision definitely is always one for the parents. So, in our recommendations we have: "in accordance with the wishes and religious convictions of husbands and wives." I think we have to accept this. The people should decide.

Mr. BRAND: Mr. Chairman, I just wanted to say how much I have enjoyed both presentations. I came here today expecting to hear more of what we have heard the last few days, but I must say that I have been very much impressed by both these presentations. Doctor Mongeau made a point about advertising. Although I am a firm believer that advertising should be controlled to a degree, I could not help but agree with his point that you must use the mass media to get to those people who require so desperately this type of help. I wonder if you have any other ideas, Doctor Mongeau, about the mass media advertising. Do you mean just newspapers?

(*Translation*)

Dr. MONGEAU: Actually, television, radio, and also the papers. People are never told: this is the way. It is not through the papers and the radio that the way is explained or that the means are specified. But people are told that it is possible to limit births, to have family planning, and they are told where they can obtain information. There is nothing shocking in this. People are simply referred to those places where they can obtain valid information. It is very important because, speaking about sexual education, everyone eventually learns about nature, but in what manner do they find out? It always happens in dark corners, between friends, on the street, because people, formerly even more so than today, were afraid to speak about it in the open. I think it is a duty to give people truthful and exact information.

• (12.15 p.m.)

(*English*)

Mr. RYNARD: Mr. Chairman, the gentlemen have pretty well covered what I had to say, but the thought struck me that you cannot preach one thing and practice another. We cannot hold ourselves up as a show window to Asia and ask them to do things that we are not controlling in our own country. It is all right, to say that we have lots of space here. If we have lots of space, perhaps we should fill it up, and that is the attitude I would take if I was one of those people. Therefore, I state that this is a hypocritical line.

The other thing that I wanted to speak on is the point that in our over-crowding we create mental and emotional conflicts; I think this is a very big point. You cannot crowd the population of the world only so far until you are into mental and emotional conflicts, that we cannot control. I think the papers were excellent; I have been critical but I just want to add that I think they were really excellent and really well presented.

(*Translation*)

Mr. ISABELLE: I am very pleased by what has been said, especially by Dr. Howse. It brought back to mind that when Roman Catholic or Protestant nuns were sent to the missions, they received so-called contraceptive pills. I even believe that the nuns who were sent to those missions kneeled down asking forgiveness from the Lord because they were obliged to take these pills which had been called contraceptive. This goes to show that life has undergone a great change today inside the doctors' offices. This is why I am sure, the law cannot provide for those cases in which we must give pills for certain contraceptive reasons to people who are not married. This proves that there are cases in which it must be done, because of needs which cannot be referred to or be enumerated by any one law, except by the law of everyday ordinary medical practice. As far as I am concerned, I have made over 6,000 deliveries and you may be assured that 90 per cent of the women who returned to my office and who were pregnant were not very happy about it. I believe that today the more this continues the more it repeats itself. It is absolutely necessary that some form of birth-control be exercised. I would like to put a question which is somewhat beside the subject, but which is perhaps not beside the present problem: has the Canadian Family Planning Federation asked Expo '67 for space to demonstrate what is being done, and has Expo '67 supported this request or has it been refused? In case of a negative answer, was its refusal based on the present Criminal Code or was it refused for other reasons?

Dr. MONGEAU: Such a request was made to Expo '67. The request was refused, not by virtue of the Criminal Code, but because of a general rule which says that the Expo Company is not allowed to grant a stand to a private organization. This was their reply. I would like to return to a point made by Dr. Rynard who spoke a while ago about our vast country which is under-populated by comparison with other countries. I do not believe that we should consider our women as being child factories which should turn on their production in order to solve this problem. In the first place, it is not a problem and the time factor is also to be taken into consideration. Canada will one day be populated like other countries. Let us give ourselves time, after all the country was discovered later than others. I don't consider it to be a problem.

(*English*)

The CHAIRMAN: Are there any other questions of the witnesses?

Mr. COWAN: Could I ask a question or two? The witness quoted to us the fearful fact that there might be 40 million people in the Quebec province, if the population growth from 1850 continued down to today, and then he makes the statement, "So contraception is practiced". Does he give absolutely no credit to self-control or continence in the province of Quebec from 1850 to this date,

when he makes the flat statement the fact that there are not 40 million people in Quebec today proves that contraception is practiced.

(*Translation*)

Dr. MONGEAU: Mr. Cowan, I believe that until now, contraception and the utilized methods were precisely methods involving personal control, such as the thermometer or rhythm method. Of course, there are many other methods which are quite radical, for instance for the husband and wife to cease having sexual intercourse. This is also a form of contraception, although it might not make for ideal conditions under which to raise those children which have already been born. I believe that those methods requiring personal control are accessible to certain persons only. With this I agree. The Family Planning Association of Montreal does not tell people: Here, from now on you may have intercourse as frequently as you wish. There are other things to be reckoned with. All we want is for people to have the right, the choice and the freedom to choose the means which suits them. For instance, we receive many letters from women saying: "My husband is a travelling salesman. He comes home twice a month, and this does not always coincide with the right time if one applies the rhythm method." What is to be done with those people? They are told to change husband or obtain a separation. Suitable means must be put at these people's disposition. When choosing a means for a couple, it is the couple which does the choosing. Our role here is somewhat that of a technician. We explain to them each one of the methods. If we go a little further, if we enter into a certain amount of consultation with them, we can gauge what the possible repercussions will derive from each one of the methods. We are not the Association of the Pill, we are the Association for Family Planning. There are people to whom it is useless giving pills, because of their exaggerated fear of cancer. There are people to whom we say: "A condom would suit you best." This cannot be done. People are inhibited by so many moral and religious principles preventing them from using these means that they are robbed of their happiness. In certain cases it may be preferable to show how to properly use a personal control method of regulation. If they know their method well they will obtain the expected results. When people choose a particular method, it is because they want to obtain the expected results. If people were to say: "I use a method and if it fails, it does not matter," they would in fact not be using a method.

(*English*)

Mr. COWAN: Mr. Chairman, this is the first time I ever heard living apart called a contraceptive. I guess there is a first time for everything. In this modern day of 1966 the word contraceptive means one thing, and it certainly does not include continence or living apart and self-control. I just object to you making the remark that the present population of Quebec, the 5½ million, instead of 40 million as you estimated it might become, is due to the fact that contraceptives is practised. There are controls on population explosion other than the use of contraceptives, and I say "use of contraceptives", because I am talking about pills, drugs or mechanical devices. I am not talking about living apart or continence. The first witness said that only people with money could buy these contraceptives, and, therefore, they were the only ones who benefited from this great knowledge. Does the fact that the population of

Quebec is not 40 million, but is 5½ million, not indicate that almost everyone is practising some self-control in Quebec province since 1850. It does not look to me as though it was limited to the people with money, because the population of Quebec has not been expanding in certain sections and has been restricted in others. The practise of self-control is not limited to people with money. It can be practised even in the small towns where you state there are not means of limiting a family. There are means of limiting a family in a small town, if they will practise self-control and continence.

(*Translation*)

Dr. MONGEAU: I beg your pardon, there is a question of money, but I have said that other factors make it so that means of contraception are accessible to certain persons only. In urban areas for instance, it is much easier to find someone to provide information, to find a drug store, even a priest with broad-minded ideas on such topics. In the country, and especially in certain impoverished areas, one or several of a number of factors such as information or motivation for instance deprive people of these means. You have spoken about limitation. Had we proceeded at the birth rhythm of rural women we would have, if not 40,000,000 people in Quebec, at least far more than there are at the moment. Fifty per cent of the women in rural areas have had more than five children in their lifetime. Had all people living in the city had as many children, we would at the present time be far more numerous in Quebec.

(*English*)

Mr. COWAN: Why did you use the expression "the unfortunate couples who are faced with the question of birth control"? Are not all couples faced with this question? Why are some fortunate, and some unfortunate? They are all faced with the same questions, not problems?

(*Translation*)

Dr. MONGEAU: It was a letter I was reading from someone who had written to us. I have not written that letter.

(*English*)

Mr. COWAN: You referred to unfortunate couples who are faced with the question of birth control.

(*Translation*)

Dr. MONGEAU: I was reading a letter from someone who had written to the Association. In this case it is not merely a matter of having money, there are other things to be considered.

(*English*)

Mr. COWAN: I would like to ask Dr. Howse a question. In view of the fact that it has been so necessary to limit the appropriation of the poor, would he have advised the limitation of a family of very very poor Jews in Minsk, Russia who were starving to death and had children. I am saying, "thank God, they had children", but they could not even feed these children. It was a problem to get enough money to come to the North American continent in steerage. When they landed in New York City they had less than $8 among the whole family.

Do you think that a family as poor as the Sarnoffs were in Minsk, Russia should have had a child like David Sarnoff when you consider they did not have the means of raising him in the comfort in which evidently, in 1966, you think all children should be raised. I happen to be a personal friend of the Sarnoff family and I thank God that the family was given to this creation.

Mr. HOWSE: Among large families and among small families you may now and then have a genius, as you do in Dave Sarnoff. Among large families, unfortunately, nobody knows how many geniuses we destroy because the typical pattern of families in the past was, you would have maybe 18 and 19 but maybe 4 or 5 would grow up. How many other geniuses died, I don't know. Obviously, when you have a large family you may have a genius any time. This does not affect the general problem of how you should bring up a child. A normal mother can have 20 children. Now every mother may say, "My twentieth child may be a David Sarnoff, let's go for the twentieth." But I do not think that this would be a very sensible social pattern.

Mr. COWAN: I was just looking up some notes. Dr. Howse said that married couples could have up to 20 children during the course of their married life, and then be added a very illuminating remark that they do not have. Does this not indicate that families are now being regulated or limitation is now being practised without the need of changing the present law? The fact that they do not have 20 children now would indicate that there is limitation being practised. How is the law interfering with that?

Mr. HOWSE: Families are doing it now, but they are breaking the law, widespread, and we are breaking down respect for other law. The reduction of families from 8 and 10 to 4 and 5 has not been done by the extraordinary self-control of the young married people of our time. It has been done because they have contraceptives.

Mr. COWAN: That is where we disagree, of course. Might I ask the doctor would he eliminate the laws against robbery, because robbery occurs every day in the year, year round. We have laws against robbery, but robbery occurs. If we should abolish the laws, because the laws are being broken should we get rid of the robbery laws.

Mr. FIDLER: I think there is another kind of answer to this question, too. As you know there are associations of various kinds which our church and other churches support which are operating to help the families of low income, and families who do not have positions of their own, and so on to get the assistance that they wish and require as families.

> While this may be a worth while organization in that it is attempting to alleviate the problems accompanying the rapid expansion of the world's population, nevertheless the law presently forbids much of what the organization supports.

I think there is a question about that because if they were brought before a court, they could, in fact, prove that they were doing the public some good and, as you know, the exception in the law makes that point, but this is an expensive process, of course.

I continue quoting. "While the law remains as it is, recognition cannot be extended to this organization. I believe that it would be presumptuous for me to

extend such recognition while Parliament does not see fit to permit such an activity. I should also point out that organizations which seek changes in the law are not regarded as being charitable."

This seems to some of us one of the reasons. You may disagree with the argument of the Minister of National Revenue, but as long as the law is on the statute books as we think this is an added reason for urging that the law be changed, so that those—

Mr. KNOWLES: Obviously, this would include contributions to the United Church—

Mr. FIDLER: Well, this is precisely what I would say too. It is a charitable organization which is thought to have changed laws on many occasions, but by this definition it would not be eligible.

Mr. COWAN: One other question, Dr. Howse: in Matthew, Chapter V, verse 28, Dr. Howse, the Lord says "But I say unto you, that whosoever looketh on a woman to lust after her, hath committed adultery with her already in his heart". If the girl has the pill and the man has a device, does that eliminate lust?

Mr. HOWSE: Why should it? That is a condemnation, Mr. Cowan, under which I would say every male in this room has come into many and many a time except with one possible exception, but what this has to do with the problem we have I really cannot say.

Mr. PASCOE: Well, Mr. Chairman, we have had a pretty full discussion on this and the time is getting on. We have at least one brief to study more carefully. I would just like to ask one question for a little information. I think Dr. Mongeau referred to it briefly. I refer to item 6 in the recommendations on page 14. You mention public here. Does that refer to giving sex education in schools more fully than it is given now? At what grade would you start this, if that is what you mean?

Mr. FIDLER: I would say this is one of the things that it refers to. Of course, when we speak of education for responsible marriage and parenthood this includes a very great deal more than simply biological education about sex. I think that there is a biological education about sex of a kind that can be given quite early, and there are, in fact, in Canada and elsewhere, courses with graded information of that kind. Some of them are being used in various schools, but this includes that in a much wider context, namely, respect for persons in interpersonal relationships, the understanding of what maleness and femaleness is in all the relationships of life. I think this is a part of education for a responsible marriage, and family life. I would say this does not refer only to education in the schools. As you may know, there are a number of communities in Canada, where organizations of different kinds, welfare organizations, home and school organizations, child welfare, and the churches are co-operating in experiments of a number of different kinds. We are very closely in touch with this: we provide all the assistance we can to our boards of evangelism and social service and the Board of Christian Education, and the Marriage Guidance Council of the United Church, and we are not the only ones that do this. I would say that item 6 really refers to all these types of education through public—

Mr. PASCOE: It does include education in schools.

Mr. FIDLER: That is right.

Mr. STANBURY: Mr. Chairman, I just want to add my expression of appreciation to both these groups. Obviously, they have both made a great contribution to progress in this field, and their briefs today have been very complete and very helpful. It seems to me a very encouraging commentary on the progress of thinking in this field that one of the groups here today is apparently representing an association which is largely French-Canadian and Roman Catholic from Montreal, and the most vigorous questioning or criticism comes from a representative of English-speaking Protestant Toronto. Surely it is a matter of some encouragement to those of us who look for progress in this field, that the awakening of that need seems to be coming very strongly from the Province of Quebec, as well as from national groups such as the United Church of Canada. I think that both these groups are to be highly commended on the thoroughness and the responsibility which they have shown in making these presentations.

The CHAIRMAN: Are there any other questions?

(*Translation*)

Mr. ISABELLE: Mr. Chairman, I should like to ask Mr. Mongeau a question. I did not understand his reply when he said that a private company is not allowed to have a stand at Expo '67. Your business is not very private. I do not understand. You should have a stand at the Exposition and you should incorporate yourselves under the third part of the Companies Act.

Dr. MONGEAU: It is not the Family Planning Association of Montreal which made that request, it is the National Assocation.

(*English*)

Mr. FIDLER: May I add a word, since I happen to be related to the Family Planning Federation of Canada too. Through Dr. Mongeau's organization in Montreal overtures were made, but as he says this was made on behalf of both the international and the national bodies. I think it is fair to say that there was a blank wall in their application. The problem of population control, such as Dr. Howse set it out, is being presented in several of the exhibits in different ways. The theme as, you know, is "Man and his World", and this topic comes up in a number of ways. Our concern was that there was no presentation of ways of meeting this except through the economic measures; there are other measures in which we are interested. Thanks to some publicity which was given to this at the bi-annual meeting of the Family Planning Federation, a question was raised on the floor of the House, as you may recall, and immediately there was a positive response which opened a door for some kind of presentation in connection with the exhibits at the Expo. So we are grateful at least to the fact that a Member of Parliament noted this and raised the question, and this seems to have had some results.

The CHAIRMAN: Gentlemen, our next scheduled meeting is for the day that the House of Commons will resume its sittings on Tuesday, April 19. This is a date that had been arranged some time in advance. At this meeting we are to

hear the National Council of Women and l'Association des Personnes de Langues Françaises. This was arranged some time ago, as I said, with the expectation that the House would sit on that day. I would like some assurance from the Committee members that if we do call the meeting for 11 o'clock on that day, most of you who are here today will be back in Ottawa in time to attend that meeting. What is the general feeling of the Committee on this?

Mr. KNOWLES: You provide the 12 Liberals and I will be here.

The CHAIRMAN: On behalf of the Committee, I would like to thank the witnesses who appeared today on behalf of the United Church, the Right Reverend Howse, Moderator, and with him The Rev. Mr. Hord and the Rev. Dr. Fidler, and the Rev. Mr. Nerny. We also would like to thank Dr. Mongeau, who comes from the Family Planning Association. We appreciate your attendance and your evidence. Thank you very much. The meeting is adjourned until the 19th.

APPENDIX "A"

BRIEF

on

PLANNED PARENTHOOD

addressed to

The House of Commons Standing Committee

on

Health and Welfare

from

The United Church of Canada

April 5, 1966

PAGE

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Appendices

Part A. A Theological Basis for the position of the United Church of Canada[1]

A Christian statement about the relationships of man and woman in marriage, as in every other sphere of life, must be in harmony with the spirit of Jesus Christ. As a general rule Jesus did not lay down specific laws binding for particular situations or specific dilemmas of conduct.

It is in harmony with the whole spirit of the Gospel to regard Jesus as the divine revealer of the underlying purpose and order which characterize life in the Kingdom of God rather than as a law giver defining social precepts. He declared that the supreme law of life is that we should love God with the whole heart and soul and mind and strength, and our neighbours as ourselves.[2] It would be simpler for us if we could cite an unequivocal word of Jesus about the application of this general law to all our specific concerns in life. Instead, we are bound to search the whole Gospel in order to discern with insight and love the demands that his spirit places upon us for the fulfillment of God's purpose amid the real situations of human experience and social complexity.

We do have scriptural authority for believing that Jesus assumed that the essential relationship of the sexes in marriage is to be understood in terms of the fact of creation. He quoted from Genesis when he declared:

> From the beginning of Creation, 'God made them male and female.' 'for this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one'. So they are no longer two but one. (Mark 10: 6-8)[3]

The act of sexual union partakes of the nature of creation in two ways. The Bible does not shrink from regarding the sexual function as a natural gift.

In the first place, sexual intercourse affects the man and the woman who are joined in this union so that they are no longer completely separate persons. They become what the Bible describes as "one flesh". This new unity is represented by the Greek word "henosis" (literally, "becoming one").[4] The sexual act which consummates marriage is an expression of mutual love; it partakes of the nature of creation for the marriage union, and is for the perfecting of husband and wife, quite apart from its relation to procreation. Though not every act of sexual intercourse results in biological procreation it does, in a mysterious but real way, express and establish a bond between the two who participate. Paul recognized this. "Do you not know that he who joins himself to a prostitute becomes one body with her?" (I Corinthians 6: 16)

In the second place, the act of sexual intercourse which results in procreation and parenthood is a further participation in the creativity of God by the generation of a new person.

Like other functions which are essential for life, the function of sex may be abused. Sexual relations which are motivated by purely selfish lust, without

[1] This section is based on and largely quoted from the First Report of the Commission on Christian Marriage and Divorce which was approved by the Nineteenth General Council of the United Church of Canada, 1960. This Report is reprinted under the title: TOWARDS A CHRISTIAN UNDERSTANDING OF SEX, LOVE, MARRIAGE.

[2] Matthew 22: 36-40, Mark 12: 28-31, Luke 10: 25-27.

[3] See also Matthew 19: 4-6a. and Genesis 1: 27, 2: 24.

[4] The Biblical references to "flesh" denote not simply the physical body but the whole human nature.

regard to the partner as a person who is also made in the image of God, may be destructive for both persons. Promiscuous sex relationships abuse the powers of sex because their purpose is essentially selfish and carnal, without love or the intention of fidelity or the desire to share the full responsibilities of a common life. There may be abuses of the sexual relationship within marriage, too: when one imposes his own desire upon his partner without mutual consent, or when one wilfully withholds from the physical expressions of all-embracing love for purely selfish and unworthy reasons.

Man is commanded to love God with all his mind. By using his mind, which comes from God, man has been able drastically to reduce infant mortality. He now possesses the knowledge, and therefore the responsibility, to lift the begetting of children out of the area of biological accident into the realm of personal decision. Sexual intercourse within marriage has, in itself, a goodness given by God, even when there is no possibility of begetting a child. Therefore, a husband and wife may now decide whether any one act of intercourse shall be for the enrichment of their relationship only, or for the begetting of a child as well.

A husband and wife, in exercising this responsible parenthood, will be influenced by these considerations. The decision should be made by both of them together. It should take into consideration any valid threat to the life or the health of the prospective mother. Children are to be valued as persons, with a right to proper parental care through infancy and youth, and to adequate equipment for full life from society. The needs of society are also to be considered, especially in view of the social, economic, political and religious repercussions from the population explosion that are sweeping over the world with increasing force.

In exercising responsible parenthood, God requires us not to desert Christian truth, but to apply it, through increasing knowledge, into the changing circumstances of the contemporary world.[1]

Part B. Statements of the United Church of Canada.

General Councils of the United Church of Canada have repeatedly expressed approval of the principles of planned and responsible parenthood.

In 1932 the Fifth General Council received a statement from the Board of Evangelism and Social Service which declared among other things:

> Until recently the only other known means of controlling the number of frequency of births was found in abortion or infanticide, both of which are abhorrent to the Christian conscience, although all too prevalent in our time. Recently new knowledge has made available to physicians and others, methods which allow the satisfaction found in union of husband and wife without a fear of parenthood which at the time seems undesirable. But, while all branches of the Church agreed that the expression of affection in marital acts without expectation or intent of parenthood, is good in itself, there is no similar agreement as to whether the entrance on parenthood should be determined by instinct, accident or conscience. There is no other alternative, and the United

[1] Appendix I Cites other representative protestant theologians.

Church of Canada believes that conscience should prevail, and by conscience we mean not some selfish or capricious opinion, but a considered judgment based on the recognition of all the facts and obligations inherent in a situation.

If it be argued that instinct should be followed without deliberate control, then the question at once arises whether we mean the instinctive desire of husband or of wife. Seeing that maternity always involves an expedition down to the very gates of death, the Christian man will recognize that the wife, by virtue of her personality, has a right to determine in fellowship with her husband the occasions and frequency of such experiences. And the same considerations also indicate a right to determine by voluntary and conscientious choice, rather than by accident, the occasions when marital privilege shall find a sequence in procreation.

The question has been asked whether the Christian conscience allows us to use knowledge which enables us to control physiological processes which have been previously regarded as beyond human control. Twice during the last century has this issue been presented to people in the name of religion. The adoption of anaesthetics was criticized as thwarting the will of God that ordained pain for His children; and the new immunity was expected to produce softness and moral weakness. Later, many evangelical Christians were shocked when scientific teachers demanded the adoption of hygenic measure to control the spread of cholera which, not being understood, was regarded as a scourge of God. Today, no Christian would object in either case to the use of the knowledge which then was new for the amelioration of human conditions. We have conquered two major agents by which nature has kept down the pressure of population—pestilence and famine—and we are now seeking to eliminate the third by removal of war from international relations. With this control over the death rate, we believe that the new control over the beginnings of life may, despite the new access which it provides to lawless pleasures, serve the higher life of mankind, and redeem parenthood from the rule of caprice and accident.

The view that procreation may be evaded by total abstinence from sexual union and not otherwise, seems to be out of harmony with St. Paul's declaration against the adoption of such a course except by mutual consent, and then only as a temporary measure.

The most recent action of the highest court of the United Church of Canada is that which was taken by the Twenty-first General Council meeting in St. John's, Newfoundland, on September 9, 1964, and communicated that day by telegram to the Prime Minister of Canada. It is as follows:

Whereas we find ourselves in substantial agreement with the position stated as follows:

> The responsibility for deciding upon the number and frequency of children has been laid by God upon the conscience of parents everywhere; family planning in such ways as are mutually acceptable to husband and wife in Christian conscience is a right and

important factor in Christian family life, and should be the result of positive choice before God; and

Whereas unplanned and unlimited new births in a family may place undue emotional stress upon those already forming the family unit; and

Whereas the arrival of unwanted children in all parts of the world is a grave hazard to the health of mothers and the well-being of families, denying to nations the possibility of advance in their standards of living; and

Whereas Canada, though free from the obvious and direct pressure of population space, has to face the personal needs of families whose economic, social and spiritual conditions makes unlimited births a hazard to all concerned; and

Whereas the General Council of The United Church of Canada has repeatedly expressed its believe in the positive contribution to family life that proper planning and control of conception can make;

It is recommended that this general council:

(1) Request that Subsection (2C) of Section 150 of The Criminal Code of Canada be amended by the deletion of the three words—"preventing conception or".

(2) Urge the Church, on the local level, to encourage Planned Parenthood Associations where medical leadership is available.

(3) Encourage responsible government departments to extend assistance to other countries in making available, upon request, information and supplies essential to intelligent family planning; also to seek to free the United Nations Agencies, in particular the World Health organization, from existing restrictions in the field.

(4) Communicate this action to the Prime Minister, the Minister of External Affairs, to the members of Parliament and the Senate.

(5) That in the light of the current vote, this General Council appeals to the Prime Minister to allow a free vote on the issue.

(p. 430 RECORD OF PROCEEDINGS, 21st GENERAL COUNCIL)

The Board of Evangelism and Social Service in a letter to the Honorable Lucien Cardin, Minister of Justice for Canada dated March 7, 1966, expressed further explicit reasons for these recommendations as follows:

Section 150 (2) offends against the religious beliefs of the majority of Canadians since it makes a criminal offence of something which the Churches believe to be a moral necessity in these days; and the Act as it stands tends to inhibit social agencies from offering advice and assistance in family planning; and legalizing of the advertising, sale and instruction on the use of contraceptives would tend to reduce the number of unwanted pregnancies, and would tend to diminish the number of illegal abortions; and the majority of physicians are prepared to prescribe for

their patients appropriate contraceptive measures, i.e. those which are religiously, medically and aesthetically satisfactory; and Section 150 (2C) prevents Canada from taking an effective part in aiding those nations affected by population explosion, which, if unchecked, must inevitably lead to lower living standards, world instability and ultimately, to war.

These actions reaffirm and carry further recommendations made to the Nineteenth General Council, meeting in September 1960, by a special Commission on Christian Marriage and Divorce. It made an extensive study of numerous questions in relation to a Christian understanding of sex, love and marriage, and consulted theological, biblical, medical, psychiatric sociological and legal authorities in our own Church and elsewhere. Their Studied opinion, endorsed by action of the General Council, was expressed as follows:

Responsible parenthood

"Procreation is a gift of God. It is the power to share the creative process by which He brings a child to birth. This is a normal expectation, through the consummation of sexual union in marriage, although some couples may be denied parenthood through physical disability or other causes.

"A husband and wife who plan for parenthood, in accordance with their Christian conscience and their ability to provide for the welfare of their children, exercise responsible parenthood. Responsible parenthood is not merely "birth control" to prevent parenthood. It is thoughtful and conscientious use of knowledge to provide that children are brought into the world at such times and in such spacing as promise the greatest good for the whole family and for society.

"Responsible parenthood implies conception control in ways that are medically approved and mutually acceptable to husband and wife in the light of their common responsibility to each other, to their family, to society, and to God. This requires self restraint in sexual relations and may involve the use of contraceptives in accordance with these considerations.

"Conception of children without regard to the ability to care for them, or without consideration of the claims of future generations, is irresponsible parenthood and may be as sinful as is the limitation of children for purely selfish reasons.

Conception control

"What means may a Christian husband and wife properly employ to prevent an individual act of intercourse from resulting in conception? The life of another individual does not begin until the sperm fertilizes the ovum. In such conception there is a 'waste' of sperm. So also in intercourse during pregnancy, or during the infertile periods. Similarly, an ovum is 'wasted' every time a woman menstruates. It is difficult if not impossible to make a moral distinction between the several common methods for control of conception: by limiting intercourse to the estimated periods of infertility; by the use of artificial barriers to the meeting of the sperm and ovum; or by the use of drugs, which may soon safely and effectively control ovulation in a predictable manner. The means employed must be acceptable to both husband and wife in Christian conscience.

"Even with careful and continued use of modern knowledge, there is always the possibility of unintended conception. Christian parents will accept the child who comes this way, as well as the intended child, as a gift of God.

"Recognizing that it is a Christian duty of husbands and wives to exercise the power of procreation responsibly before God,

We recommend:

1. Pastoral Concern

That ministers help those who contemplate marriage to consider beforehand the factors that should determine their mutual decisions about the number and spacing of their children.

2. Medical Advice

That ministers urge husbands and wives to obtain medical advice concerning means of conception control that are both medically approved and aesthetically acceptable to both of them and in accord with their Christian conscience.

(pages 184, 164, 215, RECORD OF PROCEEDINGS, 19th General Council.)

It will be apparent that the concerns of successive General Councils of the United Church of Canada are based upon our understanding of the biblical and theological foundations for a Christian view of marriage and parental responsibilities, and a conviction of social responsibility in relation to the need of the world in our time.

Our views are shared by many other Christians and have been clearly expressed by leading theologians and Church bodies.[1]

Part C. Additional Reasons for Revision of the Criminal Code, Section 150 (2C)

In our view the restrictions presently incorporated in the section of the Criminal Code dealing with "Offences Tending to Corrupt Morals", which state that "everyone commits an offence who. . .offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicines, drug or article intended or represented as a method of preventing conception", offend the moral sense and religious beliefs of the majority of Canadians. They make a criminal offence of something which we believe to be a moral necessity.

Persons who desire guidance in family planning can, in fact, obtain the most recent advice and contraceptive devices *if they can afford private medical service.* The law is manifestly widely flouted in this respect. This results, incidentally, in an attitude of disrespect for all law. We deplore this disrespect.

Many Canadians cannot afford private medical advice, or do not have access to the numerous publications widely available to supply contraceptive information. Health and Welfare Agencies have, up to now, been inhibited by the Act from offering advice and assistance in family planning to those who are dependent upon such public agencies for their health services.

[1] See Appendix I and Appendix II.

We are aware of the clauses in the Act which say:

(3) No person shall be convicted of an offence under this section if he establishes that the public good was served by the Acts that are alleged to constitute the offence and that the acts alleged did not extend beyond what served the public good.

(4) For the purpose of this section, it is a question of law whether an act served the public good and whether there is evidence that the act alleged went beyond what served the public good, but it is a question of fact whether the acts did or did not extend beyond what served the public good.

(5) For the purposes of this section the motives of an accused are irrelevant.

We respectfully submit that this is in effect a reversal of the common practice of our laws which consider a person innocent of offence until proven guilty. There are persons who proceed on the assumption that their actions in offering advice and appliances for contraception 'are in the public good'. But many agencies who might provide welcome assistance to the public good hesitate to do so in view of the possible expense and distress to which they might presumably be exposed in order to *disprove* offence if a charge were laid against them.

We have evidence that there are many people in the underprivileged segments of our society who would welcome help in family planning if it were made available through normal public health services. For instance, the population increase among the Indians of Canada is among the highest of any in the world. (3.3 per cent per year. World average is 2.1 per cent per year. Latin America's high rate of 2.5 per cent often given the dubious distinction of representing the fastest growing major area in the world, is less than that of the Canadian Indian.[1]

We are impressed, also, with the fact that the Canadian people are inhibited in offering support to other developing nations who look to world organizations for help in meeting their urgent problems of population control. Once the Criminal Code is purged of the stigma it now attaches to family planning we hope that the statesmen who represent Canada in world organizations may be able to offer Canadian support and assistance in population control programs which are being requested by many nations.

It is a universally accepted principle that every child should be born in circumstances that will offer him the fullest possible measure of the care, attention and affection that he needs in order to develop into a well-balanced, emotionally stable and physically healthy adult. The unwanted child—who for social, psychological or economic reasons is not welcomed by his parents—begins his life under conditions which are likely to impair seriously his healthy development.[2]

Dr. Karl Menninger, an outstanding American psychiatrist, states:

The reason that contraceptive knowledge and counsel seem to the psychiatrist to be essential is based not upon considerations of the

[1] See Appendix item III.
[2] See Appendix item IV.

welfare of the adult but upon the considerations of the welfare of the child. Nothing is more tragic, more fateful in its ultimate consequence, than the realization by a child that he is unwanted . . .

This may show itself in a determined campaign or in a provocative program of attracting attention by offensive behaviour and even criminal acts. Still more seriously it may show itself as a constant fear of other people or as a bitter prejudice against individuals or groups through deep-seated, easily evoked hatred of them . . .

I say that from the purely scientific point of view, planned parenthood is an essential element in any program for increased mental health and for human peace and happiness.[1]

Christian compassion and thinking join with scientific reasoning to argue for the revision of the code that makes of responsible parenthood a criminal offence.

Part D.

RECOMMENDATIONS

Our recommendations, respectfully submitted to the Standing Committee on Health and Welfare of the House of Commons, are as follows:

1. That the Criminal Code, section 150 (2) (c) be amended by deleting the words "preventing conception or".
2. That physicians in private practice, and Public Health services at all levels of government be encouraged to provide instruction and assistance in family planning, including fertility assistance, in accordance with the wishes and religious convictions of husbands and wives.
3. That Public Welfare agencies be encouraged to assist in financing the cost of contraceptive prescriptions and devices as they do for other health prescriptions as part of accepted Public Welfare programs, and that social assistance grants be recognized as including such services.
4. That quality and safety controls of contraceptive drugs and appliances be provided under the Food and Drug controls of the Federal Government.
5. That there be adequate regulation of the advertising of birth control devices and preparations to avoid offence to good taste, and that slot machine dispensing be forbidden.
6. That every possible encouragement and assistance be offered to responsible public and private agencies so that they may provide more adequate programs, especially for adolescents and young people, to prepare them for responsible marriage and parenthood.

[1] pp. 38-40, PSYCHIATRIC ASPECTS OF CONTRACEPTION, Bulletin of the Menninger Clinic, January 1943.

On behalf of the United Church of Canada

The Right Reverend Ernest Marshall Howse,
Moderator

The Reverend J. Ray Hord, Secretary of
Board of Evangelism and Social Service
The Reverend Maurice E. Nerny, Minister of
L'Eglise St. Marc, Ottawa
Mr. Harold Arnup, Treasurer
United Church of Canada.
The Reverend Frank P. Fidler, Secretary of
The Marriage Guidance Council of
The United Church of Canada.

Representative Theological Opinion about Contraception

(A Report to the Center for Study of Democratic Institutions of Santa Barbara, California summarizes recent developments in theological thinking in its publication on BIRTH CONTROL AND PUBLIC POLICY (1960) written by Norman St. John-Stevas. The following paragraphs are quoted from this report.)

Outside the Roman Catholic Church, Christian opinion on contraception has undergone a profound change. Until the end of the nineteenth century contraception was condemned by all Christian denominations as immoral or unnatural and contrary to divine law. Today the Roman Catholic and Orthodox Churches are practically alone in adhering to this position. By "contraception" is meant artificial methods of birth control, since the Catholic Church is in agreement with other churches that families should be planned but limits the methods employed to abstention or use of the safe period. "To produce children without regard to consequences," states an authoritative Anglican Committee, "is to use procreative power irresponsibly, the more so when there is involved the imposition of one partner's will upon the other". [1] Similar judgments have been passed by Protestant leaders. Thus, Dr. Gustafson, President of the New York Conference of the Augustana Lutheran Church, recently declared: "An unrestrained production of children without realistic regard to God-given responsibilities involved in bringing them up in the discipline and instruction of the Lord may be as sinful and as selfish an indulgence of the lusts of the flesh as is the complete avoidance of parenthood."[2]

The change in attitude from 1920 to 1958 was brought about partly by social changes. . .

A second factor influencing the decision was the modern development of knowledge of the safe period, showing that nature provided her own method of birth control. Most important was the theological development of the doctrine of Christian marriage which had taken place since 1920. The (Lambeth) Conference of that year had been unequivocal in stressing procreation as the primary purpose of marriage, and this had been repeated in 1930. The 1958 Conference,

[1] THE FAMILY IN CONTEMPORARY SOCIETY (London, 1958), p. 15.
[2] THE NEW YORK TIMES, July 25, 1958.

on the other hand, did not stress the reproductive end of marriage in this way. Biblical revelation, it was agreed, did not limit the function of sexuality and the family to the reproductive process but stressed equally the companionate purpose of marriage. These two ends are not separable in importance, "are not subordinated one to the other; they are not directly related to one another; their relationship, in the developing experience of Israel, is to be found in yet a third area—that of the place of the family in giving responsible security to the children born of the love of husband and wife."[1] Procreation of children and promotion of the mutual love of the spouses are thus accepted as co-equal ends.

A parallel development in Anglican theology has been the increasing stress on *henosis,* the union of man and wife in one flesh that takes place within the marriage relationship.[2] Christ himself stressed this aspect of marriage, and St. Paul developed the doctrine.[3] The act of *coitus,* far from being a merely physiological device to perpetuate the race, has a quasi-sacramental character of the highest importance in developing the personal and spiritual life of the married couple. Traditional theology is inadequate in stressing the procreative purpose of marriage and underestimating the intrinsic importance of the sexual act. Some writers have gone so far as to suggest that it is *henosis* that is primary in marriage and not procreation. Thus Canon Warner writes: "The Unitive achievement of sexual intercourse precedes procreation and is primary in time sequence as well as in its inner constitutive nature as *object.*"[4]

Reinhold Niebuhr has not dealt with the subject at great length, but he indicated his views briefly in the course of the first series of Gifford lectures for 1939.[5] "The prohibition of birth control", he said, "assumes that the sexual function in human life must be limited to its function in nature, that of procreation. But it is the very character of human life that all animal functions are touched by freedom and released into more complex relationships. This freedom is the basis of both creativity and sin." In place of the Catholic idea of the law of nature, he suggests the substitution of the Lutheran notion of the "order of creation", giving as an example natural bisexuality. "It is not possible to escape the natural fact that the primary purpose of bisexuality in nature is that of procreation. But it is not easy to establish a universally valid 'law of reason' which will eternally set the bounds for the function of sex in the historic development of human personality." Dr. Niebuhr, while drawing no immediate concrete conclusions, is here asserting the transcendence of the personal and rational over the purely biological, while taking the latter into account. It would thus seem that given certain circumstances man may morally use contraceptives in sexual intercourse.[6] What those circumstances are must be left to the Christian insight of the individual. . . .

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[1] THE LAMBETH CONFERENCE 1958, II, 143.

[2] See, for example, D. S. Bailey, THE MYSTERY OF LOVE AND MARRIAGE (London, 1952).

[3] Matt. 19:6. St. Paul, Ephesians 5:23-33.

[4] "Theological Issues of Contraception" Theology, LVII (January 1954), 8-14 at p. 11.

[5] THE NATURE AND DESTINY OF MAN (New York, 1949), vol. I, 281-82.

[6] Cf. Joseph Fletcher: "With the medical technology of contraception, parenthood and birth control become matters of moral responsibility, of intelligent choice. We are able to control our fertility. No longer do we have to choose between reproduction and continence. Sex is no longer a helpless submission to biological consequences. Nor is the only alternative a denial of sexual love, either *in toto* or according to lunar calculations in a sophisticated and doubtful rhythm mathematics. When such calculations enter in, the spontaneity of love goes out. Rhythm is a denial of freedom; it offers only an alernation of necessities, not a method of true control." *Morals and Medicine* (Princeton, 1954), p. 96. Also, Paul Ramsey, "Freedom and Responsibility in Medical and Sex Ethics: A Protestant View," *New York Law Review,* XXXI (1956), 1194.

Karl Barth is another contemporary theologian who has discussed contraception at rather greater length.[1] Having conceded that family planning is generally accepted by theologians as desirable, he goes on to discuss the legitimacy of the means that may be employed. Abstinence he characterises as an "heroic" course, which is not wrong in itself but may be psychologically dangerous. The safe period might seem the ideal expedient, but the anxiety caused by its unreliability, as well as its check on the spontaneous nature of sexual expression, are grave objections to its use. *Coitus interruptus* is fraught with psychological dangers and its practice may well imperil marital union. There remains the last alternative of contraception, the use of mechanical devices which are not evil in themselves. If, says Dr. Barth, human interference with the natural act of *coitus* is regarded as wrong in itself, then all four methods must be rejected without distinction. If, on the other hand, family limitation is recognized as desirable, then it should be recognized that all methods are open to some objection, and this is the price to be paid for an extension of freedom. In making the choice between the various methods certain considerations apply. The choice must be made in faith and with a free conscience, and it must be a joint decision of husband and wife taking into account the significance of their joint life together and the whole purpose of the matrimonial union.

These Protestant approaches are similar in that they offer no binding principle which can be universally applied but rather state that in certain circumstances the informed Christian conscience can conclude that contraception is lawful without the incurring of sin.

[1] Die Kirchliche Dogmatik. III. 300-11.

Appendix II to Brief

Statements of other Churches about Birth Control

1. The Report to the Centre for Democratic Institutions reports as follows:

> Official acceptance of birth control by Protestant churches has kept pace with theological developments. In March 1931 the Federal Council of Churches of Christ in America approved of artificial methods of birth control by a vote of 24-4.[1] Since then numerous other Protestant churches and sects have followed suit.[2] In 1954 the Synod of the Augustana Lutheran Church, at its meeting in Los Angeles, endorsed birth control.[3] The Methodist Church took unanimous similar action at its General Conference in 1956.[4] In England, Methodists have expressed similar views.[5] Typical of numerous Protestant statements is the following by the Reverend James L. Novarro: "We Baptists definitely consider fertility and conception as providential and a power given to man to be properly utilized. Fertility and conception should not be left up to accident, but should be well planned, thereby contributing to the moral, spiritual, and physical health of all concerned."[6] Baptists, however, like many Protestant sects, have not officially supported birth control but leave it to the consciences of individual members of their congregation to decide for themselves.
>
> It seems beyond questions that the overwhelming weight of Protestant opinion favours artificial birth control at least to some degree.

2. Social Action, a monthly bulletin published by the Council for Christian Social Action of the United Church of Christ (U.S.A.) reported the "Need for Christian Perspective on the Family" as follows:

> It seems clear that the first task is to go behind the tradition affected by so many non-theological factors to the Bible itself for a clearer understanding of the Christian perspective on the family. When one looks with open eyes and mind at the Scriptures the central insight, from Genesis through the Epistles, is the view of the spiritual significance of the marital relationship, the "two become one," the two whom "God has joined together" (Gen. 2:24, Mark 10:8, Eph. 5:31). The holy character of state of true matrimony tends to be overlooked, when it is contrasted with the "religious" life of celibacy.
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> The positive attitude towards procreation in the injunction to "increase and multiply" (Gen. 1:28) undoubtedly has relevance beyond the

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[1] See Margaret Sanger, *My Fight for Birth Control*, p. 344.

[2] These include the Connecticut Council of Churches; and the General Council of Congregational and Christian Churches; the Protestant Episcopal Church (House of Bishopes and House of Deputies); the Quakers, Baptists, Disciples and Jehovah's Witnesses leave the matter to be decided by the individual.

[3] But not all Lutherans accept this; the Missouri Synod of the Lutheran Churches, for example, has condemned it as sinful.

[4] The New York Times, May 4, 1965. See October 17, 1956, for acceptance by United Lutheran Church Convention.

[5] See welcome of Norman H. Snaith, President of Methodist Conference, to the Lambeth Report, The Times (London), August 27, 1958.

[6] See SIMPLE METHODS OF CONTRACEPTION (New York, 1958), p. 43.

conditions of life in Old Testament times. It offers an important consideration in a responsible marriage. But the injunction is to "fill the earth and subdue it," not to over-fill the earth and be subdued by the pressures of population on the means of subsistence.

Moreover, the alternative explanation of the creation of male and female in Chapter 2 of Genesis, neglected in Roman Catholic treatments of the subject, has its own claims to major consideration. The insight that companionship is a fundamental element in true marriage, that it is "wrong for the man to be alone" (Gen. 2:18), was regarded by Calvin as the key to the Scriptures on this subject.

Even if the idea that the primary purpose of marriage is the begetting of children were valid—an assertion in Catholic argumentation despite the broader definition in Canon Law—it would not follow that each conjugal act must not prevent the possibility of conception. The admitted other purpose of marriage, called "secondary ends" in *Casti Connubii*, have their rights. And the exercise of these rights through contraception does not of itself determine the purpose called "primary" is served or denied. Only the total marriage relationship determines that.

Religious Bodies Speak on Planned Parenthood

"The means which a married pair uses to determine the number and the spacing of the births of their children are a matter for them to decide with their own consciences, on the basis of competent medical advice and in a sense of accountability to God . . . . . So long as it causes no harm to those involved, either immediately or over an extended period, none of the methods for controlling the number and spacing of the births of children has any special merit or demerit. It is the spirit in which the means are used, rather than whether it is "natural" or "artificial", which defines its "rightness" or "wrongness." "Whatever ye do, do all to the glory of God" (I Cor. 10:31) is a principle pertinent to the use of the God-given reproductive power."

Augustana Evangelical Lutheran Church Synod of 1954.

"We believe in the ideal of marriage as the complete union of one man and one woman, who, forsaking all others, give themselves to each other. This idea, we are convinced, cannot be realized without mutuality and freedom resulting from physical and spiritual oneness. We believe in the right of children to be wanted and the right of husbands and wives to assume parenthood. Therefore, we favor the principle of voluntary child-bearing, believing that it sacramentalizes physical union and safeguards the well-being of the family and society."

—Congregational Christian Churches, General Council, 1931

"In the interest of more stable family life . . . (this synod) expressed itself as supporting the right of married persons to all appropriate medical aid in the wisest planning of their families and protests the practice of organized minorities which deny them this right through law or pressure on responsible social agencies."

—Evangelical and Reformed Church, General Synod, 1947

"Marriage is an achievement . . . It comprises a growing oneness in which emotional adjustments from time to time are affected by an understanding of right ways of living together . . . We believe that planned parenthood, practiced in Christian conscience, may fulfil rather than violate the will of God."

—The Methodist Church, Quadrennial Conference, 1956

"We endorse the efforts being made to secure for licensed physicians, hospitals, and medical clinics, freedom to convey such information as in accord with a more wholesome family life, wherein parenthood may be undertaken with due respect for the health of mothers and the welfare of their children."

—Protestant Episcopal Church, General Convention, 1946

"Husband and wife are called to exercise the power of procreation responsibly before God. This implies planning their parenthood in accordance with their ability to provide for their children and carefully nurture them in fulness of Christian faith and life. The health and welfare of the mother-wife should be the major concern in such decisions. Irresponsible conception of children up to the limit of biological capacity and selfish limitation of the number of children are equally detrimental. Choice as to the means of conception control should be made upon professional medical advice."

—United Lutheran Church, 20th Biennial Convention, 1956

"The Conference believes that the responsibility for deciding upon the number and frequency of children has been laid by God upon the consciences of parents everywhere; that this planning, in such ways as are mutually acceptable to husband and wife in Christian conscience, is a right and important factor in Christian family life and should be the result of positive choice before God. Such responsible parenthood, built on obedience to all the duties of marriage, requires a wise stewardship of the resources and abilities of the family as well as a thoughtful consideration of the varying population needs and problems of society and the claims of future generations."

—Lambeth Conference of the Church of England, 1958.

Appendix III to brief.

EXCERPTS FROM A REPORT TO THE

Ontario Division Executive of the Indian Eskimo Association

about the

Winnipeg Indian-Metis Conference, February 11-14, 1966.

Re Family Planning

Although the Winnipeg Indian-Metis Conference originated with the concern of two members of the Winnipeg Local Council of Women, and has been sponsored by the Welfare Planning Council each year for the past twelve years, this was the first year that a whole day was set aside for the discussion of questions of particular concern to women. At the close of last year's sessions the Indian and Metis women themselves asked that time be allotted to them another year, for discussion of family problems. Previously only part of a day had been planned, and all of this was for a discussion on crafts.

Following the Trinity College Conference in January 1966, the Winnipeg Planning Committee welcomed my suggestion that Dr. Henrietta Banting, Director of the Cancer Detection Clinic of the Women's College Hospital, in Toronto, could be invited to explain the various methods of family planning and answer questions. Dr. Banting agreed to do this. The purpose of the Women's Day Program was explained by the Rev. Adam Cuthand, Co-Chairman of the Conference, and himself an Indian, and the Chairman was Miss Verna Kirkness, Guidance Counsellor of the Indian Affairs Branch, in Manitoba—(and an Indian). Interpreters were needed for a number of women; there was free discussion and full participation. The fact that Indians, in their original culture, practised birth control, not only by self-control, and pre-marital guidance of parents but also by herbs and medicines, was brought out by the Rev. Adam Cuthand, whose mother was a medicine woman, and by Mrs. Frances, a leading Indian in the Winnipeg area. "Young couples were advised they should not start a second baby until the first one was able to take care of itself (even up to seven years)", said Mrs. Frances.

The results of this meeting confirm my interim findings after research both on and off reserves during the past three years.

1. Indian families, in their original culture, practised birth control.

2. Indian and Metis families, today, want family planning information and assistance.

3. Indian and Metis, today, are seriously concerned about the number of unmarried pregnancies.

4. Indian and Metis families will use new information and new devices for planned parenthood as responsibly as any other segment of society.

5. In many areas, Indian women have had no information, not even an explanation of the Rhythm Method.

6. Breast feeding was, and still is, a safe method of birth control for a period.

7. Type of home construction, and location in isolation, nullifies value of some methods of contraception.

8. All methods of contraception vary in effectiveness with the living conditions and the mentality of families using them. Methods possible for Indians and Metis, as for non-Indians, living in cities or towns are impossible for people living in isolated areas.

9. Until living conditions and job opportunities improve for Indians and Metis, both on and off reserves, help with family planning is a responsibility our religious, and health and welfare authorities must recognize and accept.

Respectfully submitted,

Thora R. Mills (Mrs. R. A.)

(Member of the national Marriage Guidance Council of the United Church of Canada), March 1, 1966.

Appendix IV to Brief.

Responsible Parenthood: Social and Psychological Aspects

Excerpts from an address by Professor Chas. E. Hendry, Director, School of Social Work, University of Toronto, to a Symposium on Responsible Parenthood, in Toronto, November 24, 1965.

(Dr. Hendry is a former chairman of the Committee on International Affairs of the United Church of Canada)

"Shocking as it was, in 1798, when Thomas Malthus published his celebrated "Essay on Population", his gloomy predictions would have been even more disturbing had he anticipated how extraordinarily successful medical science would prove to be in prolonging life. In the last decade, for instance, the drop in death rates has been described as the most spectacular achievement of its kind yet statistically recorded.

"Despite war, pestilence and famine, which for centuries past kept population in check, world population, by 1800, had reached the billion mark. By 1960 it had increased to 3.3 billion. At the current rate of increase, by the turn of the century, it will pass well beyond the six billion mark.

"Anyone who has taken the pains to examine the United Nations Report on the World Social Situation (1963) will be aware of the enormous complexity of fertility patterns and the immensely serious consequences, that flow from the current and projected explosive expansion. Substantial opinion based on scientific inquiry, would seem to indicate that massive famine conditions, particularly in Asia, Africa and Latin America, lie ahead.

"In commenting on what is sometimes dubbed "the world's famine timetable" Dr. Raymond Ewell, Vice-president for research of New York University, while agreeing that increasing food production may ward off catastrophe for the next twenty years, expresses the considered judgment that "ultimately birth control is the only answer". Crudely and cogently, to overbreed is to underfeed.

"Those who heard Her Excellency Madame Alva Myrdal, Swedish Ambassador to the United Nations, give the third Taylor Statten Memorial Lecture, as the opening key-note address, at the recent Canadian Conference on Children in Montreal, will not soon forget the powerful impact on her thoughtful analysis. At one point in her magnificent paper, what she attempted to do was to place "this enigma (of the world population explosion) in its more intimate context of the family, the individual families". Dr. Myrdal went on to say:

"This was impressively done at the occasion of the World Population Conference in Rome, 1954, when the Pope made a statement to the effect that it was a responsibility of each family not to have more children than they could take good care of. And I, as one who has been concerned with, and written about, population problems for three decades, feel an urge to confess that I consider this kind of an approach to be the correct one in relation to the large poor regions in the world. It is the individual family that should be placed in focus, its health, the health of the mother and of the children already born,

their chances to nourishment, care and well-being, rather than any abstract argumentation about family size and rate of population growth. If this is the line we choose, the avenue for reaching the family with birth control information becomes indicated. The accent should be on spacing rather than on limiting births and the information about methods to achieve proper spacing should be given from the time of the first pregnancy; further, the agency to give the information should preferably be the health clinics that guide the families on prenatal and postnatal care.

"In this way, an unassailable chain for social action is established, safeguarding what member nations at the World Health Organization's latest World Health Assembly agreed—namely, that "the size of the family should be the free choice of each individual family".

"It is not without significance that two former presidents of the United States of America have become co-chairmen of the Honorary Sponsor's Committee of Planned Parenthood—World Population. The New York Times for June 23, 1965, reports ex-president Eisenhower as saying that in associating himself with former President Truman, he had "accepted this position in order to demonstrate my recognition of the urgency of the entire problem and the alarming consequences that are certain to follow its neglect". General Eisenhower made this statement in a letter to the Chairman of the Senate Government Operations sub-committee on foreign aid expenditures.

"Of still greater significance is what must be regarded as a kind of breakthrough, when in his State of the Nation address last January, President Johnson incorporated the following declaration: "I will seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity of world resources".

"President Johnson has impressive support from the National Academy of Sciences. In a 25-page report, a special committee of the Academy, chaired by Dr. William D. McElroy, a Johns Hopkins University biologist, has urged the federal government to take a stronger role in promoting birth control in the United States—including the appointment of an administrator to assist public and private programs.

"I am fully persuaded, so far as Canada is concerned, that the key log in the present birth control jam is section 150 (2) (C) of the Criminal Code of Canada.

"We in Canada might well study developments in Chicago where significant progress has occurred not without considerable opposition and obstruction, also the introduction of similar programs in rural areas, by the Federal Government through its Office of Economic Opportunity. Credit must go to the Province of Manitoba for organizing the first province-wide family planning association in this country.

Four basic considerations underlie responsible parenthood in determining the number and frequency of pregnancies. Using the language of the policy Statement on Responsible Parenthood of the National Council of the Churches of Christ in the United States of America, these include:

1. The right of the child to be wanted, loved, cared for, educated, and trained in the "discipline and instruction of the Lord" (Eph. 6:4). The rights of existing children to parental care have a proper claim.

2. The prospects for health of a future child, if medical and eugenic evidence seem negatively conclusive.

3. The health and welfare of the mother-wife, and the need for the spacing of children to safeguard them.

4. The social situation, when rapid population growth places dangerous pressures on the means of livelihood and endangers the social order.

Clearly these reasons for family planning go beyond mere psychological considerations. They involve also scientific and ethical considerations.

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

This edition contains the English deliberations and/or a translation into English of the French.

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LÉON-J. RAYMOND,

The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament
1966

STANDING COMMITTEE
ON
HEALTH AND WELFARE
Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE
No. 9

TUESDAY, APRIL 19, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESSES:

Miss Margaret E. MacLellan of Ottawa, Vice-President of the National Council of Women; and Dr. Jacques Baillargeon of Montreal, representing *L'Association des Médecins de Langue Française du Canada.*

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23796—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (High Park),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Howe (Wellington-Huron),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (Vancouver-Kingsway),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Simpson,
Mr. Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, April 19, 1966.
(10)

The Standing Committee on Health and Welfare met this day at 11:30 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Ballard, Brand, Chatterton, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Laverdière, O'Keefe, Rynard, Stanbury (13).

In attendance: Miss Margaret E. MacLellan of Ottawa, Vice-President of the National Council of Women; and Dr. Jacques Baillargeon, M.D. of Montreal, representing l'Association des Médecins de Langue Française du Canada.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman introduced the witnesses and invited Miss MacLellan to make the presentation on behalf of the National Council of Women.

Dr. Baillargeon read the brief of l'Association des Médecins de Langue Française du Canada.

On motion of Mr. Rynard, seconded by Mr. Knowles,

Agreed,—That the presentation of the National Council of Women and the first part of the brief of l'Association des Médecins de Langue Française be incorporated in today's proceedings.

Dr. Baillargeon was questioned at length. He mentioned that if the Committee so wished, he would send a letter giving further information not available at present.

Miss MacLellan was also questioned.

On behalf of the Committee the Chairman thanked both witnesses, and at 1:05 p.m., the Committee adjourned to 11:00 a.m., Thursday, April 21st.

Gabrielle Savard,
Clerk of the Committee.

23796—1½

(RECORDED BY ELECTRONIC APPARATUS)

EVIDENCE

TUESDAY, April 19, 1966.

The CHAIRMAN: Ladies and gentlemen, I am going to call the meeting to order. We have before us this morning two witnesses and we will ask each of them to present their brief in order, following which we will have both of them available for questioning by the members of the committee.

I would first like to introduce Miss Margaret MacLellan, who is the Vice-President of the National Council of Women from Ottawa, and ask her to present her brief.

Miss MARGARET E. MACLELLAN (*Vice-President, National Council of Women*): Mr. Chairman, hon. members, I am deputizing for our national president, Mrs. Steen, this morning. Mrs. Steen is on her way to Japan to attend the triennial meeting of the International Council of Women and so, on behalf of the National Council of Women of Canada, I will present our views.

Because this brief was just submitted late yesterday and distributed this morning, I think it is safe to assume that you have probably not had time to read it so I will follow it very closely instead of just speaking on it, as I would have done otherwise.

As we point out in our first paragraph, the National Council of Women of Canada is a federation of organizations comprising 54 local councils of women, seven provincial councils and twenty nationally organized societies; there are approximately 1800 organizations from coast to coast federated with the local and provincial councils. Now in its 73rd year, the council is an incorporated, non-sectarian, non-partisan movement founded to serve as a unifying body of community opinion, locally, provincially, nationally and internationally.

One of 58 national councils of women that are united in the International Council of Women, the International Council of Women, as a non-governmental organization (NGO) holds consultative status with specialized agencies of the United Nations.

In order to carry out the purpose of the council, which is to serve the highest good of the family and the state, thirteen standing committees are maintained: Arts and letters, economics, education, films, health, housing and community planning, international affairs, laws, migration and citizenship, public safety, radio and television, social welfare, trades and professions.

The policy of the council is based on resolutions adopted at annual meetings following several months' study by the federated organizations. In so far as this present submission is concerned, it is based on a resolution adopted at the annual meeting in Hamilton, Ontario, in June, 1964, and subsequently presented to the

federal cabinet on January 21, 1965. It was brought forward again in council's oral presentation of resolutions to the Prime Minister and members of the Cabinet on January 31, 1966.

The resolution as originally sent out to all our federated societies for study and subsequently brought before the annual council meeting in June 1964, asked that the Criminal Code of Canada be amended by deleting those three words, "Preventing conception or" in Section 150, subsection 2(*c*). During discussion on the resolution as it was presented in the meeting several of our members voiced a real fear that removal of this restriction would throw the field wide open to offensive advertising. And so, after a great deal of discussion, the resolution was re-drafted during the annual meeting and the text of it is shown on page 2 of our brief, as follows:

> WHEREAS, The International Council of Women adopted a resolution in June, 1963 in Washington, advocating the education of parents in their duty and responsibility to plan their families in such a manner as to meet the requirements of their children; and
>
> WHEREAS, It was recommended that child-spacing information be made available to all parents as part of the regular medical services to the community, and that instruction, acceptable to their personal, moral and religious convictions be given by suitable trained persons to all parents who ask for it; and
>
> WHEREAS, Section 150 of the Criminal Code with respect to birth control makes it unlawful to give such information and instruction, thus preventing public health and social welfare agencies offering to their patients and clients the medically-approved means of spacing their children, and limiting the size of their family to the number of children they want and can care for; therefore
>
> RESOLVED, That the National Council of Women of Canada request the Government of Canada to amend Section 150 of the Criminal Code of Canada in such a way that it will not be contrary to the provisions of the Code for authorized public health and welfare agencies and qualified medical practitioners to disseminate information regarding birth control.

We base this submission partly on the fact that there is an increasing acceptance of birth control and when we presented this resolution to members of the Cabinet in January of this year the Prime Minister told us that he did not think the time had yet come for a revision of the law affecting birth control. He added that he would hate to have to argue against our presentation but he did not think that the time was yet ripe for it. As a matter of fact when we first presented it in January of 1965, he made this statement. So we felt there had been such a change in public opinion in the year intervening that we brought it forward again in our submissions last January and then he said he would hate to argue against us on the points that we had brought forward. We believe that there is an increasing acceptance of birth control in Canada and throughout the world. We then give three examples to substantiate this statement.

The Second Canadian Conference on Children held in Montreal in November 4, 1965, went on record as recognizing the need for legalization of family planning information in Canada. Dr. J. F. McCreary, Dean of Medicine,

University of British Columbia, said that the theme of planned parenthood had recurred throughout the 25 individual conference study sessions and had emerged in resolution form from a significant number at the close of the conference. I think this indicates that it was not just a recommendation that came from one small group at that conference but from a great many of the individual sections; in other words, it was a real consensus.

This increased acceptance is reflected in the setting up of more birth control clinics, for example, in Scarborough, Ontario, the Municipal Board of Health now offers birth control information at its 15 child care clinics. This was a decision taken last year and it has since been implemented. In Winnipeg, more than 200 indigent mothers and some of them have as many as 14 children, have been receiving family planning guidance and free supplies of oral contraceptives from a private welfare agency, the Mount Carmel Clinic. The original scheme was launched in 1961 and it was first expanded a year ago.

Under the new program, any destitute mother with a large family will receive help, whether she is referred by one of Winnipeg's 60 welfare agencies or whether she comes in on her own initiative, and as one of the members expressed it, even if she comes in off the street she will be given this information and help if she asks for it. This extended program has received the widespread approval of community leaders, including ministers, social welfare directors and physicians. Nevertheless, it is clearly an offence under Section 150 of the Criminal Code. Section 150 (2) (c) has never been rigidly enforced by legal authorities, nor has there ever been any great pressure to enforce it on the part of the public. Now, we recognize that legislation cannot move too far ahead of public opinion, but it should not be moving too far behind and yet, in spite of this, legislation which is not and cannot be enforced is poor law, and tends to create a disrespect for all law.

We maintain also that our present birth control law is discrimination against the poor. It does not affect those who can afford to obtain information and devices to aid in planning their families according to the dictates of their own conscience; they can and do get this information, law or no law. The main force of this law is to deny information and guidance to the poor. Legal prohibition of the dissemination of birth control information and devices is therefore inequitable as well as archaic and should be removed. This would not affect women because it is a matter of free choice and it would not affect them in any way whatsoever if their conscience or their church dictated against it. And then we advance a few arguments as to the advantages of planned parenthood.

The advantages of planned parenthood may be summarized briefly as: healthier mothers, healthier babies, and happier families. Psychiatrists know that the birth of an unwanted child may be a threat to the emotional stability of the family and may leave a permanent mark on both parents and children.

We maintain that every child has the right to be wanted. Every child has the right to be born wanted and planning helps parents to have wanted children. "Battered" babies, which we read about in the papers and which are so distressing, and neglected children—our potential delinquents—are so often

the unwanted sons and daughters of parents who have been legally denied access to information about family planning.

Human attitudes and behaviour patterns altered drastically even within the current decade. There is an increasing awareness of the importance of responsible parenthood in meeting the economic, emotional and health needs of family life. Family planning is an essential element of responsible parenthood.

At no time has there been a greater need for a population policy. It is estimated that in the next 35 years the world's population will almost double. We would therefore endorse the view expressed by the Rev. Robet F. Drinan, S. J., Dean of Boston College's Law School, when he said:

> The exploding population of the world and the tragedy of more than one billion human beings living on a substandard diet can hardly be said to be a problem on which the modern state can be neutral by being inactive.

Great issues such as these are ultimately settled by the temper of the time. Our government has recognized this fact by reversing its stand on the matter at the United Nations when, in December, 1965, Canada gave notice of support, for the first time, of efforts to authorize the United Nations to help countries set up birth control programs to combat the world population explosion. We believe that our government should be consistent, and that the time has come to adopt the same enlightened policy for our own citizens.

Now, we do not specify in our resolution just how Section 150(2)(c) of the Criminal Code should be amended. There is genuine concern among our members that in removing the ban on the dissemination of birth control information the door might be opened to a flood of propaganda. Therefore it is recommended that Section 150(2)(c) of the Criminal Code be amended in such a way that it will not be contrary to its provisions for responsible persons and agencies to disseminate information concerning birth control and family planning.

You will appreciate my position in that, making representations on this matter on behalf of the National Council of Women, I cannot go beyond the position of the resolution which was adopted in the plenary session. However, in the meantime, since this resolution was adopted two years ago, as amended, three of our nationally federated organizations, which are members of the National Council of Women, have presented resolutions to the federal government calling for the deletion of those three words from Section 150(2)(c). These federated organizations are the National Council of Jewish Women of Canada, the Famliy Planning Federation of Canada and the Canadian Federation of University Women, which adopted a resolution to this effect in the final year of my term of office as national president, so I think that we can interpret this as an indication of the ground swell of public opinion which is gaining increased momentum. There is a growing acceptance on the part of the public of the fact that you cannot legislate family planning. It is a matter that should be decided by the individuals concerned and it is their responsibility as well as their right to do so.

I think, Mr. Chairman, that is all I have to say at the moment and I would be very glad to answer any questions if you want to put them.

Mr. O'KEEFE: Just one question, Mr. Chairman. I wanted to make it perfectly clear that I am not in any way against family planning at all, but the brief deals with offensive advertizing and the organization is apparently concerned about this, and rightly so. But I am also concerned about the indiscriminate sale of contraceptives all over the place, for instance, in corner fruit stores or drug stores; not necessarily drug stores, I am not against that, but indiscriminate sale, if you know what I mean.

Miss MACLELLAN: Yes, we are concerned about the abuses which may arise from lack of regulation, but we also feel that if you want to make a change and if you want to introduce progressive legislation or allow social changes in conformity with the reality of the times, you should try it out. Then, if abuses do crop up, you take steps to correct these abuses. But if we adopt too many safeguards and if we write them into rules, regulations, and legislation, we may defeat our own purpose and, in the end, we may curtail those very liberties that we set out to preserve.

Mr. O'KEEFE: But you are concerned with safeguards.

Miss MACLELLAN: Yes, we are very concerned with them but we are not at all sure that you can legislate safeguards; but we are definitely concerned.

The CHAIRMAN: I think at the moment we should proceed with our second witness then and I will introduce Dr. Jacques Baillargeon of Notre-Dame Hospital, Montreal, who represents l'Association des Médecins de Langue Française du Canada. The brief was originally presented in French, the English translation will be here momentarily but, in the meantime, the doctor will give his evidence in French.

Dr. JACQUES BAILLARGEON (*L'Association des Médecins de Langue Française du Canada*): As we have interpretation, I will speak in French. It is easier for me to do so, although I do understand enough English to receive your questions in English.

(*Translation*)

Dr. BAILLARGEON: The Association of French-speaking physicians does not need any introduction; it groups all French-speaking medical practitioners in Canada. Having been quite actively taken up with this problem over the past five or six years, I was asked to draw up our brief. I worked on this problem with the SERENA Group which was represented here for the Ottawa section by Dr. Potvin, and subsequently with the Montreal SERENA Group with which I have been in very close liaison during many years. I have even co-authored a book with my wife giving details on the technique as taught by the SERENA Group in Montreal and here in Ottawa. It was on the sympto-thermic method of birth-control about which you heard at a preceding session.

It is especially on this subject that the Association of French-speaking physicians has asked me to draw up a brief which was recently approved by the directors of the Association. And I think that the simplest way would be to read it to you quickly. You will thus have all the necessary details concerning the opinions held by our Association. Now let me read the brief to you:

Introduction

It appears no longer possible in our day to question the legitimacy of the principle of birth-control and of family planning. The great majority of

Christian inspired religions now admit its legitimacy, while for the most part leaving the responsibility as to the enlightenment and orientation of decisions concerning means to be used in family planning up to the couple's conscience.

In view of the common good, the religious and sociological pluralism of our society demands that where the couple's freedom of conscience is concerned, legislation should support and confirm this fundamental right to responsible fatherhood and motherhood and consequently the right to objective and scientific information concerning all recognized birth-control methods.

The notion of the couple's freedom of conscience in the matter of its parental responsibilities implies on the one hand as we have just said, the right to the most complete and most thoroughly scientific information on the use of the various birth-control methods. On the other hand it implies as a logical consequence, free legal access to these same contraceptive techniques.

Passage of Bill C-71

Therefore the Association of French-Speaking Doctors of Canada moves that Bill C-71 as presented by Mr. Prittie be passed, thereby amending Section 150 of the Criminal Code along the lines briefly given in this introduction.

Various observations of a constitutional, educational and ethical nature must be made though on this matter, and we shall attempt to explain these in the following paragraphs.

Constitutional Aspect

Seeing as contraception, as a means of birth-control and family planning, comes at the present time under the Department of National Health and Welfare and the Criminal Code, the problem of contraception would with the repeal of this Act or its amendment along the lines of Bill C71 automatically cease to come under the Criminal Code and would fall exclusively under the jurisdiction of the Health authorities.

According to the Canadian Constitution, Health and Welfare is first and foremost a provincial matter. This at least is the way Quebec has always interpreted it, basing itself upon Section 92 paragraph 7e, of the Constitution.

From this it would follow that the question of birth-control and family planning should fall within the jurisdiction of the provinces and that all initiatives in this field should become the direct responsibility of the provinces.

This is all the more normal seeing as birth-control and family planning entail educational, cultural and sociological aspects. Family planning brings the social philosophy of a people into question and must be in accord with its mentality and its particular aspirations. This is why Quebec will without a doubt consider family planning to remain one of its prime responsibilities.

Educational Aspect

Both the amendments proposed in Bill C71 and also the Act which this Bill aims with good reason to amend preserve a negative character and do not necessarily correct the nefarious consequences of the restrictions imposed by the law as it presently stands in the field of sexual education. Here one might stop and ask oneself though, to what extent such a prohibitive law did not impede a sound and objective sexual education in the past.

Education towards achieving the freedom of the couple

In any case, we believe it to be of importance to dissociate the problem of the abolition of this Act from the yet more important one concerned with the creation of a positive family planning and birth-control policy.

Any positive policy in this particularly sensitive field should have as its prime preoccupation the safekeeping of the fundamental freedom of the couple in matters concerning fecundity. The State may and must make couples aware of demographic problems of interest to the common good, but in the last resort, the idea of responsible fatherhood and motherhood demands that an atmosphere of respect for the couple's ultimate freedom be always safeguarded in the matter of controlling their own fecundity. This notion of responsible fatherhood can only be concretized within the framework of the most complete freedom with respect to its fecundity.

Once this freedom is assured, and in the absence of all outside interference with the couple, the proper authorities will have to assume their responsibility as educators with respect to the couple, individuals, and also to youth which as a group, will retain their special attention.

Clinics for the information of couples

The implementation of a family planning policy will eventually bring about the creation of information centres or of family planning centres. These centres will have to take as guidance the essential values of the family and the preservation of these; above all they will have to attempt to envisage the problems of fecundity not solely from the technical point of view but also give equal attention to the multiple conjugal problems for which birth-control problems all too frequently serve as a smoke screen.

Family planning centres should be conceived only in their broadest sense and include the services of marriage counsellors, psychologists, doctors, social workers and eventually, according to the needs of the area, also priests, pastors, rabbis etc....

Family planning, poverty, immigration and international politics

A positive family planning policy should by no means see in birth-control the sole means whereby to settle certain social problems, and more precisely that of poverty. Although without a doubt useful and desirable, birth-control does not entirely dispense those who govern us from giving poor and large families—poor not because they are large—help according to their needs. This help may be in the guise of increasing family allowances and also measures intended to raise the level of education and the economic level of these deprived families.

Moreover, considering that the aim of this year's immigration programme is 175,000 immigrants, it would be illogical not to encourage the best use of our own human resources. Propaganda in favour of too restrictive family planning would work against this use of our personal wealth.

Finally, in the international field, it would be in bad taste for Canada to preach birth control to developing nations as long as she does not give them to the greatest possible economic and technical help.

The problem of youth

We have devoted a special paragraph to this problem, because we are all conscious here I believe, that this is one of the very important problems where this question is concerned.

We have kept for the end of these considerations on the educational aspect of the question under study a problem which seems to worry a great number of people: the problem of young people eventually having free access to information about contraceptive techniques. Some people have seen in this freedom of access an open door to licentiousness and debauchery among minors. In respect to this, we must consider certain realistic comments.

A parallel could be established between the problem of pre-marital sexual relations and that of alcoholism, a scourge which, as many countries have found out, has never been checked by prohibitionist legislation which has, in fact, the opposite result.

Section 150 of the Criminal Code, which today is never applied in practice, hardly camouflages the advertisement and sale of contraceptives which young people can easily procure at this very moment if they really wish to. We do not, therefore, see how the creation of clinics for married couples would lead more young people to have pre-marital relations. In our opinion, this problem goes far deeper than this and the threat, held over the heads of young women, of accidental and punitive pregancy is a very superficial palliative with which to oppose it.

Besides, if a young person's upbringing, education, psychological maturity and sense of responsibility have been inadequate to make him understand the full significance of sexuality and intercourse in marriage, one should not add to this personal failure by allowing irresponsible and, perhaps, passing behaviour in youth to result in an unhappy life.

Only a sound education for loving can, in our opinion, help young people to discover the true meaning of sexuality in marriage. Restrictions of all kinds and concealment will only increase for them the eternal attraction of the forbidden fruit.

Faced with a young girl who is determined to kick over the traces, most doctors, whatever their religious convictions, would, we believe, prefer to give objective information on contraception rather than see her demand an abortion some months after being angrily refused such information by them.

Contraception and abortion: a distinction which must be maintained

Having recognized the legitimacy of birth control by contraceptive methods and emphasized certain rights which result from our conception of the liberty of conscience in a pluralist society, we now think it of the utmost importance to distinguish between and disassociate absolutely two questions which are, in our opinion, fundamentally and essentially different even though they are, unfortunately, treated together in part of a law, namely paragraph (c) of sub-section (2) of section 150 of the Criminal Code.

In fact, contraception and abortion have, by definition, nothing in common and should in no way be considered together. If for no other reason than to affirm this distinction officially, this equivocal section of the law should be completely modified.

Abortion which is not from natural causes, whether performed for therapeutic or other reasons, is a serious blow to human dignity and to that most sacred right of humanity, even humanity in embryo, the right to live. This inalienable and inviolable right fixes bounds in the conscience of mankind and, particularly, in that of the legislator, which, we believe, nay not be crossed.

The Association of French Speaking Doctors of Canada wishes that the distinction between contraception and abortion be clearly and distinctly affirmed.

With respect to this stand, we think it advisable to draw the attention of our legislators to certain peculiarities of the devices called intra-uterine or spiral contraceptives. In fact, from actual scientific information, it is far from certain that intra-uterine devices invariably prevent conception. On the contrary, according to several competent authors, what we do know about these devices suggests that it is highly probable that they bring about abortions.

Since abortion is essentially condemnable on moral and legal grounds, it is desirable that the distribution of intra-uterine devices should be forbidden or, at least, postponed until the way they work has been explained precisely enough to exclude any possibility of abortion. Every new technique which is said to be contraceptive should first be submitted to competent medical authorities for approval so as to make sure that techniques which may, at first sight, seem contraceptive will not prove to be, in fact, disguised abortion.

Conclusion

To sum up what has been said, the Association of French Speaking Doctors of Canada suggests the following:

1. That section 150, paragraph 2 of the Criminal Code be amended exactly as proposed in Bill C71 presented by Mr. Prittie.
2. That the clear distinction between contraception and abortion be maintained exactly as proposed in the Bill presented by Mr. Prittie.
3. That in agreement with the Canadian Constitution, section 92, paragraph 7e, policy with regard to family planning and the eventual creation of information clinics for married couples come under the jurisdiction of the provinces through their Minister of Health and Social and Family Welfare.

(*English*)

The CHAIRMAN: Thank you very much, Doctor. Before we proceed with the questioning of the witness, I would like to suggest that a motion be made by the committee that the presentation of the National Council of Women and the first part of the brief we have just heard from l'Association des Médecins de Langue Française du Canada be incorporated in today's proceedings.

Mr. RYNARD: I so move.

Mr. KNOWLES: I second the motion.

Motion agreed to.

Mr. ISABELLE: I protest and suggest that two paragraph of the conclusions and two paragraphs of the brief that has been presented by l'Association des Médecins de Langue Française du Canada should be removed: First, the one on

contraception and abortion and, second, the one suggesting a change in the constitution. That is beyond our jurisdiction. If they want to discuss this they should present another brief to somebody else, but not here.

The CHAIRMAN: As this is part of their presentation, I do not think we have the authority to delete part of their brief.

Mr. BRAND: It is already entered as part of the record.

The CHAIRMAN: I think you have every right to express your opinion. This has nothing to do with the committee but as part of the record, it is there, and there is nothing we can do to erase it. Are there any more discussions on that? All those in agreement?

Agreed.

The CHAIRMAN: The witnesses are now open for questioning, Dr. Brand.

Mr. BRAND: Mr. Chairman, I would like to ask Dr. Baillargeon about page six. Mention has been made of contraceptives, particularly the intra-uterine device. Statements have been made which I should like the witness to back up. I do not think any brief should make statements such as the witness has made to the effect that intra-uterine devices have been allowed on the market without being submitted to proper medical approval, which I think they have. And yet these statements are made and the suggestion is undoubtedly implied in paragraph three on page six that techniques which may at first sight seem to be contraceptives might prove in fact to be disguised abortion. Since these intra-uterine devices are used in many large sections of this country, as well as the United States, I am a little concerned about what exactly the witness means here and what the association means, and what competent authorities suggest that it is highly probable, which in scientific terms, is quite a statement, that they bring about abortions. I would like to have him back these statements up.

(*Translation*)

Dr. BAILLARGEON: To answer the first part of the question, I should like to make it clear that I am not discussing a case nor am I describing a situation. My intention is rather of putting a question and asking both myself and the assembly: Do intra-uterine devices actually lead to contraception or to abortion?

I am merely putting the question and do not in any way pretend that devices leading to abortion are actually being used or that the sale of such devices is allowed.

Regarding the statements where I point out the rather serious possibility that intra-uterine devices may in fact be the cause of abortions: I am quoting qualified authorities, namely gynaecologists, and I also obtained information elsewhere before drawing up this text. I had a lengthy interview with the Head of the Department of Gynaecology and Obstetrics at the University of Montreal, Dr. Michel Berard, who told me that several authors suspected the presence of an abortion-causing mechanism to be part of the mechanisms of these devices. Although not the only mechanism there are nonetheless reasons to believe that there may be a mechanism causing abortion, and this is the reason why I suggest that there might perhaps be good reason for deferring the acceptance of this

method until this action-mechanism has really been proven. I don't think it is necessary here to specify the other action mechanisms attributed to these intra-uterine devices, but I merely want to point out the fact it is believed that they act in part or in whole, this is not yet known, as means of abortion. I am actually asking a question.

(*English*)

Mr. BRAND: Well, Mr. Chairman, if there are competent authorities who believe this, the information should be given to the committee. I think it is of great importance. If there are things on the market today and they indeed are being used, and if you have competent authors—and I do not means the opinion of one professor of obstetrics and gynaecology, but competent authorities in this field—who discuss them we should have their names on the records of this committee.

It seems to me that the matter of regulation of the type of devices has come very much into the discussions of our committee. I think you would agree that if these methods which are in use now, and it is the methods which have allowed them to be put on the market that you are calling into question you should be prepared to back these up with the competent authors you mention in your brief.

The CHAIRMAN: I think what Dr. Brand is wondering is do you have any evidence, say medical literature, that this is so and, if so who would be the authors.

Mr. BRAND: Authors means literature. Could he give us the names of the authors he is talking about?

(*Translation*)

Dr. BAILLARGEON: I cannot give you any names right now. I am not a gynaecologist but a gastroenterologist, and I got my information from Dr. Michel Bérard, who is head of the Department of Obstetrics and Gynaecology. He quoted the name of a Montreal professor at McGill University who is of the same opinion, and also several names of American doctors who also share that opinion.

For the information of the Committee, I must say that intra-uterine devices may act in various ways. We know for instance, that they accelerate the passage of the ovule in the Fallopian tubes. This ovule, whether or not impregnated, finds in the uterine cavity an environment which does not always easily allow the fixation of the egg to the internal wall of the uterus. To be somewhat more specific, it must also be said that if one accepts as a hypothesis the possible abortive character of these devices, we know nonetheless that these devices are not entirely fool-proof seeing as this method has a 2 per cent rate of failure. Theoretically, according to statistics presently available, these may be about a 2 per cent rate of pregnancies among couples using this method. Thus it does not primarily cause abortions. There does remain the possibility of pregnancy. And this possibility presently stands at about 2 per cent.

(*English*)

Mr. BRAND: I do not see, sir, how you can equate pregnancy with abortion. You say with the use of these intra-uterine devices you get pregnancies in 2 per

cent of the cases. How can you call this an abortion? Are you suggesting because it prevents implantation of the ovum in the uterus that therefore this is an abortive procedure rather than that of preventing conception. This is the point I would like to clarify.

(*Translation*)

Dr. BAILLARGEON: There are two mechanisms which should be taken into consideration here. There is the acceleration of the passage of the impregnated or the non-impregnated ovule in the Fallopian tubes, and there is the action preventing fixation. It appears that this anti-fixation action is not always certain, nor sure and efficient, and it is precisely this which is proven by the 2 per cent rate of pregnancies. This simply means that if the hypothetical abortive action of the intra-uterine devices does exist, it is not 100% operative because there is a 2 per cent rate of pregnancies. But I do not believe that the fact of there being a 2 per cent rate of pregnancies allows one to state that it is not partially or at certain times an abortive action.

(*English*)

Mr. BRAND: I do not think this really answers my question at all. I would like at some time if you could place on the record or send it to the committee the names of these competent authors and the publications in which their articles appeared. I think this is rather important.

I might ask one question: you question these on the basis that they fail in preventing conception to the extent of 2 per cent. What is the percentage failure of the so-called rhythm system to date?

(*Translation*)

Dr. BAILLARGEON: The rate of failure of the rhythm method would be according to Dr. Tietze of New York, somewhere between 15 and 25 per cent. These are very approximative figures, because it is extremely difficult to have the figures for an entire population using a given method. One should make the distinction here I think between the method which has commonly been called in the U.S. the rhythm method, and what the SERENA teams have called the sympto-thermic method. The rhythm method associates and puts on an equal footing the thermometer method and the Ogino method. This is why possible errors due to the Ogino method are presently attributed to the thermometer method. It appears that the Ogino method has a much higher rate of failure, and that the thermometer method has a much lower one. If we take both methods in association, the percentage of failures is very high. On the other hand, if we use the figures obtained by the SERENA teams, especially those that I know in Montreal, the failure rate is much lower, and certainly does not go beyond a maximum of 5 or 10 per cent. This is because it does not claim to be entirely during the first phase of the cycle.

(*English*)

Mr. BRAND: What I do not understand, of course, is that you seem to be equating failure of the intra-uterine device with one reason why it should be abandoned. If this is the case, on the same basis, you should be against either the Serena method or the rhythm method, if you are using that two per cent, as you did, to explain one of your reasons. This is one of the things in your brief that puzzles me a little bit.

(*Translation*)

Dr. BAILLARGEON: No I do not repudiate the intra-uterine device method merely because of the 2 per cent of failures. One may compare this method with all other methods, including the pill which has a theoretical 100 per cent efficiency, but whose practical efficiency is quite another matter. Furthermore, if one accepts a 2 per cent rate of failure with the intra-uterine method, we have a very acceptable figure from the point of view of efficiency. The pill has a theoretical efficiency of 100 per cent but in practice, it was formal in field studies carried out in Mexico, in the United States and in Porto Rico, that the actual rate of efficiency was not generally 100 per cent and this for strictly human reasons. People forget to take their medication because of the occasional lack of motivation. Thus there are human factors which may considerably modify the efficiency of a given technique.

I should also like to answer question. I have been asked to quote names. I cannot do this right now since I do not have them on hand. If the Committee so wishes, I would be glad to send these names within eight to ten days.

(*English*)

The CHAIRMAN: I think that is an excellent suggestion. If you would do that, we would be most appreciative.

Mr. BRAND: There is just one more thing. I hate to take up too much time of the committee, Mr. Chairman, but all this preamble we have had in these discussions at the moment indicates the desire on the part of this group to have control of regulations governing the sale and the distribution of contraceptives. If I recall Mr. Prittie's bill correctly, it will take completely out of the Code any suggestion of controls of this nature and yet you support in conclusion one that the Code be amended exactly as proposed in the bill presented by Mr. Prittie. Is this not correct?

(*Translation*)

Dr. BAILLARGEON: What I particularly wished to do here was to state a preference for bill C-71 rather than the other bills. I believe that it is preferable because it is much simpler. It is easier to delete three words out of a law or the Criminal Code than to make in advance a considerable number of distinctions which will probably, in the end, make the law much more difficult to enforce in practice and which may, moreover, not meet the needs of a situation which, though not existing now, will exist in five, ten or twenty years time. That would mean that another change would have to be made in this law. It would be easier for our legislators to delete the three words in question and, having abolished the negative side of this law, to set up, through the different provincial Ministers of Health and in association with government agencies centres to give information according to the needs of each province or each group of people. Since these centres would not be under any restrictions, they could adjust themselves to the exact environment in which they were working.

(*English*)

Mr. STANBURY: Mr. Chairman, I may have missed it, but I do not think I have heard what I thought was the answer which Dr. Brand was attempting to elicit and that was what manner of control this association feels is necessary to

carry out the objectives expressed in the last two paragraphs before the conclusion of the brief? What are the controls that are suggested?

(*Translation*)

Dr. BAILLARGEON: Are you talking about intra-uterine devices?

(*English*)

Mr. STANBURY: You seem to recognize that there are dangers in the use of certain devices, dangers which should be avoided by some manner of control. Is it your suggestion that these controls can be imposed by the provinces and that the federal government need not be concerned at all with such controls, or do you feel that there is some area in which the federal government should be concerned in such controls, for instance, under the Food and Drugs Act.

(*Translation*)

Dr. BAILLARGEON: I think that some control is needed. The obvious agency for this is the Food and Drugs Directorate since it already controls the sale and advertising of contraceptive pills, although this is, in fact, illegal. Here the government, through one of its agencies, is controlling a medicament which another law makes illegal and I think that all other contraceptives, whether mechanical or chemical, should come under the jurisdiction of this same agency and not of the Department of Trade and Commerce since we are dealing with instruments of chemicals which, even if not absorbed, have, in fact, a medical effect. They are, thus, much more closely connected with medicine than with trade.

(*English*)

Mr. STANBURY: Am I correct in assuming that, apart from any inhibition in the Criminal Code, there is no control on the distribution of intra-uterine devices now in federal or provincial law?

(*Translation*)

Dr. BAILLARGEON: I cannot answer your question because I do not at the moment know what control there is on the use of these devices. However, I would like to tell you about one case: I know that a certain number of doctors are already recommending the use of intra-uterine devices. Recently, the wife of one of my patients, a woman who had many reasons for limiting the size of her family, consulted a gynaecologist who suggested that she use an intra-uterine device. She agreed, has one fitted and that was all. She was told that it was a perfectly effective device.

Now, where the law or the Food and Drugs Directorate should intervene is in the way these contraceptive techniques are applied. Take the case of this patient: no one told her that the device could be expelled from her body without her knowledge and that there was, thus, an obvious possibility of failure. Another thing, particularly, that she was not told was that the device could cause abdominal pains in the form of cramps which for some women become unbearable. Nor did anyone tell her that, for a certain number of women, there is a risk of developing an intra-uterine infection called endometritis from the use of these devices. The number of women concerned is small but it is known that this risk exists. Nor was this deeply religious woman told that there is a possibility that these devices may produce abortions.

So here is a case where a doctor has used this method without giving to the patient either a real guarantee or sufficient explanations; I do not think, therefore, that this doctor adequately fulfilled his duties towards his patient.

(*English*)

Mr. STANBURY: Perhaps I have misunderstood you but, as a layman, I am astounded at the suggestion, as I understand it, that you are making that the Food and Drug Directorate should delineate the advice which a doctor should give to his patients, in addition to controlling the medicines or devices which might be distributed? I find this a very strange suggestion, if that is the suggestion that is being made.

(*Translation*)

Dr. BAILLARGEON: It is an indirect suggestion. I think that the food and Drugs Directorate, as well as having the responsibility of preventing the distribution and sale of medicaments which could be harmful or fatal, for example, to pregnant women, also has a certain responsibility to prevent people using certain devices without knowing the risks that may be involved.

(*English*)

Mr. STANBURY: What can it do more than require a doctor to prescribe them? It cannot surely instruct the doctor in all the details of advice to the patient. It must go along with the prescription of medicine or devices.

(*Translation*)

Dr. BAILLARGEON: Here, I think, we come back to the problem of education. I think we have a duty to educate the masses and to give them sufficient information to make them thoroughly aware of what they are doing. We must also think about creating family planning clinics where complete teams of medical and other personnel can give the patients all the information they need to choose and apply a contraceptive technique.

(*English*)

Mr. BRAND: Well, Mr. Chairman, can I add one thing? I am a little astounded at the implication of incompetence on the part of this gynaecologist by Dr. Baillargeon. Are you aware, Dr. Baillargeon, that when the intra-uterine kits are purchased, with them comes complete printed instructions which are given to each patient? Did you check with the gynaecologist to see whether in fact he did advise the patient or did you merely take the word of a highly distraught woman?

(*Translation*)

Dr. BAILLARGEON: I trusted the patient. I had no reason not to do so. I know that doctors receive all the information but we must, I think, admit the possibility that doctors sometimes have neither the time nor the facilities to teach their patients.

(*English*)

Mr. BRAND: Handed out a printed form?

(*Translation*)

Dr. BAILLARGEON: As far as I know from what the patient and her husband told me, this was not done.

(*English*)

Mr. RYNARD: I think there is one point. The doctor is stating here quite a problem, namely that a gynaecologist in the city of Montreal appears to be incompetent to insert this thing and give the proper advice. I do not think the doctor wants that on the record.

(*Translation*)

Dr. BAILLARGEON: No, that is not what I mean here. I simply wish to emphasize the following fact: it is probably unrealistic to think that contraceptive techniques can be taught by isolated doctors. Most doctors' experiences with the sympto-thermic method show that much more time is needed than we have in the office. Because too much time is required, we cannot give the patients all the information they need to be able to apply any particular contraceptive technique efficiently and intelligently.

It is here, I think, that we must centre the debate and think about this very complex problem which requires much more from the doctor than he can, at the moment, give his patients. The chief necessity is for centres where patients may obtain exact information about all aspects of the problem of birth control.

I think that the technical side is important but there are many other aspects—psychological, moral and social which can only be taught by a team.

(*English*)

Mr. BRAND: Mr. Chairman, may I ask one more question. What you are suggesting is that you would like to see all contraception taught in public health clinics under the Minister of Health and Social Family Welfare, as you have suggested in your brief here, and do away with intra-uterine devices at the moment and stick strictly either to Serena or the pill, or some similar method? Is that a correct summary?

(*Translation*)

Dr. BAILLARGEON: Not exactly. I do not think that all the information necessary for sound birth control can be taught or spread by hit or miss methods or by isolated individuals. The problem is too complex and it will eventually be necessary to provide the public with work teams which can give the patient exact information about every aspect of the problem.

I believe that the technical aspect is only one of many.

(*English*)

Mr. BRAND: Well, surely, then, it is also true in gastro-intestinal disease. It would be much better to set up a public health clinic for gastro-intestinal disease where the patient would have every opportunity to receive proper advice, rather than obtain it through the individual physician. This is the sort of thing you suggest, is it not?

(*Translation*)

Dr. BAILLARGEON: That's more or less right. This is, moreover, what is done in all the large clinics where you generally have several doctors available to help patients, either by consultation or in other ways, whether the need is for research doctors, radiologists, endoscopists or consultants on internal medicine.

(*English*)

Mr. RYNARD: Surely, doctor, this goes back to the teaching and the graduating of a medical doctor that is incompetent to give this advice. Surely, with his knowledge of anatomy, his knowledge of physiology and his training and experience he should be the number one man and anybody who is added to that should be as a helper to him and a disseminator of information, but you are denying this fact.

(*Translation*)

Dr. BAILLARGEON: From a technical point of view, the doctor is still certainly the most important person. I would not wish to suggest that the main problem is technical. The psychologist, psychiatrist and social worker have just as important a part to play in helping couples who are seriously trying to grapple with this problem.

(*English*)

Mr. RYNARD: Well, are those people not going to go first to their family doctor?

(*Translation*)

Dr. BAILLARGEON: Most of the patients then turn to their family doctor or to a neighbour for information, if not to the prescription enabling them to obtain the pill. I believe that if some day matrimonial counselling centers are established many peoples would perhaps prefer to go to a center where several counsellors will be available to give them all the information they want.

(*English*)

Mr. BRAND: Doctor, I do not want you to think that we are trying to attack you personally on this; but the point you are making is quite different from that which has been made by any other group that has appeared here. As you may know, in some of the bills it was suggested that information be given out by physicians, drug stores and family clinics. You seem to be emphasizing, in everything you say, that you recommend that strictly through family planning clinics would be the best way for contraceptive information to be disseminated, with no other qualification being added.

(*Translation*)

Dr. BAILLARGEON: No, I think that a slight distinction should be made here. Some doctors would certainly always give excellent and comprehensive advice to their patients. But, considering the enormous work load of doctors in general, I do not think that they are all capable of assuming this heavy responsibility to all their patients. Even if no legislation is passed, associations of the family planning type or Serena Groups or others will inevitably lead to the setting up of organisations that will be matrimonial counselling centers offering to the public both technical advice to solve this particular problem and psychological or social advice to solve other problems. But, I would not like to claim here that this is the only solution to the problem.

(*English*)

Mr. RYNARD: Well, doctor, you do not mean to suggest at all, then, that the doctor is incompetent to diagnose this case or of passing it on for further

responsibility to a senior man or to a gynaecologist or to anybody else? You do not mean this, do you?

(*Translation*)

Dr. BAILLARGEON: No, no, I think that in the future especially, because of the courses now given in nearly all universities on fertility or fertility or fecundity problems, most doctors will be able to inform their patients quite adequately. But, I want to emphasize here however that it is likely that counselling centers with more equipment and more diversified staff will perhaps be able to play a more important part, let us say, in a given social context.

Nevertheless, each doctor will be bound to inform his patients.

(*English*)

Mr. ISABELLE: Mr. Chairman, I do not know whether I should speak in French or English but I will commence in English. I think I was right when I asked whether it was in accordance with the association—

(*Translation*)

As representative of the *Association des médecins de langue française,* I am certain that this is becoming a public document and I believe that, in their brief, the association's doctors went beyond their own field. This is very important because the subject of contraception has been brought up at the federal-provincial conference on the Canadian constitution. . .

(*English*)

I remember at the very beginning of the hearings we decided to accept the briefs but we would not let the witnesses say anything on abortion. Now we have a paragraph on abortion.

This will be included in the public document as will other matters not under my jurisdiction, and there is also section 3 of the Canadian constitution which covers strictly provincial matters. I believe there is an imbroglio that will prejudice the *Association des médecins de langue française du Canada.* This is not perhaps the intention of the brief the Association has been asked to submit. It is simply due to the proposed amendment to the Criminal Code, section 150, subsection 2, which lead to an extensive discussion on abortion and on the technical methods which are, I think, outside our scope.

Mr. BALLARD: Well, Mr. Chairman, I think Mr. Isabelle has a very good point there and I was going to approach it from a different angle. I think that when Dr. Baillargeon started his comments, he made the statement that this is his report and that it was not necessarily the report of the association. Am I right in this statement?

(*Translation*)

Dr. BAILLARGEON: I was asked to present this brief. I submitted a plan of the brief to the principal directors and was assured that it was what they wanted. I then wrote the brief which was then submitted, in its final form, to the executive committee who sat on Wednesday evening, last week.

(*English*)

Mr. BALLARD: Well, Mr. Chairman, then as a layman I get the impression —correct me on this if I am wrong—more from the discussion we have had rather

than from the brief itself, that you consider all mechanical means of birth control to be abortive and, by mechanical, I mean the pill and intra-uterine device as opposed to the rhythm method and the Serena group. Is this a fact?

(*Translation*)

Dr. BAILLARGEON: No, I think that one must differentiate between the various technical methods, those definitely preventing conception and those that may for example allow conception. The technical methods preventing fertilization of the ovum are strictly contraceptive methods. The question asked here is whether the intra-uterine spiral prevents or does not prevent fertilization of the ovum, and is this method abortive if it does not prevent the fertilization. I don't think I can give an affirmative answer, however, I want to specify that when defining contraceptive methods one should mean all drugs or devices preventing conception. As for the intra-uterine devices, if, by chance, they do not prevent conception, what then is their effect? That is the question I wanted to ask.

When I read over to you the brief submitted here I find that few problems arise because the Association simply requests that the difference between a contraceptive device, or rather the difference between the contraception and abortion be made. I think that here the law theoretically differentiate between contraception and abortion. We simply proposed that this difference be made. I think that this is all we can do at the present time.

(*English*)

Mr. BALLARD: Yes, but you did not define the distinction yourself.

(*Translation*)

Dr. BAILLARGEON: No, no.

(*English*)

Mr. STANBURY: Well, Mr. Chairman, without going back to the question of abortion at all, the doctor raises such serious questions about the dangers of the use of certain devices without proper control—and, in fact, he seems to question the competence of the medical profession even to supervise the use of certain devices—that I am particularly interested to find out exactly what controls he recommends. I am not sure that I still understand what controls he recommends but does he agree that there should be some federal control, for instance, under the Food and Drugs Act, of devices as well as of medicines in this field which might be dangerous.

(*Translation*)

Dr. BAILLARGEON: I believe that a certain control should be exercised over the quality of whatever products are offered to the public. This is indeniable I think. Now, as for the application of the same techniques, some do not require control, others might require a certain control now or perhaps later. There is the control of the quality of the products as I had said before and also the supervision of the patient. To give you an example concerning the intra-uterine device, if the patient is not asked to return to her doctor or to the clinic where the device was adjusted, she may unknowingly expel this intra-uterine device and thus unwittingly risk pregnancy. The patient must have a regular check-up so as to ensure that the device is well in place and still effective. Apart from

this, the experience in other countries has shown that the use of these devices may lead to certain type of infection and it is desirable for a woman to have a regular check-up in order to prevent such infections from becoming dangerous. Any medical technique requires a certain supervision of the patient and of the quality of the products.

Mr. ISABELLE: Mr. Chairman, I think Dr. Baillargeon did not quite answer the question asked by our friend Stanbury. He wants to know from you whether a federal or a provincial control should be exercised.

Dr. BAILLARGEON: I think that this question does not come within my province. I believe that drugs are presently on the federal control and this is probably the best solution. It is natural that the control of all the drugs on the countries market be one agency's responsibility.

(*English*)

Mr. STANBURY: Then, you seem to suggest that there should be what I now assume would be federal control over not only the dispensation of certain devices but of perhaps even the technique of their use?

(*Translation*)

Dr. BAILLARGEON: I think that technique, from the patient's point of view, is of a formal medical nature and would very likely be the Department of Health responsibility. This would probably be a provincial matter. The Food and Drugs Directorate should be responsible for this, as it is for the quality of contraceptive products; the Department of Health would be responsible for the technical use and for the clinical control.

(*English*)

Mr. O'KEEFE: Mr. Chairman, my question is addressed to the first witness. I believe on page four you suggested that the world's population will almost double within 35 years. Of course, we are concerned here with problems of Canada. Do you think it would necessarily be a bad thing for Canada if its population was doubled in 20 years.

Miss MACLELLAN: Now, we are getting into the problems of immigration and all sorts of economic factors that I am not prepared or competent to discuss at this time. From what I recall of the statements made by officials in the Department of Agriculture or the authorities in the agricultural field, they question whether Canada would be able to support a population double its size, economically, that is. We have a great land area but so little of it proportionately is arable that that is not a factor that is too relevant, as compared with the situation in countries like India and Pakistan.

Mr. O'KEEFE: I understand that, but I am concerned with Canada. Are you suggesting that in 35 years Canada will not be able to support 40 million people.

Miss MACLELLAN: No, the statement that I quoted said the figures and statistical data on which that statement is based come from the documentation of the United Nations and this is an overall figure for the world population and it varies very greatly from country to country. What we mean to suggest or to emphasize in that particular statement is that the whole question of the population is a demographic problem but there is an imminent possiblity of a population explosion or a population bomb, as it has been described.

Mr. O'KEEFE: In Canada?

Miss MACLELLAN: I do not think so, no, it is not in Canada, but anything that is a world problem and of such world shaking implications should be the concern of all of us as Canadians, of the Canadian Government and of us as individual citizens. I think we have a responsibility. My father was a clergyman, so at this point I can quote him and say "am I my brother's keeper" and I think we are, in this respect. I think this is a problem which should be of concern to us as individuals.

Mr. O'KEEFE: We can legislate only for Canadians.

Miss MACLELLAN: Yes, that is true, but we should legislate for Canadians, keeping in mind its relativity as compared with the whole world problem.

Mr. KNOWLES: We are not a planet by ourselves.

Miss MACLELLAN: No, we are not. We are not even an island.

Mr. O'KEEFE: Do you or your organization have any preference for immigrants or Canadian babies? Is that a fair question?

Miss MACLELLAN: It may be a fair question but I do not think it is a question that I am prepared to answer. I do not think it is relevant to this inquiry.

Mr. O'KEEFE: Birth control is relevant; contraceptives are relevant.

Miss MACLELLAN: Yes, perhaps. I did not understand your question.

Mr. O'KEEFE: I asked if you or your organization had any preference for immigrants or Canadian babies.

Miss MACLELLAN: I do not think it is a question of preference, of whether babies come from Canada or from immigration; it is a question of the quality, of the kind of person that they will be, what kind of a citizen that they will make and I think that that is not dependant on where you are born or how you come into this country.

Mr. O'KEEFE: You have no preference whether they are born in Canada or China or India.

Miss MACLELLAN: No. I hope I have no racial prejudice. Sometimes I wonder, though. I think I have not but occasionally situations will arise and I am not sure that I have not. So I cannot be too self-righteous about it.

Mr. BALLARD: You make an interesting statement on page three where you say that battered babies and neglected children, our potential delinquents, are so often the unwanted sons and daughters of parents. This is an interesting statement; I wonder if you have anything to back up that statement. Where did you get this statement from? Have there ever been any tests made to determine that the majority of battered babies are unwanted babies.

Miss MACLELLAN: Well, so far as I am aware, there have been no clinical tests made of it, but this statement I think can be backed up by simply our knowledge of the situations that surround the cases of battered babies, particularly the ones that come before the courts. These children are not only neglected but they are abused. I cannot see how any child that is wanted by its parents could be so treated.

Mr. BALLARD: What I am getting at is have you any evidence to prove that these babies were unwanted before they were born? I think it probably logically follows that if they are battered they are unwanted at that particular time of the incident. But have you any evidence to prove they were unwanted before they were born.

Miss MACLELLAN: Not statistically and not clinically, but from my own observations and what I know of the people who maltreat their children, a great proportion of them are unwanted. I would not say that all of these babies who are battered, shall we say —I use battered in quotes because those are extreme cases—but many of them, I know from my personal observations and from what people have told me, are not wanted in the first place. They are a source of embarrassment. In some instances it is a tragedy for the parents to have these children. I do not know whether that answers your question or not.

Mr. BALLARD: Yes.

Mr. CHAIRMAN: Are there any other questions of the committee? If not, I will take the opportunity, on behalf of the committee, to thank the two witnesses who came before us today, Miss MacLellan and Mr. Baillargeon.

The meeting stands adjourned until this coming Thursday at which time we will have three briefs before us from the Y.W.C.A., the Canadian Unitarian Council and the Canadian Welfare Council. The meeting is adjourned.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

OFFICIAL REPORT OF MINUTES

OF

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Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-84, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code

WITNESSES:

From The Canadian Welfare Council: Mr. B. M. Alexander, Q.C., President; Mr. C. Norman Knight, Member of the Board of Governors, both of Ottawa.

Representing the Y.W.C.A. of Canada: Dr. R. E. E. McDermot, Chairman of the Health and Physical Education of the Y.W.C.A. in Ottawa; and Mrs. Jean Paxton of Ottawa, Executive Director of the Y.W.C.A. of Canada.

From The Canadian Unitarian Council: Reverend David Pohl, President, and Mr. John MacNab, Member of the Executive, both of Ottawa.

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HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 10

THURSDAY, APRIL 21, 1966

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Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Simpson,
Mr. Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, April 21, 1966.
(11)

The Standing Committee on Health and Welfare met at 11.20 o'clock a.m. this day. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Ballard, Chatterton, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Laverdière, O'Keefe, Pascoe, Rock, Rynard, Simpson, Stanbury (16).

In attendance: From the Canadian Welfare Council: Messrs. B. M. Alexandor, Q.C., President; Reuben C. Baetz, Executive Director; C. Norman Knight, Assistant Director, Welfare Grants Division, Department of National Health and Welfare, Member of the Board of Governors; Jean-Pierre Beaulne, Barrister, Member of the National Committee, Canadian Corrections Association; George Caldwell, Associate Executive Secretary, Family and Child Welfare Division, all of Ottawa.

Representing the Y.W.C.A. of Canada: Dr. R. S. R. McDermot, Chairman of the Health and Physical Education of the Y.W.C.A. in Ottawa; and Mrs. Jean Plaxton of Ottawa, Executive Director of the Y.W.C.A. of Canada.

From the Canadian Unitarian Council: Reverend David Pohl, President, and Mr. John MacNab, Member of the Executive, both of Ottawa.

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman called on Mr. Alexandor to introduce the other members of the delegation of The Canadian Welfare Council.

Mr. Alexandor outlined the background and organization of the Council, and invited Mr. Knight to present the statement on behalf of the Council. Mr. Alexandor made further remarks.

Both Mr. Alexandor and Mr. Knight were questioned: they were assisted by Messrs. Baetz, Beaulne and Caldwell.

The Chairman thanked the witnesses for their presentation, and on behalf of the Canadian Welfare Council, Mr. Alexandor expressed their gratitude for the privilege of presenting their views.

The Chairman introduced Dr. McDermot and Mrs. Plaxton. Dr. McDermot thanked the Committee for the opportunity given to the Y.W.C.A. of presenting a brief, which she read to the Committee. Mrs. McDermot and Mrs. Plaxton were examined.

On behalf of the Committee, the Chairman thanked the representatives of the Y.W.C.A. for their presentation.

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The delegates of the Canadian Unitarian Council were called.

Agreed,—That the brief in support of amending the Criminal Code of Canada with respect to Family Planning submitted by The Canadian Unitarian Council, be taken as read and printed as part of today's proceedings.

Reverend Phol expressed his appreciation for the opportunity given to the Council of presenting its views; he read a prepared statement to support the brief.

Mr. MacNab made supplementary remarks on the economical aspect of family planning.

Reverend Pohl and Mr. MacNab were examined.

On behalf of the Committee, the Chairman thanked the representatives of the Canadian Unitarian Council, and at 12.50 p.m., the Committee adjourned to Thursday, April 28th, when the Canadian Consumers Association will be heard.

Gabrielle Savard,
Clerk of the Committee.

(Recorded by Electronic Apparatus)

EVIDENCE

THURSDAY, April 21, 1966.

● (11:20 a.m.)

The CHAIRMAN: Ladies and gentlemen I see a quorum and I shall call the meeting to order. There is some correspondence but I think that, with three witnesses appearing before us this morning, it would probably be better if I left it until the next meeting. It is nothing that has to be dealt with today.

I would like to ask the first witnesses appearing before us, the Canadian Welfare Council, to begin their presentation this morning. We will call on Mr. Alexandor, the President, to introduce his colleagues and to present their brief.

Mr. B. M. ALEXANDOR, Q.C. (*President, Canadian Welfare Council*): Mr. Chairman, ladies and gentlemen, I am accompanied here today and the Canadian Welfare Council is represented by, on my immediate right, Mr. Norman Knight, member of our Board of Governors, Past President of the Public Welfare Association, that is part of our Council, and Chairman of our inter-departmental committee that prepared the presentation that is going to be put to you today and Mr. Reuben Baetz, Executive Director of the Canadian Welfare Council. Next, Mr. Jean-Pierre Beaulne, who is a member of the Canadian Corrections Association and Mr. George Caldwell who is Executive Secretary of the Child and Family Welfare Division of the Canadian Welfare Council.

May I just say, Mr. Chairman, that the Canadian Welfare Council is a national organization having a membership of approximately 500 organizations and perhaps 1200 individuals. Among these organizations are national and local voluntary organizations and welfare agencies; they include representatives from government departments in all ten provinces and the federal government as well, and national organizations and local organizations from across the country of all religious, linguistic and ethnic groups.

Our funds, just to give you an idea of what the support is, come about one-third from government sources, provincial and federal government sources, about one-third from community funds and councils and one-third from individuals and corporations. Our governing body consists of about 90 individuals from across the country and this Board of Governors has had submitted to it the statement which we propose to present to the committee this morning. I would ask, Mr. Chairman, if Mr. Knight could present this statement on behalf of the Canadian Welfare Council.

Mr. C. NORMAN KNIGHT (*Member of the Board of Directors*): Thank you Mr. Alexandor. Mr. Chairman, I believe the members have this statement available in both English and French and, with your indulgence, I shall read it

in English, which is the language I am most familiar with. For convenience, it has been arranged in the form of a summary on the first page which, if you will, outlines the rationale of the position taken.

The second page gives the actual recommendations in the briefest possible form and the remainder outlines the basis for the position and the recommendations that we make, so I will take this seriatim if I may.

SUMMARY

The Council's concern with contraception is primarily in relation to a positive social purpose of national and international importance—the assistance and encouragement of responsible parenthood. This means, briefly, recognition and implementation of the principle that parents should voluntarily limit their families to the number of children they can properly support. In this context support means not only the material necessities of life, but also parental guidance and opportunity for the full development of the child.

The Canadian Welfare Council recommends:

(1) that Section 150(2)(c) of the Criminal Code of Canada be amended as proposed by Bill No. C-71.

Section 150(2)(c) presently reads,

> (2) Everyone commits an offence who knowingly, without lawful justification or excuse . . .
>
> (c) offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage, or—

The words 'preventing conception or' would be deleted in Bill No. C-71.

(2) that federal health and welfare programs be designed to enable and assist in the development of adequate family planning measures as integral parts of health and welfare services within the provinces.

(3) that Canada actively support, assist and encourage family planning studies and programs in the United Nations and its affiliated bodies, with special reference to the needs of emerging countries.

(4) that the Department of National Health and Welfare be requested to study and make recommendations concerning the functions and structure of an agency or agencies required to collect and analyze information, undertake or support technical studies and advise the federal government in relation to the development and implementation of population policies.

I now turn to the statement itself.

> The Canadian Welfare Council welcomes the decision of the Government of Canada to seriously study amending the Criminal Code as it relates to contraception. The Council hopes that study by the Commons Committee on Health and Welfare of the four private members' bills referred to it will soon result in action to amend an antiquated and unworkable provision of the Criminal Code.

The Council's concern with contraception is primarily in relation to a positive social purpose of national and international importance—the assistance and encouragement of responsible parenthood. This means, briefly, recognition and implementation of the principle that parents should voluntarily limit their families to the number of children they can properly support.

In this context support means not only the material necessities of life but also adequate parental guidance and opportunity for the full development of the child. This is possible only when the child is genuinely wanted by parents who have the resources, time and energy to provide proper care. Family planning apparently presents no problem to those Canadians who can afford to purchase the necessary advice and means, as is evidenced by the fact that births decreased between seven and eight percent in 1965 as compared with 1964, despite an increase in the number of women of child-bearing age. Generally speaking the poorest and least educated section of the population of Canada has proportionately the largest number of children. According to 1961 census figures, families with the head in the 35 to 44 age group with a university degree averaged 2.6 children and had average earnings of $8,600 per annum. At the other end of the scale the virtually illiterate family heads in the same age group with less than five years of formal schooling averaged 4.1 children and an annual income of $2,467.

The family and child welfare agencies which constitute an important segment of the constituency of the Canadian Welfare Council are all too familiar with the consequences of bringing unwanted children into the world. In extreme cases there is overt neglect and abuse of the child. A child who feels unwanted by his parents may reject the world and society and become emotionally ill or delinquent. In recent years considerable study has been given to the so-called "multi-problem family" which shows a recurring pattern from one generation to another of dependency, inadequacy and poverty. One way of breaking this pattern is to assist such parents to space their children properly. There is no evidence that the poor are basically less willing and anxious to plan their families than are the economically well off. Most often they simply do not know how. Demonstration projects in other parts of the world have shown a dramatic decrease in the birth rates of the so called "charity cases".

In supporting the amendment of the Criminal Code in relation to contraception, the Canadian Welfare Council is, in effect, pleading for equality for the needy. The unintended effect of the legislation as it presently stands has been to hamper the development of family planning services for the poor and uneducated. Proposals that a municipal welfare department pay for medically prescribed contraceptives for wives in receipt of public assistance, or for a public health department to offer a family planning service to its clients have been attacked as illegal. The result is that those segments of the population of Canada most in need of help with family planning are being denied that help. Governments are

now beginning to sense an aroused public opinion on this subject and to act accordingly. Any legal barrier to responsible action in this area must be removed.

In the Council's view, primary responsibility for providing adequate family planning services for the needy should be carried by the public health and welfare authorities. Methods which involve the prescription of a drug or the fitting of an anatomical device should be used under medical direction. It should perhaps be made clear that the Canadian Welfare Council holds no brief for any particular method of contraception. In our pluralistic society this is something to be determined by the individual in the light of his own religious and ethical views and the best available technical advice. Recent experience in the United States indicates that there is no difficulty in the operation of publicly supported services available to people with a variety of religious faiths if this principle is observed. Voluntary health and welfare agencies, including family planning associations, religious and educational organizations also have a legitimate interest in the field of family planning. The practical question therefore is how to amend the Criminal Code to ensure the maximum of freedom for people to plan their families and to be appropriately assisted as required.

On the basis of its examination of the four private members' bills referred to the Committee, the Council believes that Bill C-71 offers the best solution. Some of the other proposals would, in our view, have the unintended effect of hampering the activities of individuals and organizations who have a legitimate interest in family planning. It must be remembered that the general prohibition of Section 150(2)(c) of the Criminal Code includes not only the "advertisement" and "sale" of a medicine, drug or article . . . represented as a method of preventing conception" but also having "for . . . disposal any . . . instructions" intended for the same purpose. If specific exemptions are to be made from the general prohibition, we assume that the law will be enforced against those individuals and organizations not specifically exempted. If not, any amendment becomes an exercise in futility.

Bill C-64 proposes to exempt agents of "any public agency". By this we understand an agency which is essentially tax-supported and administered by a government department. We assume this would cover a social worker employed by a municipal welfare department authorized to inform her clients about family planning services available in the community. However, a social worker employed by a private family counselling service would apparently be barred from giving her clients the same kind of information. It also seems to us that a strict interpretation of this proposed amendment would render liable to prosecution a Roman Catholic priest who gave one of his parishioners a booklet explaining the "rhythm method" of family planning.

Bill C-22 is open to the same objections as Bill C-64. Both illustrate the difficulty of attempting to regulate by law something which is essentially a matter for individual judgment. We support the approach of Section 2 of Bill C-40 in as far as it removes from Section 150 of the

Criminal Code any reference to contraception. The Council takes no position at this time in relation to proposed amendments relating to abortion. This does not mean that the Council, as such, has made a decision in favor of or in opposition to such amendments. It is simply that, as already noted by the Committee, this is an area in which it is much more difficult to reach consensus.

Some concern has been expressed about the possible danger of unrestricted advertisement and sale of contraceptives if the Criminal Code is amended as suggested by Bill C-71. On the basis of available information the Council does not believe that this is a matter for serious concern. In the first place we assume that the prescription of contraceptive methods involving drugs or the fitting of an anatomical device will continue to be under professional medical control, and that any advertising of such methods will be subject to control under the Food and Drugs Act. In addition, as stated in the explanatory notes to Bill C-71, the Juvenile Delinquents Act can be invoked as a deterrent against the sale of contraceptives to juveniles. We assume also that the obscenity provisions of Section 150 of the Criminal Code will remain in force. If experience indicates that further restraints are necessary we suggest that these can most appropriately be developed under the authority of the provinces in relation to the regulation of trade. Since the provinces can control the advertising and sale of liquor we assume that they can place appropriate restraints on the advertising and sale of contraceptives.

The Council wishes to emphasize that the amendment of the Criminal Code is only a starting point. It will no more than clear the way for the development and implementation of a sound national population policy. Family planning is not a panacea for all social ills, but it can be a valuable weapon in the war against poverty. To help accomplish this, federal health and welfare legislation must be drawn and administered so as to enable and assist the provinces to develop family planning services as an integral part of public health and welfare programs. Specifically, federal-provincial agreements on medical care schemes should provide for the sharing of the costs of family planning services. Similar provisions should be included in agreements under the Canada Assistance Plan relating to medical care for needy persons.

As part of a positive population policy, Canada needs to determine its responsibility in relation to the "population explosion" in the emerging countries. This is an area in which Canadian leadership to date has been notable by its absence. We can only attribute this to the reluctance of Canadian delegates to international bodies to advocate for other countries activities which are officially illegal in their own.

It is being freely predicted that many parts of the emerging world will soon face social chaos if they are not enabled to curtail their soaring birth rates as well as to improve their food supply. The federal Minister of Forestry, Maurice Sauvé, at a recent conference of the United Nations Food and Agriculture Organization in Rome stated, in part, "We are losing the battle against hunger. Increasing food production is part of the answer—and so is population planning. Population growth in most devel-

oping countries is out-stripping productivity increases and food supply". The latest report of Dr. B. R. Sen, Director of F.A.O., is even more ominous. "The next 35 years will be the most critical period in man's history. Either we take the fullest measures both to raise productivity and to stabilize population growth, or we will face disaster of an unprecedented magnitude". In view of these facts it is urgently necessary for Canada to initiate and support international study and action on family planning through the United Nations and its affiliated bodies.

The proper development of a national population policy requires one or more organizations equipped to study systematically the varied and complex problems involved and to make recommendations to the government. These include such things as the analysis and prediction of population trends, research into the relative safety and efficiency of different contraceptive methods, the causes and possible cures of infertility, congenital defects, etc. The federal government should therefore undertake immediate studies to determine the appropriate function and structure of such a body or bodies. The Department of National Health and Welfare obviously has major concern in this area and might therefore be asked to take the initiative.

And then we lead into these specific recommendations I have already read, Mr. Chairman.

Mr. CHAIRMAN: Thank you very much. I think, in keeping with the practice of our other meetings, what we would prefer to do now is to carry on with the presentation of the other briefs and hold the questioning until all the other briefs have been presented. If you gentlemen could remain for a questioning period afterwards, it would certainly be appreciated.

Mr. ALEXANDOR: Mr. Chairman, may I just add for the record, I think it is only fair to say that this presentation, this statement of policy, was not given the unanimous approval of all the members of our Board. I think this committee would hardly expect unanimity on a subject like this but the great preponderance of feeling was in favour of this statement. There were some with reservations, a few who felt that a statement such as this or action such as is contemplated by the bills is premature. But, otherwise, I think it is reasonable to say that there was an overwhelming majority in our organization supporting this statement, although it must be stated, in fairness to those who did not support it, that they had this reservation.

Mr. KNOWLES: Mr. Chairman, I wonder whether we should regard it as the law of the Medes and the Persians that policy that we established one day of hearing all of the delegations. I think we did it for a special reason and, as I recall, at our last session the result of that policy was that the second brief got questioned and the first one got by unnoticed. I wonder if it would not be better to question the Canadian Welfare delegates now, perhaps putting a time limit on so that we are not unfair to the others.

The CHAIRMAN: Yes. This was not a rule; it was something that was done as a way of running the meeting. If the committee wishes to examine these witnesses now that will be all right.

Mr. ENNS: It seems unfair to keep these witnesses beyond the time they really need to stay.

Mr. KNOWLES: How many groups have you.

The CHAIRMAN: We have two more groups.

Mrs. MACINNIS: Could we suggest that at 12 o'clock we hear the second, because we were late starting. We should set a time limit.

The CHAIRMAN: Suppose we have a time limit of, say, 15 minutes on the question period? If that is the feeling of the committee, fine. Are there any questions, then, to direct to the Canadian Welfare Council.

Mr. ENNS: Mr. Chairman, what has impressed me with this very excellent brief has been the emphasis on the fact that to cope in any way with the whole question of poverty it is necessary to deal with social problems. I think the Council has very explicitly put their finger on this problem by pointing out that family planning is in fact part of—not the panacea, but part of—the war on poverty. I have no reservations about supporting the recommendations contained in the brief.

The CHAIRMAN: Perhaps Mr. Enns you should declare your interest in this and say you are a member of the Canadian Welfare Council.

Mr. ENNS: Mr. Alexandor knows I am not of those who indicated complete support of the brief.

The CHAIRMAN: But perhaps other members of the committee did not.

Mr. ROCK: I would like to know which poverty Mr. Knowles was talking about here. Is it poverty in Canada or outside of Canada? We in Canada are always asking for a large population. We have not 20 million people, and yet we are the second largest country in the world in area. Are we Canadians worried more about the outside world than our own country? We seem to be basing this whole issue on family planning rather than the idea of removing something, which I feel is ridiculous and many other people feel the same way, from the Criminal Code.

Mr. KNOWLES: That is the member's opinion.

Mr. ENNS: Do you, Mr. Rock, suggest that poverty is not a problem in this country?

Mr. ROCK: Not in the sense of family planning. We seem to be going always in the direction of family planning which is not a problem in Canada or on the North American continent.

Mr. ENNS: If we accept the research statement on page two of the brief, the third paragraph, where we have been given figures of the relative incomes of families with certain levels of education and the size of family related to that income compared to the near illiterate breadwinner with a maximum income of $2500 or less, with a large family does not this indicate to the member that there is a related problem in family planning and poverty?

Mr. ROCK: Yes, but we, in a country like this, can find other means of coping with that problem. I think that, in most cases, we are always talking of the exterior of Canada rather than the interior of Canada.

Mrs. MACINNIS: I think this is the first brief we have had before us that has attempted a comparative analysis of the different birth control bills before us. Now, I would be very much interested in hearing from the Canadian welfare delegation a little bit more about how they feel that the other bills are too restrictive in their character. You declare that you think Bill C-71 is the best one to have. Now I would like to get some idea—we have not had much discussion about the restrictive character of the other bills—of your point of view on that.

Mr. KNIGHT: I think our essential point is made in the paragraph at the bottom of page two. It seems to us that the other bills would be unintentionally self-defeating. If I may quote the proposed amendment of Bill C-64:

> (6*a*) The provisions of paragraph (c) of subsection (2) in so far as they relate to offering to sell, advertising, publishing an advertisement of or having for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception shall not apply to an authorized agent of a Family Planning Association—

As a member of a family planning association, I am grateful for that!

> —incorporated under provincial charter, to a physician, pharmacist, or registered nurse, registered or licensed to practise their professions under the laws of any province, or to any public agency.

You will note that there is no reference to one occupation which I regard as being important, being a social worker myself. I refer to the role of the social worker.

We assume from the reference to any public agency, as we have stated in the brief, that a social worker employed by a public agency, for example a social worker employed by a municipal department of welfare, who would be authorized as a matter of policy to inform her class about the availability of family planning resources in the community would be free to operate under this, but as it is written it appears to us to exclude a person doing very similar work who might be employed by a private family agency meeting clients with similar needs. I now refer to Bill C-22, which reads:

> The provisions of this section shall not apply to an authorized agent of a family planning association incorporated under provincial charter, to a physician licensed to practice medicine, to a registered nurse, registered under the laws of a province, or to a social worker employed by a public agency recognized for this purpose by the province.

There is precisely the same objection here as to Bill C-64. It seems to us that with the development of time people may—and perhaps they already have—a legitimate interest in this. I am talking here about information and education in relation to family planning, not actual prescriptions. For example, I think most hon. members think they have seen reports in newspapers about discussions and debates going on in educational bodies about the role of the school and the role of the teaching profession in sex education. Strong views are

being expressed for and against. It seems to me that a province or provinces might very well decide as a matter of educational policy to have information, facts about family planning and reproduction, taught in the schools. It seems to me that these other bills have the unintended effect of excluding teachers.

Mrs. MACINNIS: In other words, would I be right in thinking that you believe if we passed these restrictive bills, or any form of them, it would be only a short time before we had to come back and amend the law and make it broader to let other groups in.

Mr. KNIGHT: This is exactly what we have said in the middle of page two.

> If specific exemptions are to be made from the general prohibition, we assume that the law will be enforced against those individuals and organizations not specifically exempted. If not, any amendment becomes an exercise in futility.

And this has been suggested. It brings us back to exactly where we are now.

Mr. O'KEEFE: And do you think, then, that those contraceptive devices, some of the more sophisticated ones even, should be on sale at corner stores?

Mr. KNIGHT: I thought we were quite specific about that.

Mr. O'KEEFE: You mention appropriate restraint without actually saying what you have in mind in that phrase "appropriate restraint". Have you not thought about what appropriate restraint would be? When you take out those four words you leave it wide open.

Mr. KNIGHT: With reference, Mr. Chairman, to these sophisticated devices, I assume the reference is to the use of intra-uterine devices and pills. It would also apply to the diaphragm.

Mr. O'KEEFE: Not necessarily.

Mr. KNIGHT: We say "methods which involve the prescription of a drug or the fitting of an anatomical device should be used under medical direction". And we say further that we assume that the advertising and sale of such devices would continue to be controlled under the provisions of the Food and Drugs Act, as we understand is presently the case.

Mr. O'KEEFE: Did you say that otherwise they should be under medical supervision and prescription.

Mr. KNIGHT: Not all devices.

Mr. O'KEEFE: Why not?

Mr. KNIGHT: Well, my own answer to this would be that if a device which does not require medical prescription is placed under medical prescription this obviously adds unnecessary expense to people who need it.

Mr. CHAIRMAN: Are there any other questions?

Mr. BALLARD: Mr. Chairman, I assumed from your brief that you were really promoting an idea that the advice on advisability of family planning would be handled say on the layman basis, but that you were proposing that

any mechanical or medical application of family planning would be left in the hands of the medical profession and it disturbed me now with your comment that it would not necessarily be in the hands of the medical profession. I mention this because there is some question, even now, that an indiscriminate use of the pill, for example, does have some medical effects and doctors in various places in Canada and the United States are recommending a variation of the indiscriminate use of the pill, for medical reasons. Now, I would be satisfied to accept your brief if it was understood that these various groups that you suggest give advice and direction on family planning, as long as the ultimate prescription of mechanical contraceptives or pills or other medical advice is left to the medical profession. In other words, is what you have said in response to this question not at variance with the report that you have read?

Mr. KNIGHT: I do not think so, Mr. Chairman, because for example there are jellies associated with the use of the diaphragm. This has been a common and established method. Now the original fitting of the diaphragm requires that it has to be done by a doctor if it is to be done properly and we would certainly recommend its continuation. The diaphragm itself is relatively permanent and long lasting, but the jelly has to be renewed every so often. Well, when a doctor prescribes this he fits the woman, instructs her in the care of the device and gives her a tube of jelly, and then says "when you need more get it from the drugstore".

Now there are quite a number of these kinds of things that are available on an across-the-counter basis in the drug stores. This, in effect, in a sense, is a continuation of a medical prescription and we would certainly think it unnecessary and inadvisable to have that sort of thing, the renewal of the jelly, placed under medical prescription.

Mr. BALLARD: It is, on your own submission, under medical prescription?

Mr. KNIGHT: Initially. The basic device, the diaphragm, is medical prescription and the jelly is what you might call medical advice, because you do not require a medical prescription to purchase a great many of these jellies, not even in the first instance. Some of them are openly sold in drugstores.

Mr. KNOWLES: That is covered by having it come under the Food and Drugs Act and the Food and Drugs Act prescribes what drugs or medicines can be sold only on prescription and which ones can be sold over the counter.

Mr. KNIGHT: Our understanding, Mr. Chairman, is that there are some jellies, that have a spermicidal or germicidal effect such as to require control by the food and drug administration and we would certainly not want to interfere with that. With respect to the pill, we would certainly feel that this should certainly continue to be under medical prescription at all times. We are aware of the fact that there is a debate raging among medical experts themselves as to possible dangers of the pill. Now this, to us, is a technical matter that should certainly remain under medical supervision and control.

The CHAIRMAN: Well, on behalf of the committee, I would like to thank the representatives of the Canadian Welfare Council for coming before the committee this morning and presenting their brief. Thank you very much, gentlemen.

Mr. ALEXANDOR: For the record, Mr. Chairman, a member of our delegation pointed out to me that one sentence in the English text has not been translated in the French text. It has been left out by accident. The statement reads:

> The council takes no position at this time in relation to proposed amendments relating to abortion.

And that has been left out of the French text inadvertently.

May I express the appreciation of the council for your kindness in allowing us to come here, Mr. Chairman, and for the attention which you have given to our presentation.

The CHAIRMAN: The next witnesses we have before the committee this morning are Dr. McDermot and Mrs. Jean Plaxton. Dr. McDermot is the chairman of the Health and Physical Education of the Y.W.C.A.

Dr. R. S. R. McDERMOT (*Chairman, Health and Physical Education, Y.W.C.A., Ottawa*): Mr. Chairman and members of the committee, I would like to give a little bit of the background to our brief in that the national committee of the Y.W.C.A., Toronto, asked that their recommendation that had been placed before the convention of the Y.W.C.A.'s of Canada passed—I think Mrs. Plaxton can bear me out in this—in June of 1965, where there were delegates from 55 Y.W.C.A.'s all across Canada, which represented a membership, we believe, of 77,000 be placed before the committee. We cannot give you definite figures but we estimate about 77,000 women and I would like to make the point that I feel that these are responsible women. This recommendation was placed before the convention by the Hamilton Y.W.C.A. supporting Mr. Prittie's bill. Now, from this, has arisen the brief which you see before you. Have I made any mistakes, Mrs. Plaxton? Have I left anything out?

Mrs. JEAN PLAXTON (*Executive Director, Y.W.C.A. of Canada, Ottawa*): No.

Mrs. McDERMOT: Fine, and I wish to make two apologies. One is that we have made a mistake in printing. We have said in the third paragraph down:

—prevents conception of—

And it should be:

—prevents conception or—

And my apologies for not having this in French; I really do apologize for that. Now, I continue with the brief.

In June 1965, the Y.W.C.A. held its national convention at Saskatoon, Saskatchewan. The delegates to this convention represented women of all ages, attitudes and occupations across Canada. The following resolution, presented by the Toronto and Hamilton associations, was passed unanimously—

I do not believe I need to read that. I continue:

> CRIMINAL CODE OF CANADA: REVISION OF SECTION 150, SUB 2(c)—BE IT RESOLVED, that in the interests of the notion's health, its respect of its own laws, its reputation in foreign countries, and its particular concern for the social and spiritual welfare of women and girls, the Y.W.C.A. of Canada supports legislation to amend the Criminal Code of Canada so that Section 150, Sub Section 2(c) would read: 'offers

to sell, advertises, publishes an advertisement of, has for sale or disposal any means, instructions, medicine or drug, or article intended or represented as a method of causing abortion or miscarriage.'

In effect, this resolution deletes the three words "prevents conception or". This coincides with Bill C-71, put forward by Mr. Prittie, and the recommendation endorsed by the General Council of the Canadian Medical Association.

It was the feeling of the Convention that the question of family planning and birth control has no place in the Criminal Code, nor should it be linked with abortion.

The Y.W.C.A. is primarily concerned with the health and spiritual welfare of the women and girls of Canada. A major part of this is the question of family planning as a means of regulating the size of the family in accordance with its economic circumstances. Until recently, good family planning has been sadly neglected because of public and medical ignorance, resulting from these legal restrictions.

The Y.W.C.A. is particularly worried about the health hazard brought about by illegal abortions, which in many instances, is now used to limit the size of families, often with fatal results. The deprivation to the family caused by the loss is obvious, and I need not belabour this point. Such tragic occurrences could be prevented by having available information on family planning, coupled with medically acceptable methods of birth control.

I have spoken of the dangers of illegal abortion with respect to the family and mother, and now I want to touch on the social dilemma attending the problem of unwanted children. These are children not planned for, and are often an economic burden to the family. This situation often results in the tragedy of the rejected child, the abandoned child, the battered child, which is our responsibility. With family planning, such problems would undoubtedly be curtailed.

Now, I believe that the Welfare Council has brought this out very well and I just want to make that point.

There is now provision made for hospital out-patient departments and municipalities to begin educating women in family planning, but these clinics and institutions are still outside the law, and are actively flaunting the law; if they are to bring help to the uneducated, the impoverished and these are in Canada. The mother who is constantly bearing children, then the Criminal Code as it now stands, should be changed and opposition to birth control removed from it.

The previous witnesses who have appeared before this Committee have placed before it many other important reasons for the repeal of this section of the Criminal Code. In my presentation I have tried to emphasize those reasons which are of particular concern to the Y.W.C.A. and the women of Canada.

I would like to thank the Committee for allowing me to present this brief which is submitted at the request of the Y.W.C.A. of Canada, and with the endorsement of the amalgamated associations of the Y.M.C.A.-Y.W.C.A. of Ottawa.

The CHAIRMAN: Fine. Thank you very much Dr. McDermot. Are there any questions of the committee of Dr. McDermot?

Mr. O'KEEFE: Mr. Chairman, the doctor mentioned medically acceptable methods of birth control. I do not know if you can particularize on those. Can you tell me which are medically accepted and which are not because Mr. Prittie's bill makes them all legal.

Mrs. MCDERMOT: Well, "medically acceptable" Mr. Chairman, I suppose I have been using the word "I" in this. I feel that restrictions will have to be placed on methods used for birth control. The only one that I know of that you can get without a prescription is the condom. Now, I have been out of practice, I must admit, for ten years so I cannot say it is something that has come along since that. But the others, the other methods that we have that I know are at our disposal are really under a doctor's supervision at some time. It was mentioned by the other members that the jelly can be obtained but, first of all, usually they go to a doctor or social agency which then will refer them to the clinics. You know, you have clinics in all the hospitals. They can go there, get their information there and use the methods of birth control that will be best suited because it is an individual thing, you know. You cannot just say that this is going to work for everybody, you have got to take into account the individual too.

Mr. O'KEEFE: Then you do see restrictions?

Mrs. MCDERMOT: Oh yes, but again, with the previous brief, I feel strongly that the other changes that are put forward would limit it and you would be back where you started, where we are starting now or where you are starting now.

Mr. O'KEEFE: But you cannot have it both ways. In connection with the ones you mentioned, the condoms, would you like to see those openly on sale in corner stores everywhere.

Mrs. MCDERMOT: Nobody would like to see those at corner stores and I do not know that this has happened. They are on sale, because I was in a drugstore the other day and obviously this man was buying a package.

Mr. O'KEEFE: In the drugstores but at the moment they are not freely on sale in food stores, in corner stores and in the shops and in dispensaries and in slot machines; at least they are not there.

Mrs. MCDERMOT: Excuse me, I believe that this question has been gone into quite well. The controls of this sort would have been gone into by the other committees and I feel strongly, myself, that there have to be controls and I think there are controls under the present laws. I do not know whether this comes under the food and drug administration, really, but I am sure there could be restrictions. Restrictions were mentioned on alcohol.

Now, I think the same things can be worked out, not necessarily with relation to the bill as it stands, because I feel it is sort of against one's dignity to be placed under the Criminal Code when it comes to birth control or family planning.

Mr. O'KEEFE: The point I am trying to make, Dr. McDermot, is that you are not in favour of indiscriminate sale.

Mrs. McDERMOT: No, and I do not think anybody is, Mr. O'Keefe.

Mr. KNOWLES: Is not the point that Dr. McDermot has just now made the answer to Mr. O'Keefe's question that you cannot have it both ways. Is it not a fact that it is completely different to have this under the Criminal Code, to have it a crime to be connected with this in any way and to have it a matter of regulation under the Food and Drugs Act.

Mrs. McDERMOT: Yes. This is the point. You have made it very nicely.

Mr. ENNS: Mr. Chairman, Dr. McDermot in her brief makes the statement in paragraph four that the concept of family planning is to be separated entirely from the question of abortion and then in paragraph five is it, or six, the Y.W.C.A. is particularly worried about the health hazard brought about by illegal abortion.

Mrs. McDERMOT: No, no, no.

Mr. ENNS: You are connecting them?

Mrs. McDERMOT: No, I am not connecting them. What I am trying to bring out now is that in the future family planning should be taken away from abortion—in the future.

Mr. ENNS: Please doctor, do not misunderstand me, but our committee itself made this division and said we must discuss family planning separately from the question of abortion and yet indirectly these two questions are linked.

Mrs. McDERMOT: They are linked. Because if there were more adequate family planning there would be less need for abortions.

I am afraid it happens and I cannot quote figures, but I know when I was going through medical school in our course on obstetrics and gynaecology it was brought to our attention that more married women undergo abortions to limit their families than do unmarried women and this to me, as an individual, is horrible to contemplate.

Mr. ENNS: I think I made the example earlier, at another committee meeting, from the experience of Japan where abortions were freely administered and freely available and in fact even state supported, they found that it was necessary to actually encourage the family planning method in birth control planning to effect a decrease in the number of abortions and I think these are, in that sense, indirectly linked.

Mrs. RIDEOUT: I am sorry I did not hear you when you read your brief, I was called out, but of course whenever an organization such as yours and the Y.W.C.A. of which I am proud to be a member in my constituency, presents a resolution and I quite agree with what you have said, it is the duty of this committee to hear witnesses because this situation must be resolved. As a matter of interest to me, because we are concerned, and this must be changed, do you plan it as your group plan to have some special classes or training for teenagers and young people who are not married and who could often very well abuse this.

Mrs. McDERMOT: Thank you for bringing this up. This is a point that can be taken up. Now you can do something in your programming at the Y.W.C.A. and Mrs. Plaxton is most interested in this aspect of trying to reach young people and get to them and instil good ideas into them and give them direction. And, if there is any hope, it is in the young mothers that are going to come up and through the Y.W.C.A. And this, as a matter of interest, is one of the approaches we hope to take in the Ottawa Y.W.C.A., approaching it through the young people and going on into the older women, and so on.

Mrs. RIDEOUT: I am glad to hear that because I have teenagers and it does concern me as a mother.

Mrs. McDERMOT: May I just interject something. I do not like to put in a non sequitur but I wish Mrs. Plaxton would speak on the attitude of the teenagers at the National Convention of the Y.W.C.A. in Saskatoon, if she does not mind. This brings your point right out.

Mrs. RIDEOUT: I would be most interested.

Mrs. PLAXTON: Another resolution that came forward to the national convention was on the preparation for family life. It was very interesting to me that this resolution had been framed mostly of course by the adult and more than adult, rather gray haired leaders in the Y.W.C.A. It had come forward that we needed more sex education in our programming in the Y.W.C.A. We had a very active teenage group at that convention and they met together and said very strongly that they did not want sex education in the biological sense; they just wanted preparation for family living in the broad spectrum. They wanted psychological, cultural, social and physical preparation and this was accepted at their suggestion so that the emphasis now, in the next four years, will be preparation for family living, not sex education.

Mrs. RIDEOUT: I think that may be a better approach.

Mrs. PLAXTON: There is a great deal of wisdom in the youth in Canada today.

Mrs. RIDEOUT: So there is a good example.

Mrs. McDERMOT: Yes.

Mr. O'KEEFE: Maybe I am stupid but what is the difference? Are you telling us now that you cannot teach sex education?

Mrs. PLAXTON: I think the teenager phrased it very well when she said, "If it is biology you want to teach us, who needs it?" They feel that they have had a great deal of biological education; that what they want to do is to learn what to do with the biology they have.

Mr. O'KEEFE: How will the removal of these four words affect it?

Mrs. McDERMOT: Excuse me, may I interject? This is a non sequitur.

Mr. ENNS: A very important one.

Mrs. McDERMOT: Yes.

Mrs. PLAXTON: But we would be partially inhibited in the kind of programming on an educational basis that we could do with young mothers in preparation for marriage courses and all of this sort of thing if we could not have medical people speak to our young people.

Mr. KNOWLES: In that sense, the Criminal Code stands in the way of your approach.

Mrs. PLAXTON: That is right. That is right indeed.

The CHAIRMAN: On behalf of the committee, I would like to thank Dr. McDermot and Mrs. Plaxton for coming on behalf of the Y.W.C.A., not the Y.M.C.A.

Dr. MCDERMOT: The Y.M.C.A. in Ottawa are behind us.

The CHAIRMAN: Ladies and gentlemen, we know have before us the representatives of the Canadian Unitarian Council represented by the President, the Rev. David Pohl, and Mr. MacNab, who has been here before the committee with the Family Planning Federation of Canada.

The Canadian Unitarian Council have a brief before the committee. I have just been speaking to the Rev. Mr. Pohl and he has told me that it is not his intention to read the brief, which is approximately eight pages long, but he is going to speak to the brief. I would therefore ask that it be agreed that this be taken as read and printed as part of today's proceedings.

Agreed.

(*The brief referred to above follows*):

A BRIEF
IN SUPPORT OF AMENDING THE CRIMINAL CODE OF CANADA
WITH RESPECT TO FAMILY PLANNING

Presented to the House of Commons
Standing Committee on Health and Welfare

Submitted by
The Canadian Unitarian Council
April 21, 1966

In reference to Parliament's consideration of legislation amending the present restrictions on family planning, the Canadian Unitarian Council presents this brief for the following three reasons. We believe:

(1) that the *status quo* is discriminatory, resulting in perpetuation of economic and social inequities which are detrimental both to individual Canadians and to the whole of Canadian society;

(2) that the *status quo* deters Canada from giving family planning assistance to developing nations requesting it to help them in arresting the population explosion;

(3) that the *status quo* contributes to legal ambiguity and violation of civil rights.

The continuing urgency of this matter has been recognized in recent years by Canadian Unitarians who have both individually and collectively taken an active part in attempting to remedy the Canadian situation. At the annual meeting of the Canadian Unitarian Council in May 1962, the following resolution, after having submitted to all congregations, was adopted by the Council:

Whereas the population of the world is expanding at an alarming rate, thereby increasing pressure upon the earth's resources to maintain human life; and whereas there exists today inadequate food, shelter and education in many parts of the world; and

Whereas lack of education results in unwanted pregnancies and harmful abortions are attempted.

Therefore be it resolved: That the Canadian Unitarian Council urges that:

(1) Federal and Provincial parliaments remove restrictions prohibiting the responsible distribution of birth control information and devices, and

(2) The Canadian government support population control through the World Health Organization, the United Nations and other channels, and

(3) Unitarians and Universalists across Canada give their active support to the formation of a family planning association in Canada, and

(4) The Canadian Government give financial and scientific support to the intensive research now being made to discover inexpensive, harmless, and effective birth control methods.

At our 1964 annual meeting, the following resolution on both the domestic and foreign aspects of the problem was unanimously adopted:

Whereas Section 150 of the Criminal Code of Canada makes it a criminal offence to advertise, sell, or have available for sale or disposal, any instructions or article intended to prevent conception; and

Whereas contraception is approved and practised daily by millions of informed Canadians with moral and religious approval; and

Whereas information and contraceptives are not legally and readily available to Canadians; and

Whereas the continuation of this law undermines Canadian foreign aid by inhibiting assistance in population planning to those overpopulated countries requesting it, and

Whereas a private member's bill has been introduced in the House of Commons to legalize supplying of information and articles of contraception to those desiring it:

Therefore be it resolved that the Canadian Unitarian Council urges the Government of Canada to adopt the above private member's bill as a government bill and to obtain its enactment with the greatest urgency.

The following similar resolution was passed in 1965:

Whereas the principle of family planning is increasingly recognized by leaders of the major religious faiths of Canada as an essential element of responsible parenthood; and

Whereas Section 150 of the Criminal Code of Canada makes it a criminal offence to advertise, sell, or have available for sale or disposal, any instructions or article intended to prevent conception; and

Whereas contraception is approved and practiced by many informed Canadians with moral and religious approval;

Therefore be it resolved that the Canadian Unitarian Council 1965 Annual Meeting urges the Government of Canada to legalize the supplying of information about and articles of contraception.

And again in 1966 our congregations have voted to act on the following resolutions at the Canadian Unitarian Council annual meeting:

World Population Growth and the Danger of Hunger

Whereas the rapid population increase has frustrated in many countries attempts to improve the material circumstances of the people by accelerated economic growth and in particular has frustrated attempts to provide adequate diet to all people of the world; and

Whereas at present there seems to be no possibility of closing the food gap for people living in countries with rapid population growth and lagging food production and

Whereas it is apparently economically and technically impossible to provide for all deficient areas by imports alone:

Therefore be it resolved that the Canadian Unitarian Council 1966 Annual Meeting urges the Canadian Government to support the efforts of those who advocate birth control and at the same time increase the technical aid which will improve the food supply through better production methods and the creation of economic and social conditions which will spur farmers in food-deficient countries to increase production.

Family Planning

Whereas Section 150 of the Criminal Code of Canada makes it a criminal offence to advertise, sell or have available for sale any instructions or articles intended to prevent conception; and

Whereas contraception is approved and practiced by many informed Canadians with moral and religious approval; and

Whereas family planning is an essential element of responsible parenthood; and

Whereas a private member's bill has twice been introduced in the House of Commons to legalize the supply of information and articles of contraception and has twice been talked out in the House:

Therefore be it resolved that the Canadian Unitarian Council 1966 Annual Meeting urges the Government of Canada to introduce a government bill similar to the above private member's bill and obtain its enactment with the greatest urgency.

The continuing focus of attention on the need for family planning has behind it considerable study by various groups at the congregational level, and arises out of our firm conviction that this is one of the most critical problems now facing mankind.

1. Discriminatory Legislation

As stated earlier, the first of our reasons for supporting an amendment of the present restrictions of family planning is that the *status quo* is discriminatory. It is discriminatory in that people with adequate levels of income and education are able to obtain family planning advice and means through their family physician, whereas those with low incomes are unable to obtain such advice through public agencies. Because of the ambiguity in the existing legislation, public health and welfare organizations throughout Canada have almost universally avoided providing this service to low income families.

In Canada as in the United States, statistics consistently reveal that low income families have more children than do higher income families, though financially less able to provide for them. The 1961 Census shows that for all Canadian families with wage-earners under 45 years of age the average number of children was 2.21. For the families where the wage-earners were receiving less than $2,000.00 the average number was 2.32. When analysis is made of the families with five or more children it is found that for wage-earners under $2,000 *one in eight* has five or more children whereas the wage-earner families with $2,000 or more had fewer than *one in twelve* with five or more children.

Perhaps most startling and significant is the situation among very young families—those in which the wage-earner is under 25 years of age. Proportionately there are more than twice as many families with five or more children where the wage earner is below the $2,000 level. These young families represent the real core of poverty and deprivation for the children. Here is where family planning assistance is critically needed and is not being provided.

It is not merely coincidental that Forestry Minister Maurice Sauve, on January 20 at Toronto in a speech on poverty, selected case histories which revealed that these poverty stricken families averaged 6.3 children per family, more than three times as high as the Canadian average of 2.0 per family. As Mr. Sauve said: "This is the Canada where most of the inhabitants are trapped in poverty."

Miss Bessie Touzel, following her retirement as executive director of the Ontario Welfare Council in June of 1964, drew on her almost 40 years of social work experience in an article which she wrote for *Chatelaine* (May, 1965) on "Canada's Seven Most Urgent Social Problems." In this she named poverty as number one and the need for family planning as number two, pointing out that family planning is one change which "might help to avoid some of the problems of poverty." Numerous welfare and sociological studies support her statements that each additional child means that much more expense, contributes to attempted abortions and results frequently in deep marital rifts—with subsequent moral, social and economic costs for family and society alike.

The only two countries with higher standards of living than Canada recognize the significance of family planning as a part of the war on poverty. Sweden has led the nations of the world in family planning assistance to other countries, and the United States during the past year alone has, through its

Office of Economic Opportunity, granted three-quarters of a million dollars for family planning throughout the country. And "state legislatures in increasing numbers are endorsing the concept that birth control is the best way to curb growing expenditures for the support of indigent families." (*Globe and Mail*, Feb. 22, 1966, p. 13)

Canada's failure to make family planning readily available to indigent and other low-income families is both a burden to those families which is a factor in making it difficult for them to improve their position, and is also a burden to our taxpayers. A study in Chicago several years ago revealed that it cost $17,000 to raise a public welfare child to 16 years of age. It has been estimated that in Toronto it required $13,500 of public funds to raise a child who was a public ward to 18 years of age. (*Osgoode Hall Law Reporter* (April, 1961) II, 228). Lack of family planning contributes to both social and economic problems for the family and for the nation. Its absence prevents the low-income families from having the freedom to chose how many children they want, and when they want them. It places the emphasis on quantity of children rather than quality, on chance rather than choice, and is thus, in our opinion, an obstacle to the development of responsible parenthood and a too-long neglected factor in the self-perpetuating poverty cycle.

2. Foreign Aid Deterrent

The second of the reasons why the Canadian Unitarian Council supports change in Canadian legislation on family planning pertains to what many leading world figures have described as the number one threat to world peace—the population explosion.

We regret that the total of Canadian aid to developing countries is as low as it is, but even more critical is the fact that not one cent of this aid has been provided to assist these countries in solving their population problems. We recognize that assistance in a variety of ways is essential to bring about economic growth in these countries. We believe that economic assistance which does not include family planning is fruitless by itself. The former president of the International Bank for Reconstruction and Development, Eugene Black, expressed it clearly when he stated: "Unless population growth can be restrained we may have to abandon for this generation our hopes of economic progress in the crowded lands of Asia and the Middle East." (quoted in Marion Jones, *Does Overpopulation Mean Poverty?* (1963)).

In mere economic terms President Lyndon Johnson stated it very succinctly when he said that $1.00 of foreign assistance for family planning was worth $100 of foreign aid in other areas.

Failure to lower the birth rate in India during this year will mean 19,000,000 more children who six years from now should have half a million or more teachers to teach them, half a million more class rooms, 120,000 more hospital beds, 19,000 more doctors, 5,000 more dentists and 48 billion more calories daily. We already know that unfortunately these teachers, doctors and dentists will not be available.

Earlier this month India announced that in its new Five Year Plan it is quadrupling its expenditure on family planning. Unless such programs become highly effective there will be one billion people in India by 1991, a United

Nations mission to India on family planning recently pointed out. The country requires the assistance which we have been giving it in food, capital goods, technical aid and education; but it also requires and *desires* our assistance in helping to solve its population problem.

Chile, the United Arab Republic, Turkey, Ceylon and Pakistan are other countries which Canada has aided in one way or another in recent years, and where the governments have taken steps to make family planning available on a nationwide basis. Our aid to date has been helping them only to stand still; when will we translate it into providing more income per person?

Thus far in this United Nations Decade of Development, population growth in many of these and other developing countries has outrun the growth of national production.

The Executive Director of the World Health Organization, Dr. M. G. Candau, warns that health levels throughout the world are not rising and may fall lower. The main reasons for this, he explained, are a shortage of medical services, followed by inadequate water supplies. It has been because western civilization has helped raise health levels throughout the world during the past few decades that these countries are faced with a population explosion. It would be both ironic and tragic if this health trend were now to be reversed, and through lower levels of health solve the population problem in the old Malthusian way of disease, rather than through the western nations assisting in fertility control which Europe and North America have so effectively applied.

3. Legal Ambiguity and Violation of Civil Rights

Finally, we believe that Section 150 (2) (c) of the Criminal Code as it stands has led to legal ambiguity and violation of civil rights.

Both of these arise out of the fact that everyone charged commits an offence unless "he establishes that the public good was served by the acts". In the absence of definition of "public good" many (perhaps most) legal and lay minds alike have lumbered along under the impression that birth control is illegal in Canada. Public officials have refused to sanction family planning as a part of health and welfare programs for this reason. Others have, of course, taken the view that family planning is *ipso facto* in the public good and have proceeded on this basis.

However, if the latter *were* charged with an offence, they would be burdened with proving their innocence, contrary to our legal heritage that a man is innocent until proven guilty. This, we believe, is one of the most fundamental civil rights to which every Canadian is entitled, and which the Government of Canada should do its utmost to protect.

The Federal Government itself would appear to believe, to at least some degree, that family planning is in the public good. In several ways it has already taken a stand. For example, in 1963 the Department of National Revenue passed through customs in two months alone 4,600 diaphragms and 20,000 gross of condoms. The Department of National Health and Welfare on a number of occasions has tested and approved contraceptive pills. And under the terms of the Canada Pension Plan as issued over the signature of the then Minister of National Health and Welfare, Judy LaMarsh, last year, it appears that the government believes that disabled persons receiving benefits from the

Plan should practice family planning. "No children's benefit is paid for a child conceived or adopted after a contributor's disability begins." (p. 24)

Supplementary Views

We believe that specific reference to contraception should be completely removed from the Criminal Code. The Food and Drug Directorate should be given jurisdiction over the appropriate aspects of this matter as it is given over other drugs and devices.

Also, there have been some fears expressed that undesirable advertising might result if the changes supported by this brief were enacted. Such fears have little visible evidence to support them. It may be pointed out that in the United States there has been no outbreak of offensive advertising in this area.

It is questionable whether advertising regarding contraceptives and family planning would be as offensive as some advertising which we now have pertaining to hygienic products on the one hand and movies on the other.

Subsection (1) (*a*) of Section 150 which applies to obscenity and indecency should be sufficient to maintain an adequate standard. There appears to be no more reason for a separate section of the Criminal Code regulating family planning advertising than there is for regulating the advertising of hygienic products or movies.

To suggest that contraceptive advertising should be restricted to medical journals is equivalent to keeping this information away from many parents. How many of those who are not doctors ever peruse a medical journal? It would be equally valid to allow Modess and Kotex to advertise only in similar journals.

Conclusions and Recommendations

Because the existing legislation is discriminatory, because it severely limits the effectiveness and scope of Canada's foreign aid, and because it is legally ambiguous and violates civil rights we believe that ameliorative action is necessary.

We support the views expressed by the United Church of Canada regarding the significance of family planning for the world population explosion. We also support the view of the Anglican Church of Canada that family planning should be made available to our native Indians and Eskimos.

Each day that the Government of Canada delays in enacting and implementing adequate legislation in this matter the world population increases by 190,000 people, and here at home more babies are being ushered into a life of poverty. We therefore urge that this Committee and the Government of Canada recognize the urgency of this situation and implement at the earliest moment, the recommendations of the Family Planning Federation of Canada, as follows:

(1) deletion of the words "preventing conception or" from Section 150 (2) (c) of the Criminal Code of Canada;

(2) inclusion of family planning information and services as an integral part of health and welfare programs; and

(3) inclusion of family planning assistance to requesting countries through our External Aid programs.

April 19, 1966.

Mr. KNOWLES: Mr. Chairman on that motion, in other briefs where parts are not read those parts are included in the record.

The CHAIRMAN: Yes, those were read in toto. Rev. Mr. Pohl.

Rev. DAVID POHL (*President, Canadian Unitarian Council*): Thank you, Dr. Harley, I save my verbosity for Sunday mornings.

I am here as President of the Canadian Unitarian Council, which is the agency in our denomination charged with representing the convictions and concerns of Canadian Unitarians on social issues such as the one your committee is studying. We are pleased that the subject of family planning or birth control is being studied by Parliament, and we appreciate this opportunity to share our views with you.

With me as the Chairman said, is Mr. John MacNab, an economist and a Unitarian, one who has helped initiate and strengthen denominational concern and action in the area of family planning in Canada. Both of us will try to answer any questions you may have about the position of Unitarians on family planning, and specifically on proposals to amend the Criminal Code so that the illegality of birth control is removed.

You have received copies of our brief, I believe, and in it we cite three reasons for supporting an amendment of present restrictions. We believe, first, that such restrictions are discriminatory; that they affect, in practice, those of lower economic and educational levels who might otherwise be given assistance in family planning by public agencies. As long ago as 1930, which is the year I was born, Dr. Minot Simons, Unitarian minister, said that "Birth control is here among the well-to-do but not among the ill-to-do who need it most. Legislation against it is *class* legislation." Secondly, we believe that problems posed by the well-documented and accelerating population explosion are of such a serious nature as to call for Canadian assistance in family planning to those many nations in the world now requesting it. We agree with remarks made by John D. Rockefeller III before the FAO in Rome in 1961, when he said: "To my mind population growth is second only to control of atomic weapons as the paramount problem of our day." As a writer in the reputable religious journal, *Christianity and Crisis*, said in the January 24, 1966 issue: "With infant mortality rates decreasing and life expectancy increasing, foreign aid programs will merely make it possible for more and more human beings to live a miserable existence unless birth rates are checked." And, thirdly, we believe that the present Section 150 (2) (c) of the Criminal Code has led to legal ambiguity and violation of civil rights.

In addition, we believe that the existing restrictions on family planning is unrealistic, unenforceable and also unjust. It is unrealistic because the law is so widely disregarded. It is disregarded because the majority of people in this country (according to the Gallup Poll of a year ago), 66 per cent favour birth control. A law so widely disregarded is hardly enforceable.

Finally, the law is not only discriminatory; it is in a certain sense unjust. Family planning is obviously objectionable to some people, and their views must be respected. But in a pluralistic and democratic society such as ours, those views should not be controlling in regard to other persons in the society for whom family planning presents no moral or religious problem. Father John A. O'Brien of Notre Dame University, speaking within the context of the United States but in a way I think that is certainly applicable here, reminds us that "we live in a pluralistic society characterized by the widest divergence of religious faiths. With so many denominations in our midst, it is obvious that we must learn not only to live together but also to respect scrupulously the consciences of others and work together for the common good. The consequence of such religious pluralism is that no one group may impose its distinctive creedal or moral viewpoint through the clenched fist of legislative fiat or governmental directive upon those of other faiths. The attempt to do so is an unwarranted infringement of the rights of others and," says Father O'Brien "is doomed to failure."

Mr. Chairman, Unitarians believe that "modern men and women have both the intelligence and the right to choose how many children will grace their family. As free human beings they have the inherent right to use that method which will bring about their desired goal. The morality of birth control is based upon the fact that both freedom and knowledge are essential to moral growth. There is no moral responsibility unless there is an awareness of intelligent choice whereby the couple may select that method of birth control most acceptable to them. There is no moral responsibility unless the facts of birth control are readily available. Birth control and family planning are moral, we believe, because they put into the hands of human beings those values and concerns which are essential to human decency. The worthiness of life, the health of the family and its individual members, education for the full life and the meaningfulness of love's expressions are all human values and deserve human control. When men and women are free to regulate the size of their families they can provide the kind of life they consider to be most worthy. For some this may mean a family of several children. For others it may mean a family of no children. But the important thing is that they with their intelligence, humanity and love, they can choose what they believe is best and no one who does not sit where they sit can make that choice."

Mr. Chairman, I wanted to call on Mr. MacNab and have Mr. MacNab offer a few supplementary remarks please.

Mr. JOHN MACNAB (*Member of the Canadian Unitarian Council, Ottawa*): Thank you, Dr. Harley. My comments are primarily restricted to economic aspects. Not because they are more important than the medical, moral, and sociological aspects which have already been dealt with at greater length, both today and at earlier hearings, but rather because economic aspects have had little attention so far, either here or outside, I might add.

Professor Joseph Spengler, retiring President of the American Economic Association, in December spoke on the economist and the population question and I might say he chastised the economists for the lack of attention over the

past half century to this particular problem and encouraged that they should pay more attention to it.

Now there are three economic aspects of family planning that I want to bring out. Firstly, from the viewpoint of our gross national product. Without family planning, which we do have for many of us already, and its consequences of smaller average number of children, it is necessary to channel a greater proportion of both our physical assets and our human assets into education and other infra-structure expenses which only indirectly, though significantly, contribute to increase in our G.N.P. That is to say, we would require a greater portion of income to go into taxes for building schools, hospitals, etc. There will be a higher ratio of consumers to producers. Or, to phrase it in another way, our per capita national income would be lower. And this, I believe, we should bear in mind in relation to man's continuing struggle to keep up with the Jonses, in our case the United States. Our per capita income is currently about two-thirds to three-quarters of that in the United States. For better of for worse, this differential is one factor in our brain drain to the United States. The United States government in the past several years of course, as I think most of you are aware, has now strongly committed itself to a national programme of family planning. With its birth rate already lower than Canada's, and with this additional government participation, unless the federal and provincial governments of Canada implement a family planning program, it may represent families of little initiative, little incentive, and little knowledge of how they may improve their social and economic level.

In various studies in the United States and other countries it has been established that when they are made aware of the possibility of family planning they are just as eager to produce a family which is more in keeping with their income. The large family is an obvious burden to their low income and, in itself, tends to result in the new generation being inadequately prepared to maximize their abilities and contribute to their own and the country's wellbeing.

In concluding, may I make a suggestion for the Committee's consideration; in dealing with a matter of which I think we in Canada collectively and individually tend to have relatively little knowledge since it has been a matter essentially for under the board discussion and in which we therefore tend to lack specialists who are well informed with the latest developments in this and the various aspects.

There have been statements made before this Committee, conflicting statements, regarding various aspects and in line of this I would suggest that you call such persons as Dr. Alan Guttmacher who is president of the Planned Parenthood Association of America, a medical doctor, or Dr. Mastroianni of the University of Pennsylvania who has probably done more research than any other in leading a team at the University of Pennsylvania on research on the I.U.D. and its functions, how it does function; Dr. Jack Lippes of Buffalo, inventor of one of the I.U.D.'s or a former Canadian, Professor Ronald Freedman of the University of Michigan, who is a recognized international demographer and who could answer various of the questions that have come up here in previous years from time to time. I think therefore it can be anticipated that with all other factors remaining equal a gap between Canadian per capita income and United States per capita income will spread, to our detriment. This

I believe would be generally detrimental to the welfare of Canadians both individually and collectively and I might add that this is looking at it from merely the domestic context but this is even more critical as far as the less developed countries are concerned, the restriction of their population explosion in terms of their potential for economic growth. Our whole foreign aid program is or should be giving considerable attention to this aspect.

Secondly, the family planning already available is being used by many Canadians in middle and upper incomes without it being available to low income groups including many who are on welfare. The tendency therefore is the low income families will proportionately become a larger share of our total population. Arising out of this, therefore, we may expect indigent welfare costs to become an increasing drag on our economy. We are tending to perpetuate poverty, unfortunately.

This last week in Toronto I heard of one welfare case in central Ontario in which a family with ten children received $600 monthly from public welfare, a third generation family on welfare. This is the sort of family planning or lack of family planning that arises out of the failure of the government to have adopted and made available to low income families the same sort of knowledge and the same sort of means that are available to those of us in the middle and upper income groups. It means in dollars and cents greater cost to our economy.

Thirdly, and perhaps most important, is the economic impact on these low income families. In many cases the presence of some of these gentlemen would be of considerable assistance to the Committee. May I thank you for this opportunity to express our views.

The CHAIRMAN: Thank you Mr. MacNab. Have any members of the committee any questions of the Rev. Mr. Pohl or Mr. MacNab?

Mr. RYNARD: Well, I would like to get this cleared up here; probably it is clear in everybody's mind. You say it must be left to the individual couple to do their own planning and to take what appropriate steps they wish to take according to their religion and so forth. Now, surely this is a question to be decided, if we go along with what has been said, between the doctor and the man and the woman, because he is in the position to advise them on what is the best and the proper method and we are saying the people must decide. Now, I think we mean that they make their decision with the doctor, on professional advice; is this correct?

Mr. POHL: I would think, in most cases, it would involve medical knowledge or advice or counsel provided by, family planning associations who could provide it. Ministers could make recommendations but in the case of most birth control devices, yes it would involve a doctor. As was stated earlier this morning, either the pills on prescription or the I.U.D. inserted by the doctor. There are, of course, birth control methods which do not necessarily involve the doctor, the condom to name one. Except for that, I would say the doctor or medical advice would be involved.

Mr. RYNARD: I would still go along with the point that the people would like to or should get professional advice as to the various methods. I think we are skating on thin ice if we say they can go and get other medicine and buy

other things, because here we said this morning that about the only thing they could get was a condom, without going to see the doctor. Now we are going to stick with this and this is the point I want to get cleared up, as it is a decision that is made between the man and the woman on professional advice.

Mr. POHL: Even with Mr. Prittie's bill, I do not see where the situation would be altered in that respect. If a couple used the pill, for example, it would still involve a doctor and a prescription.

Mr. RYNARD: So long as it does, we are clear on that point.

Mr. O'KEEFE: I think the first witness said in connection with family planning—and by the way I said this before, I am not against family planning, but there is a suggestion I think in the brief that Catholics were. Maybe I have got that wrong, but that is beside the point. That is not the question I want to ask, Mr. Chairman. The question is: The first witness said family planning was a matter of decision of the parents. In some cases this would be two or more; in some cases this would mean no children. Would that be family planning or family abolition?

Mr. POHL: Family planning, to me, is simply a husband and wife taking upon themselves the freedom and the responsibility to determine if, when, and how many children they wish to have. In some cases it would involve, I suspect, not having any children for reasons that I could conceive of.

Mr. O'KEEFE: Would you agree that is family abolition?

Mr. POHL: No, I would not.

Mr. O'KEEFE: Well what do you think a family consists of?

Mr. POHL: I do not think it necessarily has to consist of having children. I know couples, and I consider them as a family, who do not have children. I quite agree with you that the pragmatic effect of a couple not having children is that they have no heirs and so far as they are concerned, the family is abolished but I do not look upon this as a problem generally speaking. My point about family planning was that family planning does not necessarily mean, in a given situation, family limitation. It means spacing children and determining for yourself how many you wish to have and care for and feel that you can adequately care for. It may mean two, it may mean six, depending on your circumstances.

Mr. O'KEEFE: In other words, you really do not mean planning, you mean limitation or abolition.

Mr. POHL: I mean planning, that is exactly what I mean.

Mr. MACNAB: Mr. O'Keefe, could I attempt to answer? You say it means family abolition.

M. O'KEEFE: It means no children.

Mr. MACNAB: Well, it only means family abolition if every family did this but if one family does it this does not mean the end of family, in your sense. I

can think of cases where for medical reasons it would be absolutely fatal to the couple—fatal to the woman—if they had any family and this is, essentially, what we are suggesting.

Mr. O'KEEFE: Well, you talked about big families on relief. Do you think any family on relief should have any children?

Mr. MACNAB: Yes.

Mr. O'KEEFE: How many?

Mr. MACNAB: This is something that we are suggesting is up to individual family choice.

Mr. O'KEEFE: Did you suggest not ten? I am asking you how many.

Mr. MACNAB: We are suggesting that they be given the opportunity to decide, which they are not at present.

Mr. RYNARD: Mr. Chairman, I think the point Mr. O'Keefe is bringing out here is a very good one. Is there going to be any education of this sort to indicate to them what is best in that particular range? I think he has got a point there. Are we just going to say: "Well, go ahead and plan your own." And, you say they are non-educated people. Are we not going to give them some education through their schools and their doctors? And from the economic standpoint, you have been speaking on economics. Surely there will be education to come along with this.

Mr. MACNAB: We are assuming, and in full agreement with the Welfare Council brief, and the Y.W.C.A., that this education is a part of it. The decision we are talking about is the final decision based on that information which is not fully available to low income families at present. I completely agree with you, doctor.

Mr. ROCK: Mr. Chairman, when the Canadian Welfare Council were here they mentioned something regarding figures and statistics. Then, I left when I nodded to you, to get the book on statistics and, I am looking through the statistics here, and the wages and the amount of children and so on. But I do not see anything in here of serious consequence where we have to have family planning in Canada. I do not see anything at all and everyone seems to go in the direction of family planning rather than, as I said before, just taking that ridiculous part out of the Criminal Code, period, because it is just archaic, in its sense. But we seem to be going in the direction of family planning, family planning. I would like to ask these gentlemen here, in the area that you come from, have you a problem? Have you looked in the statistics of 1961?

Mr. MACNAB: Yes.

Mr. ROCK: In what areas do we have the problems?

Mr. MACNAB: I can name two areas—

Mr. ROCK: Are they within your area of the church group?

Mr. MACNAB: You are talking about geographic areas?

Mr. ROCK: No, but within your church group.

Mr. MACNAB: Not—

Mr. ROCK: That it should be your problem directly with your church?

Mr. MACNAB: Well, if I may say, I think all men are my brothers and I think—

Mr. ROCK: I understand that, but I just want to know whether you have a problem within your church group or your church that you belong to yourself. Have you got that problem where you will have to do something with the people who belong to your church? In other words, have you got a lot of poor families that belong to your church where they have six, seven or 10 children and the state has to look after them?

Mr. MACNAB: No, we do not have many low income families in our church but in our community we do have; in the city of Ottawa here. You can go into Lanark County; there are a good many cases. I could take you out to Almonte. I know of cases there directly. We have been in consultation with people out there where there are low income families and this is a real problem for them, the question of size of the family and their ability to maintain these. As we mentioned in our brief, the Hon. Mr. Sauvé in dealing with poverty, pointed out that it was not purely accidental that the sizes of the families which he defined as poverty were large in the number of children which they had.

Mr. ROCK: Yes, but are there a lot of these families? Is there that big a problem in Canada? In other words, have we got a half a million population, have we got two million population that is in this category or is it only a hundred thousand; is it only two hundred thousand; is it fifty thousand?

Mr. ENNS: At what point would this be considered a problem? If it was a thousand would we say, "O.K., there is no problem at all".

Mr. ROCK: I am saying that we are always going in the direction as if we in Canada need family planning, as if it were serious.

Mr. ENNS: We do, desperately.

Mr. ROCK: But I do not see that.

Mr. ENNS: Oh, yes.

Mr. ROCK: I do not see that because we seem to be going in the direction as if, in Canada, there is a serious problem, and we have to start planning our families. If I look at the statistics here, I see that a lot of them have 1.1, 2.2 children in different age groups and I would like to come back, Mr. Chairman, to the statement made. There is an error in the statement made by the Canadian Welfare Council.

Mr. ENNS: That does not tell you anything.

Mr. ROCK: Of course, when I got back they were already gone. Here they said according to the 1961 census figures, families with the head in the 35 to 44 age group with a university degree averaged 2.6 children. Now, that is correct

according to the census and they had average earnings of $8,600 per annum. At the other end of the scale the virtually illiterate family heads in the same age group, with less than five years of formal schooling, averaged 4.1 children and an annual income of $2,467. Now there is a little error in this sense that the 4.1 was supposed to be 4.2 according to that annual income of $2,467, but the point is that—

Mr. KNOWLES: How can the error of 4.1 be 4.2?

Mr. ROCK: Yes, but that is the only place I can find that annual figure is beside the 4.2. There is no annual figure, there is no 4.1, you see; but the figures of the annual income. Now, actually that is no schooling. It belongs to the category of no schooling whatsoever. In other words, they are the illiterate, not the ones who are fifth grade and below, and the amount of family heads is only 3,255 in Canada. This is what I am trying to get at. Now, when we talk about the people less than fifth year, then we get to the group here where the average income is $3,099. So there is an error in their statement here, and the average per family is 3.9 and not 4.1.

Mr. KNOWLES: Excuse me, Mr. Rock, you should go to a meeting of the Liberal caucus and say that we do not need a war on poverty.

Mr. ROCK: No, this is not the point.

Mr. KNOWLES: Well, that is what you are saying.

Mr. ROCK: Do not start putting words into my mouth. I am only saying that we seem to be going in the direction of family planning.

Mrs. MACINNIS: Sure we are.

Mr. ROCK: And I do not see the reason why. I mean as far as reasons to remove this from the Criminal Code are concerned. Personally, I am in favour of removing it but not because of family planning.

Mr. MACNAB: Mr. Chairman, may I point out that in the United States approximately 20 per cent of the population is still in what they call a poverty category and the reason why I say the United States is that our own figures in Canada are still indeterminate, but I feel pretty certain that our poverty situation is no better than it is in the United States and for these groups, for the welfare of Canada as a whole as well as for the welfare of these individuals, as far as the whole war on poverty is concerned, family planning is an integral part of it. In itself it is not the means nor the end but it is part of the war on poverty and a very meaningful thing for these 20 per cent who represent our poverty.

The CHAIRMAN: Dr. Rynard?

Mr. RYNARD: Mr. Chairman, I think the very fact that we can go into cities like—and I suppose Montreal could be included—Toronto and Winnipeg and point out there that we have five generations that have been on relief and welfare clinches the arguments that we do need family planning because I think we have got a big point there that it is not fair to bring up children to keep on perpetuating this welfare state. It is not fair to those kids that we allow them to

grow up—with the things that we know today, in Canada—and keep on perpetuating and living at that low level. I do not think that this is fair and I think this proves the need for family planning. I think we have got to have it, and I will say the same that I said the other day when the moderator of the United Church was here. We cannot preach one thing in Europe or in Asia where we do need family planning, and do otherwise in Canada. We cannot be just that hypocritical.

The CHAIRMAN: Mr. Howe.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, in all this discussion there has been much talk about battered children, maladjusted children, children who are not prepared to take their place in society owing to the size of the family and areas in which they live and poverty. One of the witnesses mentioned families that have been on welfare for several generations but I am just a little bit disturbed about this thing. Many of us must know families in low income groups who all turned out well, who got along in life. Many of our great men today are very proud of the fact that they pulled themselves up by their bootstraps and got along in life in a big family. I know many large families where the children turn out a lot better than where there were just one or two.

Mr. POHL: I would say, Mr. Chairman, that if they did it was in spite of and not because of the poverty and the low opportunities that had surrounded them.

Mr. HOWE (*Wellington-Huron*): Sometimes those low opportunities create character and develop abilities that you do not find elsewhere. I think one of the problems with our children today is that some of them have too many opportunities and too many things.

Mr. RYNARD: Mr. Chairman, is not your point there that we have switched from a rural to an urban area over the years? And speaking of the rural area and those good men that Mr. Howe pointed out, and I would agree with him, most of those people were brought up on farms and they learned how to work and contribute to the welfare of their parents. But you cannot do that in a city, and we have switched now so that we have got nine per cent of that population or 10 per cent on farms in Canada.

Mr. MACNAB: May I add that primarily what you say is true, the fact that it is not easy in the city, but there still have been, as Mr. Howe has pointed out, people even in the cities, people from out of the poverty and slums of New York, Fiorella La Guardia, for example, who have come out of poverty and have risen above it but this is in spite of, not because of.

Mr. ENNS: The exception.

Mr. MACNAB: The exception, exactly. I am sure Mr. Howe is not advocating we should all be brought up in poverty so that we would have further challenges. When I look at my own children sometimes I think they are getting too doggone much and that if they went begging for a little bit they would be a little bit better off. But this I do not think is what we are really tackling here at the moment. It is those who lack the initiative which represents unfortunately quite a percentage of those in the hard core of poverty.

Mr. HOWE (*Wellington-Huron*): But getting back to my question, we were talking about percentages; can anybody give me percentages about the maladjusted children, these battered children? What percentage come out of these low income families and what percentage come out of the high income families? Do we know where there are unwanted children or badly adjusted children in wealthy families? Where do you get these; is there any figures on this?

Mr. MACNAB: This is why I suggest getting a person such as Professor Friedman. I do not have these at my finger tips or any of it. There are studies which have been done which do establish the answers to questions which are in your mind and there is co-relation between poverty, low income, and criminal occurrence frequency. There was a study done at the University of Montreal within the past couple of years on prostitution and the percentage of prostitutes who come out of poor families is, let me say, much higher than those who come out of high families.

Mr. O'KEEFE: How can you be sure of that? How can you check the prostitutes in the rich families?

Mr. MACNAB: A competent study was done by a person at the University of Montreal which was scientifically done.

Mr. O'KEEFE: A scientific study in Canada to find out about rich prostitutes? That is utter nonsense.

Mr. ROCK: Maybe the rich are high class and they do not get caught.

Mr. MACNAB: That is possible.

Mr. ENNS: Mr. Chairman, I do not suppose it is wrong to say that the fact of the family planning becoming legally operative in Canada would necessarily always limit families. It might well be that the advice would be that we should have a dozen children. If this would be the mental outlook of those parents that they seemed to thrive on large families why could they not have them? I am sure no planning agency would say, "no, you must never have more than seven." This is missing the point totally, considering the wealth, considering the economic wellbeing of the family, considering the mental health of the parents, considering a variety of factors that would help in the determination of the size and planning of children. It is wrong for anyone to say "we will henceforth have only a limited number of children". It may well be the reverse.

Now, Mr. Howe made the comment, how do we know that poverty does in fact breed an increasing incidence of social ills? There is ample evidence—I cannot quote the figures for this—but there is research under way both under ARDA and in the so-called war on poverty in this country. The witness has already referred to research in other countries which certainly bears this out, that there is a greater incidence of social ills occurring in the low income families. But again, it may well be that some people determine that they can raise fine children with an annual income of $5,000 where another might say I cannot possible raise more than two. This is again back on the shoulders of the parents themselves and we are missing the point if we are trying to say family planning will be controlling the population. I do not interpret family planning in that sense at all.

Mr. ISABELLE: Do you want to go ahead, Margaret?

The CHAIRMAN: Go ahead. Dr. Isabelle has I think been waiting for a little while.

Mrs. RIDEOUT: I just want to ask the Chairman to refresh my memory. What are the terms of reference of this Committee, Mr. Chairman? Are we to study the changes in the Criminal Code regarding the sale of contraceptives?

The CHAIRMAN: We are studying the subject matter of the four bills that were referred to us. They are mainly concerned with the change in the Criminal Code.

Mrs. RIDEOUT: It seems to me family planning has so many implications that I am wondering if we are getting away from the terms of reference of the committee.

The CHAIRMAN: No, I do not really think so. I think this is all in keeping with some of the recommendations but the committee might feel there are too many. There are two bills on family planning and two listed as birth control and one in addition listing abortion which we have already said we would deal with later.

Mr. ISABELLE: I think there is a great difference between the limitation of children and the spacing of children. I think that family planning is a spacing of the children. I had a question to ask of the witnesses. Have you ever considered in your family planning organization artificial insemination for those who are in the category of uneducated people? Or those who cannot be educated but who simply get married?

Mr. MACNAB: You are asking the family planning association. I am also President of the Planned Parenthood in Ottawa and I can say quite clearly we have never considered it.

Mr. ENNS: That is not in one of the bills, is it?

The CHAIRMAN: I think that might be stretching the point.

Are there any other questions of the witnesses? If not, on behalf of the committee I would like to thank the representatives of the Canadian Unitarian Council, represented today by the Rev. Mr. Pohl and Mr. MacNab. Thank you very much gentlemen.

Before the committee members leave, I would like to report to you that at our next meeting to be held on Tuesday we were to have before us the Canadian Catholic Conference. They are not going to be prepared to present their brief at that time. They have not had enough time to prepare it and have all their references ready. So we will have a meeting one week today with the Consumers' Association and, in addition to that, we will present correspondence and other matters.

On May 3, we will have representatives of the Department of Justice and the Department of National Health and Welfare pertaining to the legal matters surrounding these bills. I think, for obvious reasons, this meeting will be held *in camera* and unrecorded.

The meeting is adjourned until one week from today.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 11

THURSDAY, APRIL 28, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

WITNESS:

Mrs. A. F. W. Plumptre of Ottawa, National President of the Consumers' Association of Canada.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23917—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Howe (*Welligton-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Simpson,
Mr. Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, April 28, 1966.
(12)

The Standing Committee on Health and Welfare met this day at 11.10 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brown, Chatterton, Cowan, Enns, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Laverdière, Matte, O'Keefe, Rochon, Rynard, Simard, Simpson (17).

In attendance: From the Consumers' Association of Canada: Mrs. A. F. W. Plumptre of Ottawa, National President; Mrs. J. R. A. Robinson of Vancouver, National Vice-President; Miss Glenora Pearce of Saskatoon, National Executive—Consumer Problems; Mrs. D. F. Neil of Saskatoon, National Executive—Program and Projects; and Mrs. John Hart of Port Arthur, Ont., Secretary.

The Chairman referred to

1. A telegram dated April 2nd, from the President of the Canadian Association of Social Workers stating that the Board of Directors of the Association strongly approved a recommendation endorsing amendment of section 150 of the Criminal Code;

2. A letter received from the National Council of Jewish Women of Canada, dated April 18, expressing regret at being unable to present a brief and drawing the attention of the Committee to the Council's resolution passed in May 1965 to support Bill C-71;

3. A letter dated April 25, from Rev. Frank P. Fidler, President of the Family Planning Federation of Canada, accompanied by a document prepared by Mrs. G. B. Marson of Ottawa, reporting on "COUNTRIES AND THEIR LAWS RELATING TO FAMILY PLANNING AND BIRTH CONTROL".

On motion of Mr. Chatterton, seconded by Mr. O'Keefe,

Agreed,—That the document prepared by Mrs. Marson be included in today's proceedings. (*See Appendix "A"*)

4. A letter from the Lutheran Church in America—Canada Section.

On motion of Mr. Knowles, seconded by Mr. Enns,

Agreed,—That pages 18 and 19 of the booklet accompanying the letter, entitled "Social Statements of the Lutheran Church in America—Canada Section", be printed as part of today's record. (*See Appendix "B"*)

5. A letter from Rev. Dr. Frank Fidler, President of the Canadian Federation for Family Planning, giving further information on the presentation made on March 24th.

23917—1½

6. A letter from Mrs. G. W. Cadbury, Executive Director of the Planned Parenthood of Toronto, informing the Committee that Dr. Wm. Cornett of Don Mills, Ontario, would be pleased to arrange for the Committee to see a film strip which has been prepared by a drug company.

Agreed,—That the Chairman contact Dr. Cornett to arrange a showing.

7. A letter dated April 26th, from Mr. A. R. Kaufman, Parents' Information Bureau Ltd., of Kitchener, Ontario, expressing the wish to present a brief and answer questions.

It was agreed to ask Mr. Kaufman to submit his brief so that the Committee can decide if it wishes him to appear.

Also agreed,—That the Chairman deal in the same manner with another group of churches who have indicated to him that they wish to come before the Committee.

The Committee agreed that a target date for receiving requests to appear before the Committee be the end of May 1966.

The Chairman introduced Mrs. Plumptre.

On motion of Mr. Knowles, seconded by Mrs. MacInnis,

Resolved,—That the brief be taken as read and printed as part of today's proceedings.

Mrs. Plumptre made a short statement. She thanked the Committee for the opportunity given to her Association to express its view on the matter of birth control and family planning.

During the course of her presentation, the witness tabled advertising material on contraceptives.

Mrs. Plumptre was questioned. The Chairman thanked the witness for presenting the brief on behalf of the Consumers' Association of Canada.

At 12.20 p.m., the Committee adjourned to the call of the Chair.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

(*Recorded by Electronic Apparatus*)

THURSDAY, April 28, 1966.

The CHAIRMAN: Ladies and gentlemen, we now have a quorum present. I would like to start today's meeting by reading into the record a fairly voluminous amount of correspondence that I have received. Some of it I will just read and the rest I would like to have printed as part of the minutes of today's meeting.

First of all, there is a telegram here from the President of the Canadian Association of Social Workers. I quote:

> The Board of Directors of the Canadian Association of Social Workers yesterday strongly approved a recommendation from its delegate conference endorsing amendment of section 150 of the Criminal Code to delete any reference to contraception STOP This conference included representatives from every province in Canada.

It is signed by the President of that organization.

We had invited the National Council of Jewish Women to appear before us and they have written expressing their appreciation of the invitation and also expressing their regrets at not being able to come. They have included a resolution here which supports Mr. Prittie's Bill No. C-71, which is before us at this present time. Their resolution reads:

> *Resolved,*—That the national council of Jewish Women of Canada urge the Federal Government to amend the Criminal Code of Canada by deleting the words "preventing conception or" from Section 150, subsection (2) (c).

There is some correspondence from Dr. Fidler, who has appeared before this committee as President of the Family Planning Federation of Canada. I will read the letter:

> Mrs. Marson of Ottawa, who was a member of the delegation from the Family Planning Federation of Canada, has done some research for us and I am forwarding the document which she has prepared reporting on Countries and their Laws Relating to Family Planning and Birth Control. I hope this will be of interest and use to your committee.
>
> Yesterday, thirteen hundred ministers and physicians from Ontario attended a full day symposium on Counselling and Family Planning. I wish that some of the members of your committee might have been present to have heard at first hand the medical and other professional evidence which indicates the urgent necessity for a change in the Criminal Code and testifies to the wide flouting of law in this respect.

That is signed by Dr. Fidler and he has included this article entitled "Countries and their Laws Relating to Family Planning and Birth Control". I would like to suggest this should be included as part of today's proceedings, probably as an appendix. Will someone so move?

Mr. CHATTERTON: I so move.

Mr. O'KEEFE: I second the motion.

Motion agreed to.

The CHAIRMAN: There is also a statement here from the Lutheran Church in America—Canada Section who have not appeared before us. They include a resolution adopted in convention on June 23-24, 1965 which reads:

> *Resolved,*—That Lutheran Church in America—Canada Section, in accordance with the position of Lutheran Church in America and in support of the action of the Canadian Council of Churches, November 16-19, 1964, call upon the Government "to amend the Criminal Code of Canada in such a way as to make legal the dispensing of information and means under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances who wish according to their religious convictions, to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so with adequate knowledge and instruction."

Mr. KNOWLES: Mr. Chairman, does the statement in that booklet say any more than you have just read? If so, I think that the whole section in that booklet must be included in our records. As I recall it, it is a very good one.

The CHAIRMAN: It is a good one, but most of it is not relevant to this committee. If you wish, we could include pages 18 and 19 entitled "Responsible Parenthood," which is the background information for this, in our records, as an appendix.

Mr. KNOWLES: I suggest that we do so.

The CHAIRMAN: All right, is there a seconder for that?

Mr. ENNS: I second that.

Motion agreed to.

The CHAIRMAN: There is a letter here also from the Planned Parenthood of Toronto:

> Dear Dr. Harley,
>
> When our group made representations in Ottawa you asked for some assurance that any amendment to the Criminal Code so far as it deals with birth control products would not leave the public exposed to (*a*) the sale of birth control products which were produced without any form of governmental control, and (*b*) obscene advertising. I have consulted a member of the legal profession, Mr. K. G. R. Gwynne-Timothy, who writes:
>
> "The position with respect to the matter raised in (*a*) above would appear to remain unchanged. The effect of the Food and Drugs Act is to provide that drugs may only be sold if they have been approved by the Food and Drugs Directorate. Under the Act 'drug' is defined to include

'any substance or mixture of substances manufactured, sold or represented for use in . . . (ii) restoring, correcting or modifying organic functions in man or animal', and this definition would appear to include such products as birth control pills. My view was confirmed by a research doctor of an ethical drug company. The same cannot be said of devices preventing conception such as I.U.D.'s and diaphragms. Devices of this nature do not appear to me to fit within the definition of 'device' contained in the Act and there seems to be no control over their manufacture. This view was also that of the research doctor referred to above. He added, however, that, to be effective, such devices had to be fitted by doctors who had a responsibility for the well being of their patients. He further states that in his view condoms were within the meaning of device contained in the Food and Drugs Act—the rationale being that they are used in the prevention of a disease.

With respect to the matter raised in (*b*) above, reference should be made to Section 150 of the Criminal Code. Subsection (1) of that Section provides in part 'Everyone commits an offence who (*a*) makes, prints, publishes, distributes, circulates, or has in his possession for the purpose of publication, distribution or circulation any obscene written matter, picture, model, phonograph record or other thing whatsoever.' Reference should also be made to subsection (3) which provides that 'No person shall be convicted of an offence under this section if he establishes that the public good was served by the acts that are alleged to constitute the offence and that the acts alleged did not extend beyond what served the public good.

There are three other letters or representations that I have received. First of all, there is another one from the Planned Parenthood group of Toronto, suggesting that some of the members were a little unsure about the technical aspects of birth control and wondering whether the committee would be interested in seeing a film strip prepared by a drug company which they describe as being factual, unemotional and non-commercial, concerning birth control. Is it the committee's wish to see this film?

Mr. CHATTERTON: Will it be in the committee room here?

The CHAIRMAN: I am sure we can arrange for that if we wish to do so. It is really a technical film on the techniques of birth control.

Mr. CHATTERTON: Then I would like to see it.

Mr. ISABELLE: I think it would be a good thing.

Mr. KNOWLES: We would not be breaking the law, would we Mr. Chairman? I support the motion that we see it.

The CHAIRMAN: Is it the committee's feeling, then, that we go ahead and arrange for this film, if possible?

Agreed.

There is another letter from the Parents' Information Bureau Ltd., signed by Mr. Kaufman whom, I think, Mr. Prittie has described as being the 'father', if you wish to call it that, of the birth control movement in Canada. He is the gentleman who has headed this drive—

Mr. COWAN: Is not 'father' a bad word? He must be a frustrated father.

The CHAIRMAN: He has suggested that he would like to present a brief to the committee and also said that he would like to appear but if it is the feeling of the committee that this is not necessary, he would like to submit a brief that we could include in the proceedings of the committee. Is there any feeling whether we should ask Mr. Kaufman to appear or just ask him for his brief?

Mr. ISABELLE: Just ask him for his brief.

The CHAIRMAN: Does anyone feel we should have Mr. Kaufman, personally, or is everyone content to have his brief?

Mr. KNOWLES: Let us have his brief, then we could decide to see him.

The CHAIRMAN: There is one other group, an interdenominational group of churches from the Toronto area, who also want to present a brief. May I deal with that brief in the same manner then?

Agreed.

Ladies and gentlemen, I thank you for your indulgence in listening to this fairly large amount of correspondence that had to be dealt with this morning and I would like to introduce—

Mr. COWAN: What was that remark you made about that letter from an interdenominational group? Who was it signed by?

The CHAIRMAN: It was in the form of a telephone call and I have forgotten the name of the group, I must confess. I asked them to put their request into writing and I have not received it as yet.

Mr. COWAN: Well, you said just now, "Shall I deal with it in the same way as the Kaufman request?" Are they flatly refused the hearing if they want to have a hearing—I refer to the last letter you mentioned.

The CHAIRMAN: The feeling was that they would send their brief and, after the committee has considered their brief, if the committee wish, we can then call them as witnesses.

Mr. ENNS: Mr. Chairman, on Tuesday we were to have heard a brief from the Catholic Federation. Perhaps I am not giving the right title here. They then said they had not marshalled their evidence. Is the Committee to understand that they will appear at a later date or will they not be appearing?

The CHAIRMAN: It is certainly my wish and hope that they appear, depending on when they have the brief ready. It may be possible, depending on the wish of the Committee, to have their brief. Certainly I would feel that the meeting of the Committee is incomplete without this brief because it represents the feeling of one church group that has not been heard from in this regard.

It is my feeling that we should make some effort in some way to get their feelings before the Committee, either in the form of a brief or a personal appearance. This is the Canadian Catholic Conference.

Mr. ENNS: Well, in their statement to you, did they say they would be ready at a later date?

The CHAIRMAN: Yes. I understand that they have prepared a statement, the statement has gone out to the bishops for their consideration and they are waiting for the replies to come back. Following those replies, it may be

necessary for them to make amendments in their brief, then get the amendments sent out and get those approved. So they are concerned that it is going to take a little bit of time.

Mrs. MACINNIS (*Vancouver-Kingsway*): Mr. Chairman, is there any limitation of time by which we are receiving briefs?

The CHAIRMAN: Not really; this is up to the Committee. There is no time limit. As you are well aware, we still have to deal with the estimates of the department. We could go on with those, if it is the wish of the committee to do so, then hear some more about birth control.

My feeling is it is much easier handled if we can tie it all up at one time and then move on to a new topic completely.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well would it be a good idea if we set some sort of date and let them know that?

The CHAIRMAN: It was my hope that we would have reached estimates by the middle of May.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well, is there any way of giving publicity to the fact that anybody who wishes to submit a brief should contact us 'not later than'?

The CHAIRMAN: We have already done that some time ago, if you remember, and I must say it was not too effective.

Mr. CHATTERTON: I suppose you do not know but I guess we should assume that the Canada Assistance Plan will be referred to this committee.

The CHAIRMAN: I have no way of knowing that.

Mr. CHATTERTON: I think we should prepare for that eventuality and therefore try to conclude these meetings, in anticipation that we would be considering the Canada Assistance Plan.

Mr. KNOWLES: That would be a good job for the summer.

The CHAIRMAN: The estimates also have to be considered and I think it is obvious that Mr. Wahn's bill and the part of the referral to the committee on abortion are going to have to wait for some time.

Mr. O'KEEFE: Surely this is at least as important, if not indeed far more important than any other legislation that might come before this Committee. I suggest that we do not attempt to conclude this until everyone who wishes to present a brief does so or at least has the opportunity to do so.

The CHAIRMAN: It depends on what these people say. They may want to present a brief but cannot have it ready for two months.

Mr. O'KEEFE: My objection, Mr. Chairman, is the possibility of a time limit being put on this discussion.

The CHAIRMAN: I can say that everybody will have a chance. It is only when we have disposed of everyone who wants to appear before us, in one way or another, that we will conclude. It is certainly the feeling of your Chairman that we cannot conclude until we have a statement from the Canadian Catholic Conference.

Mr. COWAN: You are not suggesting that when they present their brief, then that is the end of that side of the argument, are you, because there are plenty more witnesses coming forward, over and above the Catholic Conference?

The CHAIRMAN: I have no indication of there being any more witnesses who wish to appear.

Mr. COWAN: Would my statement be an indication or is that just a waste of time?

The CHAIRMAN: No. If we get an indication from a group that they want to come before us or you, yourself, want to present a brief, I am sure the committee will consider it.

Mr. COWAN: I will not need to. There are too many other people who wish to.

The CHAIRMAN: Well, all I can say is that they had better hurry up and get a request into the Committee or it will have finished its hearings.

Mr. COWAN: Why 'better'? Is the discussion going to be shut off?

The CHAIRMAN: It will be if there are no more witnesses who have said they will come.

Mr. COWAN: They will look after it. They will look after it.

Mr. KNOWLES: I would hope that we would hear all who want to come before this Committee, whichever side they are on. But I would also hope that, having heard them, this Committee will make a decision and make a report.

The CHAIRMAN: My point is that I am not aware of any other groups that wish to come before us and, until the Committee is aware of them, we cannot hear them.

Mr. CHATTERTON: Mr. Chairman, let us assume some group says it will not be ready to submit a brief until, say, the middle of June. Are we going to hold up our deliberations or our conclusions?

The CHAIRMAN: This is the decision of the Committee. All we can do is ask the Committee if they wish to put off the report until that date and, if the Committee wishes to wait, fine. If the Committee does not wish to wait, then I do not think I should take the responsibility of making that decision, which should be taken by the full Committee.

Mr. CHATTERTON: I think, then, we should at least set a target date, not necessarily because we should adhere to it strictly, but in order to give some indication to people who might be interested in coming forward, that we have a target date in mind. Now, the target could be a month from now. Then we could indicate to anybody who wants to submit a brief that this is our target date and that their brief should be submitted before that time.

The CHAIRMAN: If it is the feeling of the Committee, then, we could say the Committee does not anticipate extending its hearing beyond one month from this date, and that if anyone further has any briefs to present we would like to hear from them in the very near future, so that we may set a time for their appearance.

Mr. CHATTERTON: My feeling is that the Committee should go on record as having a target date for hearing briefs one month from now.

The CHAIRMAN: Right.

Mr. O'KEEFE: Once again, Mr. Chairman, I do not want to reject any suggestion that there is a time limit, because there is not, in fact.

Mr. ENNS: Well, surely, we are not going to be sitting here month after month hearing briefs. I do not wish to continue as a member of the Committee if all we are going to do is hear more and more briefs, without arriving at any decision ourselves.

Mr. O'KEEFE: I agree with you completely but I still want to have no suggestion that there is a restriction on anybody coming here.

Mr. ENNS: No, there is no restriction but it has been published information that these meetings are held. The Chairman has not received additional indications from any groups other than the ones who have come.

The CHAIRMAN: Other than the ones I have communicated to you today.

Mr. ENNS: We are not operating in secret so, surely, we should be able to accept Mr. Chatterton's suggestion that there be a target date.

Mr. KNOWLES: I think we should support that. I think we are reasonable people and if, come the third or fourth week in May, we have indications of somebody else wanting to speak, we will arrange to hear them. We keep it open for those who want to hear us, but we do not keep it open forever.

Mr. ISABELLE: Mr. Chairman, maybe we could find a way to get briefs from people who are against birth control. Apparently we have not received any such briefs up to date and we have been hearing the same thing.

Mr. ENNS: They probably are not all that 'anti'.

Mr. COWAN: That is what you said on abolition, my friend, and you soon found out.

Mr. RYNARD: Mr. Chairman, I do not know how you are going to set a target date. This Catholic organization has a right to be heard. They have to qualify their brief and send it to the bishops and then it has to go back. Now, I do not know that you can set any time limit on those people unless you write and ask them when they expect to present their brief.

The CHAIRMAN: In my discussions with Father George, it was my understanding that their brief would be ready well within that one month limit.

Mr. RYNARD: Oh, well that is fine.

Mr. CHATTERTON: Mr. Chairman, I would move that this committee set as the target date for receiving briefs the end of May.

Mr. COWAN: Is 'target date' another name for closure?

Mr. CHATTERTON: No. We followed the same procedure on the Canada Pension Plan committee. We set a target date and when it appeared there was a brief that would not be ready, the committee agreed that they would have the brief, even after the date. It is public notice that this is the date by which we would like the briefs.

Mr. COWAN: But then if you get eight associations advising you twenty-nine days from now that they have briefs that they wish to present, would they have to be presented before the thirty days?

Mrs. RIDEOUT: No.

Mr. COWAN: Or if we got them in July or August?

The CHAIRMAN: If the Committee then wishes to say that we will hear these people in June, the Committee has every power to do that. This is a target date but if people do say that there was a good reason why they could not present a brief before and that they would like a little more time, I am sure the Committee being reasonable people, would agree to that.

Mr. COWAN: How would you publicize this target date?

The CHAIRMAN: I am not sure that we can, other than hope the press will do this for us.

Mr. COWAN: That is what I was thinking. I would like you to advertise it formally in the *Canada Gazette*. A person can say it has not been publicized or advertised otherwise.

The CHAIRMAN: Well, it certainly will not be advertised but it should be publicized.

Is there a seconder for Mr. Chatterton's motion.

Mr. MATTE: I do support the member's proposal, but the closing date for presentations is the end of May. Presentations should be ready so that we could examine them even after that time.

The CHAIRMAN: Do you wish to make the amendment to read not a target date for closing but a target date for requests to appear?

Mrs. RIDEOUT: That is right.

Mr. COWAN: Agreed.

The CHAIRMAN: Is that acceptable to you, Mr. Chatterton?

Mr. CHATTERTON: I accept.

Mrs. RIDEOUT: It is the same thing.

Mr. CHATTERTON: I suppose so. All right, I will go along with it. It is not quite what I had in mind but I suppose it is a target of some sort.

The CHAIRMAN: It puts a definite target date. Whether we need it or not we will have to see from the events that come about. Is there any discussion on this matter?

Mr. COWAN: What is it?

The CHAIRMAN: The committee agrees that a target date for receiving requests to appear before the committee be the end of May 1966. All those in agreement?

Agreed.

The CHAIRMAN: If there are no other discussions, ladies and gentlemen, I would like to introduce our witness this morning, Mrs. Plumptre, who is the National President of the Consumers' Association of Canada. She has appeared

before these parliamentary committees before and we are pleased to welcome her back on the subject of the bills before us.

Mrs. A. F. W. PLUMPTRE (*National President of the Consumers' Association of Canada*): Thank you, Mr. Chairman. Members of the committee, before I present this brief, I would like to introduce the members of our Association who have accompanied me this morning. I have with me here, Mrs. Hart, who is the National Secretary of our organization. We have at the back of the room Mrs. Robinson, who is one of our National Vice-Presidents, from British Columbia, Mrs. Norah Pierce, the Chairman of our Consumer Problems Committee, from Saskatoon and Mrs. Neill, the Chairman of our Programme Committee, also from the prairies—from Saskatchewan.

I would like to thank Dr. Harley and the members of the committee for the opportunity to appear before you this morning. Before presenting the brief, I would like to explain that this subject was brought up for discussion at our Annual Meeting last year, in Quebec, at which we had representatives at that time from every province in Canada, with the exception of New Brunswick. After discussion, the delegates did pass the resolution and it is this resolution on which we have based the brief which you have before you this morning.

It is important, I think, for you to know that this is not just something that has been dreamed up by a small committee in the organization. It is something which has been discussed by delegates from all across Canada. And then, when this presentation was made, it was sent out to all the provincial Presidents across Canada, as well as all the national Directors, who represent the members at large in Canada, who were then asked for comments. And so it has had wide circulation within our organization so we do feel it is a representative statement of our policy.

I assume that members will have had this in their hands and perhaps read through it so I am just going to speak to it. Is that your wish Dr. Harley?

The CHAIRMAN: I am agreeable.

Mr. KNOWLES: I assume it will be printed in the records in full?

The CHAIRMAN: Yes will someone move that it be taken as read and printed in the proceedings?

Mr. KNOWLES: I so move.

Mrs. MACINNIS (*Vancouver-Kingsway*): I second.

Agreed.

The brief is as follows:

Brief to the House of Commons
Committee on Health and Welfare, regarding
the Legislation of the Sale of Contraceptives in Canada
Submitted by
the Consumers' Association of Canada
100 Gloucester Street
Ottawa 4, Ontario
April 28, 1966

1. At the National Annual Meeting of the Consumers' Association of Canada held in June 1965, delegates from across the country passed the following resolution:

> WHEREAS contraceptives are being sold illegally in Canada through retail stores and mail order catalogues, and
>
> WHEREAS the law in Section 150 of the Criminal Code tends to promote misleading or inadequate labelling of contraceptive products, and
>
> WHEREAS the law promotes a reluctance among welfare agencies in Canada to give family planning aid where needed,
>
> BE IT RESOLVED that CAC urge the Government of Canada to introduce without delay a bill to remove the words "preventing conception or" from Section 150 (2) (c) of the Criminal Code.

2. *Illegal sale*—Almost every drug store and the two leading mail order catalogues in the country offer contraceptives for sale. In some instances these devices are even displayed in stores. In others, a general term 'hygienic supplies for women' is used to describe some of these devices and to hide the fact that contraceptives are being offered for sale contrary to the law. This is an example where economic practice has out-run legislation. Many consumers have need of these products. To secure them purchasers should not have to be parties to, and should not have to implicate sellers in an illegal action. We ask that legislation be brought into line with economic practice by removing the words 'preventing conception or' from Section 150 of the Criminal Code.

3. *Government testing of oral contraceptives for illegal sale*—Since oral contraceptives are chemical substances taken internally and since they modify 'organic functions' in women they come within the definition of a drug under the Food and Drugs Act. Before any of these 'pills' were permitted on the market in Canada, each manufacturer was, therefore, required to make a new drug submission to the Minister of National Health and Welfare. Each new drug submission was a presentation of all the scientific and medical evidence to demonstrate that claims made were justified and to reveal whatever hazards there are in its use and how it should be used. We understand that the Food and Drug Directorate (and manufacturers) are keeping a close watch on the use of contraceptive pills, and should any hazard develop appropriate action will be taken.

In July 1963, after examination of the submission for oral contraceptives, the Food and Drug Directorate issued a warning that "the new oral contraceptive should only be prescribed with caution". Yet the law forbids the prescribing of these contraceptives. Surely it is an unusual and absurd situation when a government agency spends time examining a product and also advising on the use of a product which cannot be legally prescribed or sold in Canada.

With regard to other contraceptive devices the Food and Drugs Act states:

> No person shall sell any device that when used according to directions or under such conditions as are customary or usual, may cause injury to the health of the purchaser or user thereof.

This section of the Act would appear to give the Directorate which administers the Act, the responsibility for ensuring that devices for preventing

conception are safe—that is that they may not 'cause injury to the health of the purchaser or user thereof'. However, 'device' under the Act is defined as 'any instrument, apparatus or contrivance, including component parts, and accessories thereof, manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof in a man or animal'. Pregnancy is not a disease, disorder or abnormal physical state. Contraceptive devices are, therefore, not examined by the Food and Drug Directorate. The Directorate under the Act is in the anomalous situation where it is required by the Act to test one type of contraceptive (even though it is an illegal product) and lacks the authority to test another kind. This situation should not be allowed to continue, and we maintain that the definition of 'device' should be modified so that the Food and Drug Directorate is given authority to ensure that contraceptive devices may not 'cause injury to the health of the purchaser or user thereof'.

4. *Labelling*—Our Association considers that all products should carry on their labels accurate statements as to the purpose for which the product should be used, and directions for this use and for storage. Since the sale of contraceptives is illegal in Canada how can the adequacy of the labelling of these products be checked. It is not possible under these conditions for our Association to submit labels for examination by the Committee. However, since these products are sold to and used by Canadians, our Association wishes to know if the labels do carry all information necessary for the safe and effective use of these devices.

The Food and Drugs Act states that:

> No person shall label, package, treat, process, sell or advertise any device in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, composition, merit or safety.

Since the Act excludes contraceptives from 'devices' there is no check of the labels of these products to ensure that they carry all the information necessary for safe and effective use. The labels of oral contraceptives are checked by Food and Drug officials. Thus it seems that the Government is asking its officials to check the labels of products which cannot be legally sold.

5. *Inadequate and misleading advertising*—Contraceptives cannot be legally advertised in Canada. But they are advertised. (Advertisements from pharmaceutical journals and magazines are appended. To avoid any possibility of prosecution, manufacturers are limited to hinting as to the use of the product and the contents of the package. Contraceptives are advertised as 'for feminine hygiene', 'the modern feminine suppositories', etc.

In some cases it would seem that claims made in advertisements tend to be misleading, and we would question whether some of these meet the requirements of the Food and Drugs Act. For example, do these products give 'the germicidal protection' claimed in the attached advertisement published in *Chatelaine* in March 1966 issue, *Week-end Magazine* No. 11 and No. 13, 1966.

Fears have been expressed that advertising of contraceptives, if allowed, would be harmful and indecent. There are already regulations requiring advertisements on T.V. to be 'in good taste', and we see no reason that this

regulation should not be extended to medical devices. The advertising of these devices is already regulated, by the Food and Drugs Act as to 'character, value, composition, merit or safety' of the product, and it should not be impossible to extend these requirements to ensure that advertisements are in good taste.

Advertising of these products appears to be permitted in U.S. publications, and we know of no evidence of harm caused by the circulation in Canada of publications containing advertisements for these devices. We attach two examples of this advertising from *McCalls Magazine,* March 1966. We also ask why U.S. advertisements stating clearly the purpose of these products can be circulated in Canada, when no such advertisements are permitted Canadian manufacturers. Surely the regulation discriminates against Canadian manufacturers.

6. *Information for Consumers*—One of the aims of our Association is to provide information to consumers on goods and services. In addition to providing information of a general nature, we carry out tests to evaluate the qualities of different brands of a product, and to help consumers choose the brand which meets their requirements. Because of the Section of the Criminal Code relating to the illegality of the dissemination of birth control information and the sale of contraceptives, it is not possible for us to carry out surveys and tests on these products. We are, therefore, unable to serve the interests of consumers regarding these products.

We attach a copy of a Report published by the Consumers' Association of the United Kingdom of a study and tests carried out by that organization. This report contains a great deal of helpful and useful information. We would also draw to the attention of the Committee the fact that this study showed that the most commonly-used contraceptive device in Britain, the condom, was of such poor quality as to be untrustworthy.

We consider that more information on the use of contraceptives should be made available to consumers through the publication of articles and through the dissemination of information by welfare agencies, physicians and others qualified to advise on the use of these devices and on family planning. We consider especially that Canadians in low income groups or with less education should be able to obtain advice and assistance in planning their families and budgetting their incomes which will help them to establish and maintain stable family units. Legal dissemination of information to those who need it most may prevent unplanned and unwanted pregnancies, and reduce the tax burden caused by the welfare assistance now given to these families and to unmarried mothers.

7. *International Influence*—The Consumers' Association of Canada is a member of the International Organization of Consumer Unions, and as such is interested in helping consumers in undeveloped countries. Many of these countries are faced with over-population and need help and assistance with this problem. Canadian delegates at International Conferences, especially at the United Nations, are limited in discussion by our restrictive domestic policy regarding birth control. We would like to see our delegates taking a more constructive attitude towards assisting those undeveloped countries who need help with this problem.

Conclusion

The members of the Consumers' Association of Canada consider that the present restriction by law of the sale of contraceptives and of the dissemination of information on birth control is against the best interests of Canadian consumers. It leads to the illegal sale and purchase of contraceptives: it lessens the control of labelling of these products: it leads to misleading and inadequate advertising: it deprives consumers of much-needed information as to the use and also as to the effectiveness of different brands of contraceptives: it limits Canadians from taking part in international policies aimed at helping some undeveloped countries with their problem of over-population.

The Consumers' Association of Canada, therefore, requests that legislation be passed deleting the words 'preventing conception or' from Section 150 (2) (c) of the Criminal Code.

Respectfully submitted.
Beryl Plumptre
National President

Mrs. PLUMPTRE: I think I just will read the resolution because this is the basis of our whole presentation.

WHEREAS contraceptives are being sold illegally in Canada through retail stores and mail order catalogues and

WHEREAS the law in Section 150 of the Criminal Code tends to promote misleading or inadequate labelling of contraceptive products and

WHEREAS the law promotes a reluctance among welfare agencies in Canada to give family planning aid where needed,

BE IT RESOLVED that the Consumers' Association of Canada urge the Government of Canada to introduce without delay a bill to remove the words 'preventing conception or' from Section 150 (2) (c) of the Criminal Code.

Now, our delegates felt that since contraceptives were on sale throughout the country, they were being offered for sale and sometimes even displayed —sometimes not displayed quite so much—they were being offered contrary to the law. And since some people—a number of people—need these contraceptives and buy them, this is an economic practice of sale taking place and is an instance where economic practice, we feel, has outrun legislation because, to purchase these, the consumers who need them are really a party too. They certainly are implicating other people. In asking these people to sell to them contraceptives they are implicating these sellers in an illegal act. We feel, as consumers of Canada, this is undesirable. We therefore ask that the words 'preventing conception or' be deleted.

As you are aware, the Food and Drugs Directorate, under the Food and Drugs Act, are required to test all new drugs, and submissions must be made before a drug can be sold on the market. All contraceptives come under this definition of drugs and therefore the Minister of National Health and Welfare is required to examine the submissions made by each manufacturer. We feel that this is a very unusual situation. Here we have a law forbidding the sale or even the describing of these contraceptives and yet we have government officials being required to examine them and the Directorate even issuing warnings that

they should only be described with caution. And this seems, to us, to be slightly unusual.

We also have drawn your attention to what you have already heard this morning about devices not coming under the Food and Drugs Act because, under the Act, the device is defined as

> an instrument, apparatus or contrivance including component parts and accessories thereof manufactured, sold or represented for use in the diagnosis, treatment or prevention of a disease, disorder, abnormal physical state or the symptoms thereof in man or animal.

Since pregnancy is not a disease, disorder or abnormal physical state, contraceptive devices are therefore not examined by the Food and Drugs Directorate. So you have the Directorate, on the one hand, examining oral contraceptives and, on the other hand, not examining the devices.

We feel that the definition of 'device' should be modified so that these should be examined. We would like to suggest, for example, that in this day and age there are many technological advances being made, especially in the field of plastics. Now, just suppose—and this is merely a supposition—that if a device were made of a plastic which may have some effect on the membranes or tissues, surely there should be some control. There should be some examination of these before being put on the market and this, at the moment, is not provided for under the law.

We come now to the question of labelling because you know, I am sure, that our association has been working for some years to try to get better naming of products. Especially in this day and age, when a great many sales are made on a self-served basis, the package does become a very important directive for consumers. We are not submitting labels, we have not gone out and tried to buy these things illegally, therefore we are not submitting labels for your examination. But we feel that the Food and Drugs Act should include some control and examination of labels so that for consumers these things do carry the information necessary for their safe and effective use. So here we have another anomalous situation, where the Food and Drugs Directorate is examining the lables of the oral contraceptives, because they are required to do so under the new drug submissions, but they are not examining the labels of any other contraceptive devices.

We are also concerned about the possibility of misleading and inadequate advertising. Here are some examples of the advertising taking place; this is one from the *Pharmaceutical National Merchandizer,* and here are some advertisements which are, naturally, directed towards the trade. Here are some from Canadian magazines, one from *Weekend Magazine,* one from *Chatelaine.* It was rather interesting, I thought, that when we sent this brief out, one of my own provincial presidents wrote back and said, "Does this refer to the advertisement in all forms? I never realized they were contraceptives". These advertisements referred to contraceptives as things for intimate marriage problems but, apparently, she did not realize this. But, as you know, advertisements do refer to contraceptives as being for feminine hygiene, modern feminine suppositories, and so on. And so it is rather vague. And, in that case, you would consider this misleading.

We also wonder whether these labels actually do give the protection or if the labels are accurate. For example, is one of these which says it gives germicidal protection. How do we know? Who actually says that this is accurate, since these are not examined, even by the Food and Drugs Directorate?

I know many people have expressed fears that the advertising of contraceptives, if it were permitted, would be in bad taste and harmful. We have no evidence that the advertisements which are carried in journals now circulating in Canada are in bad taste or harmful and we are submitting two that come from *McCall's*. This one comes from the *McCall's* magazine of March 1966, published in the United States but, of course, circulated freely here. And here is another one, also, and neither of these, I think, can be considered in bad taste. I think there is no reason why this could not be controlled.

The Food and Drugs Act does say that the advertising of these devices is regulated by the Food and Drugs Directorate as to character, value, composition, merit or safety of the product and I think this could be extended to include the proviso that they are in good taste.

When we came to examine these advertisements, we were struck by the fact that here are American products, easily and fully advertised in this country, and yet Canadian manufacturers are not allowed to so examine their products. This is something which seems to me to be discriminating against our Canadian industry.

And here is another question, as far as we are concerned, and that is, providing information for consumers. One of the aims of our association is to provide good information for Canadian consumers, so that they can get better value for their dollars, raise their standard of living and spend their money wisely. As you know, we have not attempted to distribute any information of this kind.

I would like to draw your attention to this report on contraceptives which was published and distributed by the Consumers' Association in the United Kingdom. We sent specially for this copy, and I would like it back, please, as it is the only one we have. This organization actually tested a number of devices on the market and they also included in this publication a lot of very useful information for the British consumers. This kind of information, of course, is not available to Canadian consumers; not through an organization of our kind.

We consider especially that Canadians in the lower income groups, with less education, should be able to obtain advice and assistance in planning their families and budgeting their income, which will help them to establish and maintain stable family units. The legal dissemination of information to those who need it most, might prevent unplanned and unwanted pregnancies and reduce the tax burden caused by the Welfare assistance now given to these families and to unmarried mothers.

The Consumers' Association of Canada is a member of the International Organization of Consumers' Union and next month there is an international conference, to be held in Israel, the main subject for discussion at this conference being the assistance of consumers in undeveloped countries. Some of

our members felt that this is a discussion in which we should try and be limited, because of the legal aspect of this work for consumers in this country. We know that Canadian delegates at some of the other international conferences have been limited in discussion by the restriction in domestic policy regarding the control here.

We would like to see our delegates taking a more constructive attitude towards assisting those under-developed countries who need help with this problem.

In conclusion, the members of our association consider that the present restriction by law of the sale of contraceptives and of the dissemination of information on birth control is against the best interests of Canadian consumers. It leads to the illegal sale of contraceptives; it lessens the control of the labelling of these products; it leads to misleading and inadequate advertising; it deprives consumers of much-needed information regarding the use and also the effectiveness of different brands of contraceptives; and it limits Canadians from taking part in international policies aimed at helping some undeveloped countries with their problems of over-population.

We therefore request that legislation be passed deleting the words 'preventing conception or' from section 150 (2) (c) of the Criminal Code.

Thank you, Mr. Chairman.

The CHAIRMAN: Thank you very much, Mrs. Plumptre. The meeting is open for questions from the committee. No questions from the committee today?

Mr. BROWN: Mrs. Plumptre, I understand your presentation to us to be that the Consumers' Association want the change made in the Criminal Code and then, simultaneously, you would like changes made in the Food and Drugs Act. Or did I misunderstand that? Perhaps you can enlighten us.

Mrs. PLUMPTRE: No, no, you are quite right, Mr. Brown. It is really a question of the interpretation of the Food and Drugs Act with regard to the examination of devices. Contraceptive devices are now excluded and we do not feel that this is wise. We feel there should be an amendment in this regulation. It is really a question of the interpretation of the regulation and I think it is probably an administrative interpretation here. And also the fact that, after all, we have the Food and Drugs Directorate examining one type of contraceptive—the oral type of contraceptive—and not examining the other type.

Mr. BROWN: It could be counted a device.

Mrs. PLUMPTRE: It could be so counted, but if the description of a device were changed, of course it would come under the Act.

Mr. BROWN: I think I understand. Thank you.

Mrs. MACINNIS (*Vancouver-Kingsway*): Questioning on this very point, we had that earlier correspondence which described the condition as coming under the Food and Drugs Act because it was a prevention of disease. Would Mrs. Plumptre think there should be a line drawn and say that the condom is something which prevents disease, whereas the other birth control devices or contraceptive devices are in a different category?

Mrs. PLUMPTRE: I do not really think you need to draw a line, do you? I think that actually, if you just made it open to all contraceptive devices—after all, the condom can be counted as a contraceptive device as well, I would think, as well as being described a device for preventing disease. I do not think it is a matter of drawing the line, it is a matter of really just widening the description to include all devices.

Mrs. MACINNIS (*Vancouver-Kingsway*): You think the description should include all devices?

Mrs. PLUMPTRE: I would think so, yes.

Mr. COWAN: Mr. Chairman the witness, in her brief, under 'Illegal Sale' quotes on page 2:

> This is an example where economic practice has out-run legislation.

And then the final sentence in the paragraph says:

> We ask that legislation be brought into line with economic practice.

We have an Anti-Combines Act and recently there were some convictions secured under it in the pulp and paper business and in the pencil manufacturing and sale business. Are you recommending that the law should be changed inasmuch as economic practice has outrun legislation rather than enforce the legislation that was on the statute books? Because it seems the government followed the legislation and not the economic practice in those two cases.

Mrs. PLUMPTRE: No, I think that, as is the case here and also in other cases regarding consumer matters, legislation is not adequate, now, to deal with the changes in economic practice. The same thing is true of consumer credit and I think this is just another example. If any consumer has a need to buy the contraceptive devices and goes into a store, the law does not say she cannot buy them. If she asks the man to sell them to her, she is involving him an an economic practice of buying and selling and this is illegal under the Act and therefore the Act has not caught up with what is now being done in Canada. Buying and selling of these things is going on in Canada. And this is why the legislation has not caught up with economic practice.

Mr. COWAN: You are advocating that the legislation, as we now have it, should be changed to catch up with what is now going on in this contraceptive field?

Mrs. PLUMPTRE: Yes.

Mr. COWAN: I am asking you, are you not advocating we should change the Anti-Combines Act to catch up with what is going on in the business world?

Mrs. PLUMPTRE: Yes, if necessary.

Mr. COWAN: You would throw out the Anti-Trust legislation because trusts are being perfected, despite the legislation?

Mrs. PLUMPTRE: No. If they are breaking the law, that is another thing. I am not asking you to break the law or to change the regulation in a matter which is detrimental to the public. But this is a matter which is not detrimental to the public, it is a matter for examination. I am not passing any judgment on what example you are giving to me because I am not completely au fait with the

facts of that case. But I certainly think that if there is any evidence in any consumer field or in any field in this country where people are either breaking the law, you do not just say because a person is breaking the law, the law has economic practice. That is not the same thing. But I think that you have to take these things under consideration and I am not going to give you an answer on what you asked me, because I am not au fait with the case you are mentioning.

Mr. COWAN: I wish to refer to page 7 of your brief. You have a reference there:

> and reduce the tax burden caused by the welfare assistance now given to these families and to unmarried mothers.

You may or may not have heard that I was in favour of the retention of capital punishment and one of the arguments that the abolitionists claimed the retentionists were going to advocate was namely, that we should not be put to the cost of maintaining murderers for life imprisonment at a certain number of dollars a day × number of years of life. I do not know of any responsible retentionist who advocated that argument but it was frowned upon that we should ever think, in the retentionist camp, of evaluating the life of a person with the cost of maintaining them in life-imprisonment. Why do you think this is a fair argument, now, that we should authorise the sale of contraceptives in order to reduce the tax burden caused by the welfare assistance now given to these families? Are not the lives of these families children more important to the nation, as a whole, than the taxes?

Mrs. PLUMPTRE: I think the lives of these people, certainly, are important. But I do not think this is the same thing. When you get onto another subject, such as abolition and retention of capital punishment, it is not the same thing at all.

Mr. COWAN: No, I am talking about the taxes being used for certain purposes.

Mrs. PLUMPTRE: I do admit that, after all, if a number of people who have families who cannot afford to have them and they then have to seek welfare, surely we could give them welfare. But would not it be better to give them education and help so they do not have the unwanted pregnancies?

Mr. COWAN: I am in favour of looking after all the souls that we have with us, no matter what the tax burden may be.

Mrs. PLUMPTRE: Yes, but that is not the same thing as preventing having souls, is it?

Mr. COWAN: No, I am not in favour of mechanical contraceptives or contraceptives of any kind. I am in favour of self control.

Might I ask the witness, you were born in Australia?

Mrs. PLUMPTRE: Yes.

Mr. COWAN: The reason I asked that is this: are there any poor in Australia?

Mrs. PLUMPTRE: I am sure there are.

Mr. COWAN: I am glad to have your answer because we have been advised by witnesses who have come forward here that the great problem of the world

today is over-population and, while this is a Canadian government committee and we are concerned primarily and should be with Canadian affairs, we have been asked by such witnesses as the Rev. Dr. Howse to consider the over-population of the world—terrible, terrible. He had it into billions and billions and billions. I think he said by the year 2000 we are going to have 70 billion people on the face of the earth. Some of the members of this committee drew his attention to the fact that this is a Canadian committee and we were talking about population in Canada. Witnesses pointed out that, with the terrific over-population, poverty results. There is no over-population in Australia, is there?

Mrs. PLUMPTRE: No, but Mr. Chairman, I would like to draw your attention to the fact that I am not here to discuss the population problems of Australia nor the population policy of the Australian government.

Mr. COWAN: Neither am I. It was Dr. Howse who brought up the question of the over-population of the world. He could not confine himself to the national scene, it was the international area. And I thought that, since Dr. Howse had told us about the tremendous over-population of India and China, that I might refer to the population of Australia as being part of the world, the same as India and China. And, where the population has been so severely restricted by immigration practices, I thought there would be no poor. Because this committee has been told by witnesses that where the population is vast the number of poor is terrific and I am glad to have your comments that Australia is not over-populated. And that there are poor there.

Mrs. PLUMPTRE: Excuse me, Mr. Chairman I did not say Australia was over-populated. I do not like to have my words misinterpreted. And I would also like to point out to the member of the committee that I do not think that over-population is the only reason for poverty.

Mr. COWAN: Well, it has been emphasized here, time and time again.

You have cited examples and held up advertisements. I happen to have been in the advertising business all my life and was interested in examples you were holding up from *McCall's Magazine* and other periodicals. And then you went on to state that you believed the advertising could be handled in a very restricted and refined way.

You have given examples where the law prohibits the advertising of contraceptives in this country and you held up *Week-end Magazine* and *Chatelaine*. And then, when you talked about the refined way in which contraceptives could be advertised in the future, you stated, "Anyway, I think that the advertising could be controlled." How could it be controlled in the future, if it is not being controlled now?

Mrs. PLUMPTRE: Well, in the first place, if I remember correctly, I think I say that the advertisement of these devices is already regulated but, under the administrative interpretation of devices, this has been taken out from under the regulations and therefore there is no control of this advertising. Now, if the description of devices is changed, it goes back in under that. And therefore, if they control other things, why cannot they control contraceptives?

Mr. COWAN: Advertising is one of the facets of the economic life of the nation. Supposing the economic practice of advertising contraceptives outruns this proposed legislation, what would you do then?

Mrs. PLUMPTRE: I would look at this problem and see what had to be done. I think, as a matter of fact, you are touching on another subject on which we do need better legislation and that is section 306 of the Criminal Code, which is hardly ever used. I do not think that consumers do have adequate protection from misleading advertising in this country, if you want my personal opinion on this matter, which is outside the spheres of this discussion, Mr. Chairman.

Mr. COWAN: Well, we do not have protection against misleading advertising but in the future you are safe, anyway. I think that the advertising could not be controlled. Why cannot it be controlled now?

Mrs. PLUMPTRE: Because the interpretation of the word 'devices' takes it out from under the Food and Drugs Act, as I have explained. If this designation of 'devices' is widened to include these, then it comes, naturally, under this Act.

Mr. COWAN: I think the answer to my question as to whether advertising can be controlled is shown even now when you state you cannot control misleading advertising. Take the words of this brief,

this is an example, where economic practice has out-run legislation.

The CHAIRMAN: Are there any other questions?

Mr. O'KEEFE: I take it, from your brief, you are against the indiscriminate sale of all kinds of contraceptives?

Mrs. PLUMPTRE: I am not quite sure what you mean by 'indiscriminate sale'.

Mr. O'KEEFE: For instance, the sale of contraceptives in corner stores.

Mrs. PLUMPTRE: I am not sure whether our brief actually says that. We always imagined they would be sold in pharmacies. I do not think we actually specify in our brief. I do not think it has actually been discussed but I think it was assumed that they would be sold in pharmacies and drug stores. As I say, I have no advice from my delegates on that particular point because it was never brought up in discussion but if they are made legal, I expect there is nothing to say they cannot be sold there.

Mr. O'KEEFE: Would you agree to that?

Mrs. PLUMPTRE: I guess I would have to say 'yes' because I think that the consumer should be able to buy these things. It may be better, I do not know. That is one question to which I do not think I can give you a firm answer.

Mr. O'KEEFE: Do you think at the moment Canada is under-populated?

Mrs. PLUMPTRE: Well, now, this is an economic question you are asking me. You are asking me what is the option on population of Canada. That, I think, depends a great deal on the capital that we have available for developing the resources of our country. It depends on a great number of things and I would not say that we are over-populated at the moment at all, and I think you would perhaps agree with that?

Mr. O'KEEFE: I most certainly would. But what are your thoughts on immigration versus Canadian babies? Is that a fair question?

Mrs. PLUMPTRE: I am not against them. I think we need people. I do not think we should get into the arguments of a certain Minister about whether Canadian babies are better than other babies. I think that we are here, we have

a good country and we should welcome people to come and help us develop this country.

Mr. O'KEEFE: Then are not you suggesting that we should not welcome Canadian babies?

Mrs. PLUMPTRE: Yes, but not unwanted Canadian babies, not in families who have them because they cannot afford and they do not understand how to regulate them. I do not want to put burdens on families unnecessarily and I think if people are helped and are advised they would get good stable family units and what we want in this country are good, stable family units.

Mr. O'KEEFE: Please do not misunderstand me, I am in favour of family planning, but not family abolition.

Mrs. PLUMPTRE: I am not in favour of family abolition either.

Mr. COWAN: Mr. Chairman, the witness having been born in Australia, I do not know at what age she left the country, but the practice of that nation would indicate that they favour babies rather than immigration. I do not know whether she subscribes to the Australian practice or not.

Mrs. PLUMPTRE: Mr. Chairman, I am not here, as I said before to discuss these things. If the member of the committee wishes to have a discussion on the Australian immigration policy at some other time with me, I would be delighted to have it. I do not think it is the matter under discussion at this committee.

Mr. O'KEEFE: If the same question were applied to Canadian immigrants, would you answer then? The previous questioner suggested Australia. If I substitute the word 'Australia' for 'Canada'?

Mrs. PLUMPTRE: If you really want to know, I do not approve of the Australian immigration policy, as I understand it when I lived there. I do not know whether they have made any changes in recent years.

Mr. O'KEEFE: I am talking about Canada.

Mrs. PLUMPTRE: I think we should admit immigrants because we have not a good country. We have one of the richest countries in the world and why should we not admit immigrants?

Mr. O'KEEFE: I quite agree.

Mr. RYNARD: Mr. Chairman, I just want to raise this point, that in the sale of contraceptives, my feeling is that they should be retained for the pharmacies and the chemists to dispense. My reason for that is that most of those mechanical devices have to be fitted properly. If they are going to serve the purpose they were intended to serve, they have to be fitted by a doctor and surely this is a very important thing that those people have the advice of a doctor in the use of those devices. Now, if you indulge your consumer public to the point where you distribute such devices in the corner store, I think as a doctor you are going too far. This is my opinion.

Mrs. PLUMPTRE: Yes, I certainly agree with you, doctor, from the point of view of women. You are talking about women? About contraceptive for women?

Mr. RYNARD: Yes.

Mrs. PLUMPTRE: And I would certainly agree with you. I think they should be available to women together with good advice and that women should not have to go and do it in an illegal way.

Mr. O'KEEFE: Excuse me, just a moment ago you suggested that you were in favour of their sale at corner stores.

Mrs. PLUMPTRE: No, I did not say that, I said my delegates have not given me any instructions on this point. I am expressing a personal opinion to Dr. Rynard that I certainly agree with him with regard to women's contraceptives, because they need help. On the other hand also, of course, Dr. Rynard, she needs a doctor's prescription for oral contraceptives where a device is not fitted; but she does need a doctor's help.

Mr. O'Keefe: What, then, are your personal feelings on the indiscriminate sale of all contraceptives in corner stores? I understood you to say you were in favour of that.

Mrs. PLUMPTRE: No; I did not. My brief says, and I am instructed by my organization to say, we are in favour of the sale of contraceptives, legally, in Canada. I was not given any specific advice whether it should be in a corner store or a pharmacy. Personally, I think women's contraceptives should be available freely, with advice from doctors. When I say 'freely' I mean that they can go to a doctor or a family planning agency or whatever and ask advice and be told how to get it and have it fitted. But I said this point was not really specifically given to me by my delegates that they want them in a corner store. But they do want the sale to be legal.

Mr. O'KEEFE: I understood your brief to say 'druggists' or 'chemists'.

Mrs. PLUMPTRE: Does it? Where?

Mr. O'KEEFE: I am trying to make a distinction between 'chemists', 'druggists' and corner stores of every description.

Mrs. PLUMPTRE: Yes, but surely when we come to the condom for men, they do not need to have this fitted, I do not know where they buy these, quite frankly, but I think they are available everywhere.

Mr. RYNARD: Everywhere.

Mrs. PLUMPTRE: I think there is a slight difference and I think Dr. Rynard has introduced a very interesting point. Women need more advice, help and fitting and this is important. Therefore, you could not have them in corner stores. On the other hand, for men, condoms can be bought like everything else. There is no change regarding them, I do not think.

• (11:40 a.m.)

(*Translation*)

Mr. MATTE: Quite a number of our great men came from large families, and often poor families. What then do you think of birth control in that case?

(*English*)

Mrs. PLUMPTRE: I think that those families have been very lucky in having extremely good parents. I think they helped these people to become leaders of the world.

I might say, I would not like to get the impression around that I am against families. I am a member of the Vanier Institute of the Family, so there is no question, here, as to whether I am not fighting for a good, stable family unit. I think this is essential to the Canadian life and the Canadian economy.

Mr. ENNS: I, too, am a member of the Vanier Institute and I just wanted to put my plug in in favour of the family rights because I think this is the very core of our society. You cannot have a healthy society without a healthy family. But what I am concerned about is the double standard that our country is tolerating. That is, those of us who are able to get the services now are, in fact, quite freely and openly practising planned parenthood but those families who have not the financial means and most of the group are in that category—the low-income family—are not able to benefit from the knowledge and technical advance which has progressed in the field of planned parenthood. To substantiate this, I would quote from Dominion Bureau of Statistic's figures relating to Winnipeg particularly, because I come from there, showing in the average family the number of children as being roughtly 2.4. But if you take case loads of family agencies, for instance, the Children's Aid Society of Winnipeg, families that deal with that Agency that is, families in need, or having social problems, the average family there is roughly 4.3.

If you take just a sample from the rural poverty study in the inter-lake region, the average number of children per family was 5. So that for those persons who are doubtful about relating poverty to size of family, I think here is some statistical evidence to support this.

I am not sure that it really does, but it seems to support the contention that those persons in the lower income levels are not availing themselves of techniques of family planning and this is what I referred to as the double standard that we are promoting in this, by not giving heed to the kind of plea the witness gave this morning about changing the law and bringing it up to current practice.

Mrs. PLUMPTRE: Yes, I certainly would agree with you entirely, on what you say.

Mr. COWAN: I would like to ask the witness; you state you are not against family planning. What would be the minimum earnings that a couple should have before they have any children, may I ask that?

Mrs. PLUMPTRE: Mr. Chairman, I think this is a very difficult question to answer. This would depend on a great number of factors. For example, a graduate may get married when he graduates and have no income whatever but, because he is educated, he can go into a $7,000 job tomorrow. On the other hand, a man of the same age, without an education, is looking desperately for a job and has got no training. You cannot generalize on a question like that.

Mr. COWAN: I am just following up Mr. Matte's question. I talked to the Rev. Mr. Howse here, so this is not a new thought to this committee. I brought up the example of friends of mine of whom I am exceptionally proud, the Sarnoff family of New York city—I hope you will not tell me that you are not 'au fait' with them—and those people arrived from Minsk, Russia, without a cent and yet they had some children. Should they have had any children? Because they were in desperate financial straits when they hit New York city from Minsk, Russia, and yet they had children, as Mr. Matte and I know and appreciate. And why should the Sarnoff's have had children when they had no money in the bank or later on?

Mrs. PLUMPTRE: I think if anybody is as talented as that family, they are going to be able to provide for any family they have.

Mr. COWAN: That is Mr. Matte's attitude and my attitude towards the question; let the families provide for themselves. We do not need to provide this supervision for them. Let the family provide for themselves.

Mr. ENNS: I am concerned about this repeated reference to some state or some society deciding for all of us that I should have three children and someone else five. Let the family decide for themselves, this, surely is the crux. And let there be freedom for each family to decide this. This is all we want.

Mr. COWAN: All we have to use is self-control.

Mrs. PLUMPTRE: President Kennedy, in his very fine statement, talked about freedoms for the rights of consumers; the right to be heard, the right to choose and the right to safety. What is the other one? There were four rights. But, anyway, one is the right to the freedom of choice. You cannot have freedom of choice unless you have information because you cannot make a rational choice without information. And this is just one example where people do not have favour of choice because a lot of them do not know. They just have not been educated, the information has not been made available to them and therefore they cannot have freedom of choice. They are being denied a right.

Mr. HOWE: Mr. Chairman, there is one question that arises in mind in connection with this entire problem in which we are involved and that is concerning the unmarried people, the young people. The witness was speaking about getting information around to people. Now, how would you suggest that the young people, coming into this area of sex relations, should be taught and the information should be given to them?

Mrs. PLUMPTRE: They should be taught in the schools. I think this education should be available to all young people. And, at the same time, I think we should teach them the responsibility that goes with sexual intercourse and the responsibility which goes in developing into being good citizens. I do not think we are doing enough, in teaching our young children. In some places the parents and the schools are not teaching them enough responsibility. This is something which they need to be taught at the same time as they are given the information.

Mr. HOWE: Do you feel that the Act does not allow this, that present legislation does not allow the instruction?

Mrs. PLUMPTRE: Well, some people are lucky, they get a certain amount. According to the Act they should not even be getting it. We are not supposed to be telling them these things, but I think this is why we have to look at this whole problem and realize that the young people today need a great deal more information; not getting it behind the doors and from inferior methods. And therefore they get themselves, I think, quite often get into trouble because they are led on by others in their own age groups who think they know more and that these other people are just—well, you know how young people of a certain age are—conformists and they want to do what the others do. I do not think they give them enough information to resist this and therefore I think they often get into trouble in this way.

Mr. O'KEEFE: Of course, you are not suggesting that sex is not now being taught in school?

Mrs. PLUMPTRE: To a certain extent, in some schools, not all schools; I do not think all schools are getting it.

The CHAIRMAN: Are there any other questions of the witness?

Mr. O'KEEFE: Just one comment, Mr. Chairman, on Mr. Enns' statistics. I remember the other day in committee—I do not know if you were here, Mr. Enns—that Mr. Rock challenged those. Did you have occasion to check on Mr. Rock's assertions on that occasion?

Mr. ENNS: I have not. I was just somewhat concerned that he seemed to imply that poverty was really not a problem in this country and therefore any relation of the question of family planning to poverty seemed to be completely superfluous.

Mr. O'KEEFE: Because he challenged those statistics, if I remember rightly.

Mr. ENNS: I have not checked that out yet.

The CHAIRMAN: Any other questions? If there are no other questions, I would like to thank Mrs. Plumptre for presenting the brief on behalf of the Consumers' Association of Canada. We appreciate it.

Mrs. PLUMPTRE: Mr. Chairman, I would like to leave this book, if the members of the committee would like to see this.

The CHAIRMAN: I will leave the book on contraceptives put out by Consumers' Association of the United Kingdom with Clerk of the Committee, if anyone wishes to see it.

This Tuesday we were to have an *in camera* meeting with the Department of Justice and the Department of National Health and Welfare on the legal aspect of this. That meeting will have to be held one week from that date because one of the gentlemen in question could not appear on that date. Perhaps it might be possible to arrange for this film in place of the meeting on 3rd May, followed by the *in camera* meeting to discuss the legal aspects of this on the 10th May.

The meeting is adjourned to the call of the Chair.

APPENDIX "A"

COUNTRIES AND THEIR LAWS RELATING TO FAMILY PLANNING AND BIRTH CONTROL

(prepared by Mrs. G. B. Marson of Ottawa)

1. Legislation in the United States:

(a) STATE LAWS

Relating to the sale of contraceptive drugs and devices:

At the present time, the manufacture, sale and dissemination of contraceptives is prohibited by law, and that law enforced in only one state—Massachusetts. However, 3 other states prohibit sale by law, but the law is not construed by these state authorities as absolutely prohibitive. One state has a state-directed birth control program, and in the other two physicians and Planned Parenthood centers function openly and freely.

In 21 states there are no laws in existence applicable to the prevention of conception or information pertaining thereto. Within the past 5 years four states within this group have repealed previously restrictive or prohibitive legislation.

9 other states have no reference to the prescription, sale or dissemination of contraceptive but do refer to their advertising.

11 states permit dissemination only by physicians, pharmacists or other licensed distributors.

5 states have a variety of restrictions on sale, such as requiring the registration of any vendors other than pharmacists, or restricting or prohibiting sale by vending machines.

Laws relating to prescription or provision of information by doctors or Planned Parenthood centers:

This is construed as illegal only in the state of Massachusetts.

Laws relating to advertising, display and promotion of sale of contraceptive drugs and devices:

25 states have no laws relating to advertising display or promotion of sale.

25 states prohibit advertising of drugs and devices, or circulation of defined categories of information.

In October 1964, a survey by the American Public Health Association was released which revealed that at that time, 27 states and the District of Columbia took some responsibility for family planning services, and that there was a rapid trend towards expansion of these services in at least 5 states.

(b) FEDERAL LAWS

Federally, existing laws known as the Comstock laws, contain prohibition against mailing, shipping or importing articles, drugs or medicines for the prevention of conception or information about them. These laws

were originally presented to Congress to expand and strengthen existing laws governing mailing and transportation of obscene articles and literature.

Since the origination of these laws in 1873, the courts have consistently rejected application against the legitimate use of contraceptives. Thus their meaning has been established judicially as forbidding mailing, shipping or importing contraceptive articles for 'unlawful' purposes.

In a ruling of October 24, 1963 the General Counsel of the Post Office Department held, with respect to mailings of a non-prescription contraceptive product (Emko) and of information about its use (mailed directly from the manufacturer to married persons requesting the product in response to advertisements which had appeared in nationally distributed periodicals):

> The postmaster (who had detained the mailings) was advised by telephone on October 23 to despatch the 490 items then being held by him on the grounds that there is no available evidence that the items in each of these parcels was being distributed for unlawful purposes.

The Post Office Department has thus recognized that not only married persons, but all persons over 21 have a legitimate use for information about contraceptive methods when they deem such information relevant to their health needs, as well as that married persons have a legitimate use for specific contraceptive articles.

The work of other federal agencies has been concerned with supervision and regulation of contraceptives or contraceptive information. Thus the Food and Drug Administration of the United States Department of Health, Education and Welfare passes on contraceptive drugs and devices, classifies them as prescription and non-prescription, and in the case of "new drugs" determines whether they may be disseminated in interstate commerce... As a result of these federal supervisory activities, drugs such as the "pills" and devices such as diaphragms may be dispensed only by prescription, while other contraceptives like condoms may be dispensed at retail without such restriction.

The Federal Trade Commission regulates advertising in this field.

> (Quoted directly from *Motion for Leave to File a Brief as AMICUS CURIAE* in the Supreme Court of the United States, October Term, 1964, No. 496, Estelle Griswold and C. Lee Buxton vs. State of Connecticut, Morris L. Ernst, Harriet F. Pilpel, Attorneys for Amicus Curiae, pp. 16a–18a.)

Regarding advertising, the Comstock laws have not been interpreted to interfere with advertising, even in magazines of general public distribution.

The only action taken by the Federal Trade Commission has been in connection with the advertising of rhythm devices, where it has been charged that the claims for a particular method of calculating the rhythm have been misleading.

In general practice in the U.S., prescription drugs of any type, including contraceptives, are not advertised publicly. Those products

such as Emko (foam), and other jellies, foams which are not prescription products, are advertised generally and have not encountered any difficulties except in Oregon where there is a strict law regarding the advertising of contraceptives and prophylactics.

2. Legislation in other countries:

Laws relating to the actual sale of contraceptive devices:

Eire—importation and sale are forbidden.

France—sale is forbidden (with exception of condoms).

Sweden—since 1945 has made it obligatory for all drug stores to stock contraceptives.

Australia—contraceptives may only be sold by registered pharmacists.

U.K.—No laws specifically governing the sale of contraceptives; only laws which relate to the sale of goods in general, and to dangerous drugs if applicable; sale by slot machine is restricted under general laws governing uses of slot machines.

Laws relating to display advertising and promotion of sales:

Advertising is illegal, as is promotion, in Belgium, France, Spain, Holland and Eire.

In the U.K. there is no specific law relating to contraceptive advertising as it is expected that these products are subject to laws governing other goods and drugs in general—i.e., the advertising must not be misleading or distasteful.

Regarding the practice of advertising contraceptives in the U.K., ads have been placed with transport companies, the press and in public places. Protests have been received and dealt with by the local authorities who can take notice of these within the terms of trade conventions, and within the application of the obscenity laws. Services of the Family Planning Association in London were advertised by means of posters a few years ago, and were withdrawn after protest from religious minority; however an appeal by the same association over the BBC was allowed. Free offers of samples and booklets of information to married persons from manufacturers and distributors is actively carried on in the press.

Laws relating to the provision of contraceptive information:

This activity is prohibited in Eire, Spain, France and Italy. Birth control advice is limited to the advice from a private physician; priests and advocates of the rhythm methods are excepted from these prohibitions.

Laws relating to the manufacture and provision of contraceptive materials and devices:

Eire—manufacture is prohibited.

France—Manufacture is prohibited with the exception of condoms.

U.S.A.—Food and Drug Administration inspects manufactured products.

The problem of providing contraceptives to minors:

In the main, this involves the provision of contraceptives to minors without the knowledge and consent of their parents. In Canada however, this whole matter is open to interpretation of the Juvenile Delinquency Act. This problem does not apply either to prescription drugs and devices.

In the U.K., "the right of minors over the age of consent to obtain medical advice and prescribed contraceptives or for doctors to give these has not been challenged in law, though Family Planning Association clinics advising pre-marital patients occasionally hear from anxious or angry parents.

The French planned parenthood society requires the written permission of parents before enrolling unmarried minors as members, thus entitling them to all the services of the society, unless they be unmarried mothers who have produced the birth certificates of their children. They do not otherwise make any distinction between married or unmarried members...

American clinics also require parental permission before advising under 21, but make no distinction between married and unmarried after that age.

...(In the U.K.) In no case are prescriptions given to minors under the age of sixteen since this might be held to be assisting, or procuring the criminal offence of carnal knowledge below the age of consent."

(Quoted from *Birth Control in the Modern World,* Chap. 8, "Attitudes of States and Their Laws", Elizabeth Draper, Penguin Books, Great Britain, 1965, pp. 184-185.)

Regarding laws setting the age limit for recipients of contraceptives, the New York law might usefully be quoted as one example:

The sale or distribution of any instrument or article or any recipe, drug or medicine for the prevention of conception is authorized only by a duly licensed pharmacy and such sale or distribution to a minor under the age of 16 years is prohibited. An advertisement or display of said articles within or without the premises of such pharmacy is hereby prohibited.

APPENDIX "B"

(Taken from "Social Statements of the Lutheran Church in America—Canada Section" pages 18 and 19)

RESPONSIBLE PARENTHOOD

RESOLUTION:

Resolved, That Lutheran Church in America—Canada Section, in accordance with the position of Lutheran Church in America and in support of the action of the Canadian Council of Churches, November 16-19, 1964, call upon the Government "to amend the Criminal Code of Canada in such a way as to make legal the dispensing of information and means under competent medical or other professional guidance, so as to enable spouses, irrespective of their economic circumstances who wish according to their religious convictions, to exercise their freedom in planning and spacing their families in accordance with their physical and economic means, to do so with adequate knowledge and instruction".

BACKGROUND INFORMATION

We have in Canada at the present time the paradoxical situation whereby the law of the country dictates against information and guidance being given by professional persons to families to plan their parenthood, while responsible organizations, including churches, are calling upon husband and wife to exercise the power of procreation responsibly.

The law of the country, to which reference is made above, is Section 150, sub-section 2(*c*), of the Criminal Code which makes it an offence for any person in Canada to sell, advertise, publish an advertisement of, or have for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception.

In connection with this situation, reference is made to the first four paragraphs of the Statement on Marriage and Family adopted by the Second Biennial Convention of the Lutheran Church in America, July 2-9, 1964.

1. Marriage is that order of creation given by God in love which binds one man and one woman in a life-long union of the most intimate fellowship of body and life. This one-flesh relation, when properly based on fidelity and love, serves as a witness to God's grace and leads husband and wife into service one of the other. In their marriage, husband and wife are responsible to God for keeping their vows and must depend upon his love and mercy to fulfil them.

2. God has established the sexual relation for the purpose of bringing husband and wife into full unity so that they may enrich and be a blessing to each other. Such oneness, depending upon lifelong fidelity between the marriage partners and loving service one of the other, is the essential characteristic of marriage. Marriage should be consummated in love with the intention of maintaining a permanent and responsible relation. Continence outside of marriage and fidelity within marriage are binding on all.

3. Procreation is a gift inherent in the sex relation. In children the one-flesh idea finds embodiment. Children bring great joy to marriage and reveal how God permits men to share in his continuing creation. Married couples should seek to fulfil their responsibilities in marriage by conceiving and nurturing their children in the light of Christian faith.

4. Husband and wife are called to exercise the power of procreation responsibly before God. This implies planning their parenthood in accordance with their ability to provide for their children and carefully nurture them in fullness of Christian faith and life. The health and welfare of the mother-wife should be a major concern in such decisions. Irresponsible conception of children up to the limit of biological capacity and selfish limitation of the number of children are equally detrimental. Choice as to means of conception control should be made upon professional medical advice.

The Canadian Council of Churches meeting in biennial session in Niagara Falls, Ontario, November 16-19, 1964, took action on a statement regarding planned parenthood in relation to the present law of the country.

OFFICIAL REPORT OF MINUTES
OF
PROCEEDINGS AND EVIDENCE

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LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 12

TUESDAY, JUNE 7, 1966

Respecting

Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

The Hon. Allan J. MacEachen, Minister of National Health and Welfare; Dr. J. N. Crawford, Deputy Minister of National Health; and Dr. Joseph W. Willard, Deputy Minister of Welfare.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

23919—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

NOTES: Proceedings Nos. 1 to 11 dealt with such matters as family planning. Other issues respecting these subjects will appear at a later date.

Mr. Forrestall replaced Mr. Simpson on May 18.

ORDERS OF REFERENCE

TUESDAY, March 22, 1966.

Ordered,—That, saving always the powers of the Committee of Supply in relation to the voting of public monies, the items listed in the Main Estimates for 1966-67, relating to the Department of National Health and Welfare be withdrawn from the Committee of Supply and referred to the Standing Committee on Health and Welfare.

WEDNESDAY, May 18, 1966.

Ordered,—That the name of Mr. Forrestall be substituted for that of Mr. Simpson on the Standing Committee on Health and Welfare.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House.

23919—1½

MINUTES OF PROCEEDINGS

TUESDAY, June 7, 1966.
(13)

The Standing Committee on Health and Welfare met this day at 9.55 a.m., the Chairman, Mr. Harry C. Harley, presiding.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Chatterton, Cowan, Forrestall, Harley, Isabelle, Knowles, Matte, Rochon, Rynard, Simard, Stanbury (13).

In attendance: The Hon. Allan J. MacEachen, Minister of National Health and Welfare; Dr. J. N. Crawford, Deputy Minister of National Health; Dr. Joseph W. Willard, Deputy Minister of Welfare,and several departmental officials.

The Committee proceeded to consideration of the Estimates of the Department of National Health and Welfare for 1966-67, in accordance with the Order of Reference of March 22, 1966.

The Minister made a general statement.

On motion of Mr. Forrestall, seconded by Mr. Chatterton,

Resolved,—That the Committee print 750 copies in English and 500 copies in French of its Minutes of Proceedings and Evidence respecting the Estimates.

Agreed,—That the Estimates be considered in the following order, leaving Vote No. 1—Departmental Administration—open for discussion:

Votes Nos. 20 and 25—Medical Services;

Votes Nos. 30 and 35—Food and Drug Services;

Votes Nos. 5, 10 and 15—Health Services; and then

Votes Nos. 40, 41 and 45—Welfare Services.

On motion of Mr. Rynard, seconded by Mr. Knowles,

Agreed,—That the tables referred to by the Minister in his statement be included as appendices to this day's Minutes of Proceedings and Evidence. (*See Appendices A, B and C*)

Ordered,—That the details covering Reductions in Estimates due to lowering of the Qualifying age of Old Age Security Pensions and to Opting Out by the Province of Quebec from various cost sharing programs referred to by the Minister, be printed as an appendix to this day's Minutes of Proceedings and Evidence. (*See Appendix D*)

Dr. Crawford answered questions with reference to plans for the establishment of medical schools.

Dr. Willard was also questioned.

Vote No. 1 was allowed to stand.

At 11.05 a.m., the Committee adjourned to 9.30 a.m. Thursday, June 9th, to consider Vote No. 20—Medical Services—Administration, Operation and Maintenance.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

(*Recorded by Electronic Apparatus*)

TUESDAY, June 7, 1966.

The CHAIRMAN: Ladies and gentlemen, I see a quorum. This morning we are beginning to study the estimates of the Department of National Health and Welfare, and I would like therefore, to, call on the Minister of National Health and Welfare the Hon. Allan J. MacEachen for a statement.

Hon. A. J. MACEACHEN (*Minister of National Health and Welfare*): Mr. Chairman, and members of the Committee, you have the copy of the statement which I intend to read, and which might be of some assistance to you later on as you continue your studies of the estimates of this department.

The estimates of this department were last studied by a special committee of the House in March, 1960. The intervening six years have seen the department becoming increasingly important and vital in terms of its impact on and involvement with the people of Canada. Members of this Committee already realize the importance of the federal government in health and welfare matters; this is exemplified by the department's expenditures on all programs in 1966-67, including the Old Age Security Fund which are estimated at $2.3 billion or 28 per cent of the comparable federal government expenditures forecast for the same year.

In view of these factors it is most opportune that our programs and their related spendings be opened to the type of close and searching scrutiny which this Committee is uniquely designed to provide. I am confident that the interests of Parliament, the health and welfare of the people of Canada and the work of the officers of my department and myself will all benefit from this kind of examination.

To lead into this examination I should like to present a brief analysis of the department's proposed expenditures for the fiscal year 1966-67 as printed in the estimates. I have had three charts of comparative expenditures prepared to assist your deliberations and would ask permission to have them inserted in the record of the Committee. I believe these charts are attached to the printed copy of your statement.

The amount of $2.3 billion which I mentioned earlier breaks down into three basic segments.

(1) $1.035 billion for anticipated expenditures from the statutory Old Age Security Fund which, as hon. members will note, is stated separately on page 5 of the printed estimates as a non-budgetary item;

(2) $1.144 billion for budgeted statutory items; and

(3) $119 million to be voted by Parliament.

The total of statutory and voted items at $2 billion 297.7 million shows a net decrease of $400,000 over the previous year, a decrease of $134.4 million in budgeted statutory items, partially offset by increases of almost $4 million in voted items and $130 million in Old Age Security payments.

The statutory items are 94.8 per cent of the total estimated expenditures. They include:

$1.035 billion for Old Age Security payments.
$559.5 million for Family Allowance payments.
$382.7 million for Hospital Insurance.
$109 million for Unemployment Assistance.
$49 million for Youth Allowances.
$20.7 million for Old Age Assistance.
$14.7 million for Disabled Persons Allowances.
$3.6 million for Blind Persons Allowances.
$5 million for Fitness and Amateur Sport.

The decrease of $134.4 million relates mainly to the opting out by the province of Quebec from various cost sharing programs in accordance with agreements reached under the Established Programs (Interim Arrangements) Act, and to the reduction in the spendings on the Old Age Assistance, Disabled Persons Allowances and Blind Persons Allowances programs caused by the recent lowering of the Old Age Security eligibility age to 69 and the scheduled reduction to 68 on January 1, 1967.

The changes in individual program spendings are: a $101.3 million decrease for Hospital Insurance; a $25 million decrease for Old Age Assistance; a $9 million decrease for Disabled Persons Allowances; a $6 million decrease for Unemployment Assistance, and a $2.1 million decrease for Blind Persons Allowances; a $130 million increase for Old Age Security payments; a $6.5 million increase for Family Allowances; and a $2.5 million increase for Youth Allowances.

The voted items at $118.5 million are 5.2 per cent of the total estimated expenditures, and they include $52.8 million for General Health and Hospital Construction grants, $36.7 million for Medical Services which includes Indian and Northern Health, Quarantine, Immigration Medical, Sick Mariners, Civil Service Health and Civil Aviation Medicine; $11.1 million for Welfare Services which includes the administration of the various welfare programs of the department, Family Assistance payments for the children of immigrants and National Welfare Grants; $9.3 million dollars for Health Services which includes Laboratory and Advisory Services, Emergency Health Services, Consultant and Advisory Services, the administration of both the General Health Grants program and federal responsibilities under the Hospital Insurance program; $6.2 million for the enforcement of the Food and Drugs Act, the Proprietary or Patent Medicine Act and the Narcotic Control Act; $2.5 million for departmental administration.

● (10.00 a.m.)

The increase of almost $4 million for voted items is attributable mainly to:

1. A $2.8 million increase for salaries and wages, a major part of which is the transfer of 205 positions in Prosthetic Services from the Department of Veterans Affairs.

2. A million dollar increase for the operation of Medical Services mainly due to increases of native population and the provision of new facilities such as the Charles Camsell Hospital.

3. A $900,000 increase in the grant to the University of British Columbia for the construction of a health science centre.

4. An $800,000 increase in cash required to meet commitments to provinces under General Health Grants.

5. An $800,000 increase in Family Assistance due to a forecast increase in the rate of immigration into Canada.

6. An increase of a half million dollars in National Welfare Grants as approved for the fourth full year phase of the program.

7. Offsetting these increases is a decrease of almost $3.7 million in the provision for the construction of Charles Camsell Hospital.

Mr. Chairman, having presented a broad picture of the department's proposed expenditures for 1966-67, I should like to turn to certain specific matters which may be of particular interest to hon. members of this Committee. While certain of them do not appear *per se,* in the printed estimates, they have been of vital concern to Parliament, and to the officers of my department and myself. Indeed, although there are no dollar values shown in the estimates, a great deal of time, and therefore dollars, has been spent in preparatory work by my staff among others. The matters to which I refer are the Canada Pension Plan, the Canada Assistance Plan, the Health Resources Fund and Medicare.

Each of these represents a major advance in the provision of comprehensive health and welfare services to the people of Canada. I should like to deal with each one briefly and separately.

The Canada Pension Plan. This plan began operation on January 1 of this year when the initial contributions became payable.

The payment of retirement pensions will start in January 1967, survivors benefits in February 1968 and disability benefits in May 1970.

To carry our responsibilities in this large undertaking, my department has designed the organization structure of the Canada Pension Plan Administration Division. The director of the program was appointed in September 1965. The senior staff required have been selected and have reported for duty or will report by the end of this month.

The first training program for field office managers and field officers began on May 16, 1966, for some 30 persons. This is the first of three programs whereby we plan to train about 100 field personnel by January 1, 1967.

The Comptroller of the Treasury is presently developing plans for the installation of the computer which will maintain the records of earnings and compute the benefits for which applicants will be eligible. When the computer is installed and has been running for a short period it will be turned over by the Comptroller to my department and will become an integral part of the administration of the Canada Pension Plan within the Department of National Health and Welfare.

The necessary regulations under the statute are being drafted and policies and procedures are being set out to cover the various aspects of the administra-

tion of benefits, both with respect to the manner in which people will apply and how applications will be processed as well as how payments will be made.

You will know that the province of Quebec is operating a comparable pension plan. Continuing meetings are being held between the officials of the two programs in order to develop common policies, procedures and systems which should ensure that comparability will continue.

The launching of the Canada Pension Plan, as in all undertakings of this kind, has produced some problems but I feel that I can today report considerable progress towards implementing this major program which embodies great, potential benefits for the people of Canada.

The Canada Assistance Plan. As you know, Mr. Chairman, and members of the Committee, the department has been working intensively and closely with the provinces on an improved program in the fields of public assistance and welfare services. We hope shortly to have the legislative opportunity to place this program before Parliament for debate and, I hope, approval.

This proposed legislation, the Canada Assistance Plan, represents a recognition that action is required to integrate the existing federal—provincial programs of unemployment assistance and the three categorical assistance programs for the aged, the blind and the disabled. While there is no reference to the Canada Assistance Plan in the estimates, the government proposes to ask Parliament to make the plan retroactive to April 1, 1966, and this will, accordingly, affect expenditures under all four of the shared-cost programs as printed in the estimates.

In addition, a great deal of the time of the Welfare Branch, during the year, has been devoted to the development of the Canada Assistance Plan. There have been two meetings of ministers of welfare to discuss this plan and two meetings of the National Council of Welfare, a body chaired by the Deputy Minister of National Welfare and composed of 10 provincial deputy ministers of welfare and 10 non-government representatives with special knowledge of various aspects of the welfare field. Departmental officials have held discussions with provincial officials in Ottawa and in all the provincial capitals.

The Health Resources Fund. The establishment of the Health Resources Fund to supplement the government's proposals for Medicare was announced at the July, 1965, federal-provincial conference. On September 23, the Prime Minister announced further details of the Fund, stating that $500 million would be provided for the support of construction, renovation, and basic equipment of research establishments, teaching hospitals, medical schools and training facilities for other health personnel. The Fund is to take effect from January 1, 1966, in a carefully phased program extending over a 15 year period.

As you know, it is proposed that a primary allocation of $25 million will be made to the Atlantic region; that $300 million of the remaining $475 million will be allocated on a regional or provincial per capita basis; and that the remaining $175 million will be allocated on the basis of need when these needs are more clearly defined.

These proposals were accepted, in principle, by the conference of ministers of health which met on January 31 and February 1, of 1966.

The Health Resources Fund, of course, must be a concomitant of any efforts to provide Canadians with a comprehensive, universal, prepaid medical insurance scheme.

Medicare. Mr. Chairman, I would, first of all, reiterate the willingness, indeed the determination, of the government to live up to the commitment it has made to have enabling legislation on medicare in effect by July 1, 1967.

Briefly, the proposal we have put forward, as recognizing the responsibilities of the federal government without infringing on provincial rights, is the payment by the federal government of 50 per cent of the cost to any province mounting a medicare scheme which meets theh four basis criteria of universaltiy, comprehensive coverage, public administration, and complete portability.

Well, Mr. Chairman, I hope this statement has been of some help to members of the Committee in dealing with the estimates of this department. The senior officers of the department will be available to the Committee and will deal with any questions which I have not covered, and I am sure, there are many, and in which you are interested. I will come back to the Committee myself at any time my presence is requested by the Committee itself.

The CHAIRMAN: Thank you very much, Mr. Minister.

Before we proceed on to questions that the Committee might have of the Minister, I wonder if there are three small matters we might discuss first.

First of all, the Committee passed a resolution to print a 1,000 copies in English and 750 copies in French of its Minutes of Proceedings and Evidence with reference to its study of the subject matter of bills on family planning and birth control. It would be my feeling that this number is probably not required for the estimates. I wonder if someone would like to move the reduction in the number to, say, 750 in English, and 500 in French.

Mr. FORRESTALL: I so move.

Mr. CHATTERTON: I second the motion.

The CHAIRMAN: Is there any discussion on that?

Motion agreed to.

The second matter deals with the methods by which we will examine the estimates of the Department. As you know, after the Minister's statement it is customary to examine the various aspects of spending in the order in which they are printed. I would like to suggest to the Committee that we stand Vote No. 1 until the very last of the estimates. In this way, anything that has not been discussed or mentioned can be brought up at the last and gone into in further detail. Because some of the departmental officials are away, I would like to suggest, that when we get into the detailed estimates we first examine Medical Services, starting at Vote No. 20, and then proceed on to Vote No. 25, and then the Food and Drug Services, Votes No. 30 and 35, After we have completed those we shall revert back to Health Services which is Votes Nos. 5, 10 and 15. This would then complete the estimates of the Health Branch. On their completion we will begin with Welfare Services, Votes Nos. 40, 41 and 45. Then, as I have mentioned, once we have finished detailed examination of the estimates, the Committee would go back and take up any general questions or any further matters that were to be discussed under Vote No. 1. Would this be suitable to the Committee.

Some hon. MEMBERS: Agreed.

The CHAIRMAN: Now, the third matter was the three tables the Minister mentioned which are on the back of his statement. I think we would require a motion to have those printed as part of today's proceedings.

Mr. RYNARD: I so move.

Mr. KNOWLES: I second the motion.

Motion agreed to.

The CHAIRMAN: Thank you very much ladies and gentlemen; the meeting is now open for questioning.

Mr. CHATTERTON: May I ask the Minister if it is the intention of the government to refer any of the new programs such as the Canada Assistance Plan or the Medicare plan, to this, or any other committee for study?

Mr. MACEACHEN: We have not made any decision about that particular matter, Mr. Chatterton. I had hoped that it would be possible to deal with the three bills in a package before the House, not together, but it might be possible to bring in the Canada Assistance Plan, the Health Resources Fund and Medicare at somewhat the same time and have the House deal with these health and welfare matters in a block. I am not sure whether that will be possible. I am not certain, either, whether the bills are of such a complexity as to require a special reference to a Committee of the House because each of them, I hope, will be relatively simple in format. But, that is something we have not decided yet or considered.

Mr. KNOWLES: No doubt Mr. Chatterton asked this question partly out of the experience we had when the Canada Pension Plan was referred to a committee. I think he and I, and others, would agree that it was an excellent committee. I would just like to put in the rider that one of the reasons, in my view, that it was an excellent committee was that we were not burdened with the House of Commons, and things of that sort. I would like to see these matters referred to a committee for the educational value, and so on, htat it would be to us. But, it would seem to me that we would lose that value if the meetings of the committee had to be held while the House was sitting; we would have to run around looking for quorums and all that kind of thing. I realize what this gets into. It sounds as though I am suggesting that we use the summer holidays to meet in Committee. Well, that is a pretty good way to spend a holiday but—

Mr. CHATTERTON: Mr. Chairman, I would suggest too that it could save time. The House could be dealing with other matters while this Committee, or a special committee, could be dealing with these important pieces of legislation. Apart from the fact of thorough examination, I would hope that at least the Canada Assistance Plan would be sent to a Committee—at least with Medicare we have a Royal Commission report. I think it would be very valuable and would be a matter of saving the time of the house in which they could carry on other legislation.

Mr. KNOWLES: I am afraid we are at cross purposes there. If we think we are saving time because we are meeting while the House is doing something else, I just do not think this works. I think committees work better when they are meeting on their own. However, I do not wish to speak against Mr.

Chatterton's suggestion. I just feel that if consideration is given to the idea of any of these bills being referred to committee, the request should be made of the House leader, that there be a week or two when the House does not sit so that committees can really give their full attention, not just this one, but all committees, can give their full attention to different matters.

Mr. CHATTERTON: I would add my support to Mr. Knowles' proposal too. If, for instance, we have a reasonable summer recess, I am sure that many members would be prepared to take a week or more to deal intensively with one of these programs.

The Prime Minister stated yesterday that the Canada Assistance Plan is not scheduled to come before the House before the recess so that might be—

The CHAIRMAN: Was not the list that the House leader read out in addition to the things that were already put on the order paper.

Mr. CHATTERTON: Oh, I beg your pardon.

Mr. KNOWLES: The ones that Mr. McIlraith named are not yet on the order paper.

Mr. STANBURY: Mr. Chairman, if Mr. Knowles' suggestion implies that final decision on matters such as the Canada Assistance Plan should be delayed until the fall I think that I cannot subscribe to that.

Mr. KNOWLES: I assure you that it does not.

Mr. STANBURY: I have no objection to coming back here during the summer for this purpose, but if we are not able, by doing that, to get this legislation through before our fall session, I think that would be doing a disservice to the purposes of the legislation.

If there is to be any committee consideration of this legislation I would urge that it not be during the summer, but during this session.

You were suggesting that we would be willing to come back during the summer and I concur in that willingness, but I think it would be unfortunate if by suggesting that we do that we put off the effective date of the legislation until the fall.

Mr. KNOWLES: I would like to see all these items through before we call a summer adjournment.

The CHAIRMAN: Are there any other questions of the Minister, ladies and gentlemen?

Mr. KNOWLES: I have some on the statement, but I did not want to interrupt this general discussion.

Mr. MacEachen, I wonder if you could give us a breakdown of the figures at the bottom of page 2 and the top of page 3 of your statement as to the causes of these various decreases. You made an earlier statement that they were due in part to Quebec's opting out of some programs and in part to the lowering of the eligible age for Old Age Security, perhaps, for some other reasons as well. Do you have figures that would give us a breakdown of the reasons for each of these decreases.

Mr. MACEACHEN: In the Old Age Assistance the estimate for 1966-67 is $20,700,000; in 1965-66 the estimate was $45,700,000. There is a decrease of $25

million, $12 million of which is accounted for by the opting out by the province of Quebec, and $13 million accounted for by the transferral of cases to Old Age Security.

In the Blind Persons Allowances there is a decrease of $2,050,000 of which $1,810,000 is accounted for by the opting out and $240,000 by cases transferred to Old Age Security. Presumably, the blind persons have reached that age.

In the Disabled Persons Allowances there is a decrease of $9,040,000 of which $9,332,500 is accounted for by opting out by the province of Quebec and $66,500 by cases transferred to Old Age Security. There has been an increase in the program in other provinces of $359,000.

Now, in Unemployment Assistance there is a decrease of $6 million accounted for by opting out, representing a decrease of $21 million, but an additional participation in the program by other provinces of $15 million. So that the net decrease is $6 million even though the opting out was $21 million by Quebec.

The hospital insurance services is a big item; it is $101 million. The opting out by Quebec has accounted for $171 million, but in other provinces there has been an increase of $70 million making a net decrease of $101 million.

Mr. KNOWLES: Mr. Chairman, I think this is useful information to have. If I am right, I think the Minister has been reading from a table. In addition to what he has said I wonder if that table could be put into the record.

The CHAIRMAN: Agreed?

Some hon. MEMBERS: Agreed.

Mr. KNOWLES: May I pursue this with one general question. Do you have figures of what the total decrease in these things will be as Old Age Security comes on down to age 65?

Mr. MACEACHEN: We have estimates of the numbers that will be eligible and the estimated cost, and the reduction in Old Age Assistance payments accordingly.

Mr. KNOWLES: And you can give us this some other day?

The CHAIRMAN: Perhaps Dr. Willard or Dr. Crawford would provide that during their detailed examination.

Mr. RYNARD: Mr. Chairman, where we have an opting out program, which reduces the figures in the amount payable from the federal government in this department I wonder if in brackets, it could be included with what we have to give in lieu of, so that we will have the thing straight. In other words, this is not a clear indication of what we are doing with the present figures. So, if we had in brackets what we have to pay on this opting out program we would know what the score was.

Mr. MACEACHEN: We could presumably provide that. The amounts would be roughly the same. The amounts that we have mentioned as accounting for the reductions would be similar increases but, payable by the Department of Finance under the tax abatement system.

Mr. RYNARD: Well, Mr. Chairman, I just bring it up because it looks as if you have a decrease when you have not. It is the decrease here, but not a

decrease in the payments that we have to make. I suggest that it should be put in brackets so we know wht what the score is.

Mr. MacEachen: We can do that.

Mr. CHATTERTON: Mr. Chairman, I am speaking from memory but the Hall report on health services, with regard to personnel said that there were to be five new medical colleges established, I think four of them by 1971-72. Have any preliminary steps been taken to establish these colleges other than the provision of the Health Resource Fund, on the Order Paper?

Mr. MACEACHEN: Well, Dr. Crawford may want to say something about the actual steps that have been taken in particular cases, but before he does may I say we had, as you know, a conference of health ministers this January at which we discussed the forward requirements of the various provinces. In the estimated requirements of the provinces there have been the requirements laid out for medical schools, and, of course, this will be one of the main items under the Health Resources Fund.

We are setting up, under the Health Resources Fund, an advisory committee made up of the deputy ministers of health in the provinces and chaired by the national deputy minister. This committee will be responsible for planning the requirements for all forms of health facilities, so we are moving ahead to meet this need. If approved by Parliament, the Health Resources Fund will make payments retroactive to January 1, of this year, which will, for example, help certain medical schools like Dalhousie at Halifax, and maybe elsewhere.

Dr. J. N. CRAWFORD (*Deputy Minister of National Health, Department of Health and Welfare*): Mr. Chairman, the University of Toronto medical school is increasing its capacity to about a 50 per cent increase of graduates. At Hamilton, a new medical school is under way; a new medical school is under way in Sherbrooke. There are plans for a new medical school somewhere in the Maritimes; Newfoundland is most anxious to have it and is indeed planning on going ahead with it. New Brunswick has also evinced some interest in having one although whether the population in that part of the country will stand two new schools is a matter of some doubt. There is also talk, as you may know, of expanding the University of Alberta medical school to a Calgary campus; the teaching is increasing in Calgary, but the main didactic work is still taking place in Edmonton.

Mr. CHATTERTON: How about building one in Vitoria. It is very close to my heart.

Dr. CRAWFORD: The province of British Columbia has not made any serious proposals to this effect as far as I know.

Mr. CHATTERTON: This report, I think, indicated—going from memory—it took from eight to ten years to establish a new medical college. Is that figure still—

• (10.30 a.m.)

Dr. CRAWFORD: It is still a reasonable figure; from the time you start planning I should think it would be about that length of time before you had anything to show for it.

Mr. STANBURY: Mr. Chairman, I wonder if the Minister is able to make any observations on the suggestion that the present Ontario medical services insurance plan complies with the four basic criteria which his government has set down for qualification of medicare plans for federal assistance.

Mr. MACEACHEN: Well, the new proposed plan put forward by the province of Ontario is publicly administered, as I understand it, so from that point of view it meets that particular criterion. I understand as well that its range of benefits is equivalent to the range of benefits which we are proposing for support in our proposal. It certainly, as far as I can make out or discover, does not meet the criterion of comprehensive coverage, or, rather, it does not meet the criterion of universality.

Mr. KNOWLES: What about portability?

Mr. MACEACHEN: I believe, and I am subject to correction on this, that there is a provision in the bill by which the benefits are portable to another province for a period of time at least.

Mr. STANBURY: Is the Minister familiar with the suggestions made by, I think, the Canadian Health Insurance Association that a plan even such as that in Alberta might conform to these criteria?

Mr. MACEACHEN: Yes; I am familiar with the views of that particular association. I have had a discussion with them and I have heard their views with respect to our proposal; but I think our proposals are pretty clear, and it is relatively easy to determine whether any provincially operated plan meets these criteria.

Mr. CHATTERTON: Would the Minister say that the British Columbia plan in relation to your plan is the same as the Ontario plan, the relationship?

Mr. MACEACHEN: Well, I would not want, Mr. Chatterton, to make comparative statements about these various plans, except, I was pleased to read in the press that the premier of British Columbia made a statement that this province intends to participate in the national plan.

Mr. STANBURY: Well, Mr. Chairman, I am interested in the Minister's reaction, that he is prepared to give us, to the thesis that because privately operated plans are not producing a profit that they then comply with federal criteria for such plans.

Mr. MACEACHEN: Well, it has been suggested that these group plans operated by these companies are non-profit and these particular plans do not yield any profit; but these provincially administered medical care insurance plans must be administered by a public authority, and subject—we have stated—to the provincial legislature and the government, and subject to public audit. That is what we stated. As the situation is now, it is obvious that these particular plans do not meet that criterion.

Mr. STANBURY: Thank you. I wonder if I could ask about Youth Allowances.

Mr. KNOWLES: Before you answer Mr. Stanbury, I wonder if Mr. MacEachen would answer similar questions about Manitoba? I ask this with some diffidence because there is an election on in that province, but those things do not bother us around here.

What about Premier Roblin's plan; does it, in the Minister's view, meet federal criteria.

Mr. MACEACHEN: Well, the minister of health in the province of Manitoba made a satement in the legislature at the last session in which he made observations on the federal plan and ended up by saying it was the intention of the province of Manitoba to participate in the plan as proposed by the federal government. There was no doubt, at least in my reading of that statement, that that province proposed to adjust its programme to the requirements or to the proposals that the federal government had made. In there is such a variety of plans in existence in Canada that I do not personally feel at this stage it is necessary to determine whether an existing plan is eligible because there is more than a full year in which provinces can make the necessary adjustments in order to conform or to meet the federal proposals.

Mr. KNOWLES: Maybe I had better try to put my question in academic rather than in political terms. I think it can be said that the Manitoba plan meets most the criteria, and Mr. Roblin has said Manitoba does intend to come in, but, then he adds the rider that the Manitoba plan will be voluntary.

Now, here is my academic question: Can a voluntary plan meet the federal government's criterion of universality?

Mr. MACEACHEN: If, by voluntary membership, the coverage is at least 90 per cent of the provincial population; surely, it would qualify.

Mr. KNOWLES: How do you guarantee that it will be 90 per cent if it is voluntary.

Mr. MACEACHEN: Well, this is the point; if after July 1, 1967, a province came forward with a fully voluntary plan that covered 90 per cent of the population, then that plan would be eligible for assistance. Now, as I understand it, in hospital insurance, for example, in Ontario, part of the programme was voluntary and part of it was compulsory. But, theoretically, and it was a theoretical question, a voluntary plan conceivably can be eligible, provided that it has the coverage.

Mr. COWAN: Did you say that 90 per cent had to subscribe on a voluntary basis?

Mr. MACEACHEN: No; I did not say that.

Mr. COWAN: Well, all I am driving at is that there must be a cut-off figure. Suppose that five per cent do not pay the renewals and it drops down to 85 per cent, what do you do then? Take any cut-off figure, and if people do not pay their renewals on a voluntary basis then what?

Mr. MACEACHEN: Well, I am starting now with this particular condition, which is part of our proposals, and we have stated, and this will be reflected in the bill, that in order to be eligible as of a particular date, 90 per cent of the population must be covered by this plan.

Mr. COWAN: I am speaking of 90 per cent on a voluntary basis.

Mr. MACEACHEN: This is an academic question and you received an academic answer.

Mr. COWAN: It is a practical question.

Mrs. MACINNIS (*Vancouver-Kingsway*): Would the Minister care to indicate whether any of the other provinces are likely at this stage to qualify or to come in under the scheme by 1967?

Mr. MACEACHEN: The province of Saskatchewan; the province of New Brunswick; the province of Newfoundland; the province of Quebec; the province of Manitoba and the province of British Columbia; these provinces have certainly given positive indications. I think Prince Edward Island has given reasonably positive indications, both its premiers, I believe, have stated their support for medical insurance.

Mr. KNOWLES: What about the two premiers of Quebec?

Mr. MACEACHEN: I am quite confident that Ontario will be in; I am confident that Nova Scotia will be in, and that is getting almost the total slate of candidates for this plan.

Mrs. MACINNIS (*Vancouver-Kingsway*): With the exception of Alberta, apparently!

Mr. MACEACHEN: Well, I am still hopeful that Alberta will come in also.

The CHAIRMAN: Are there any other questions on this particular aspect?

Mr. KNOWLES: What is the reason for the 90 per cent figure?

Mr. MACEACHEN: Well, I suppose in a sense it is not a sacred number but it was the beginning—the floor—generally for participation in hospital insurance in the province of Ontario. Certainly, from another point of view, reducing the coverage much below 90 per cent is bound to exclude from a medical care insurance plan, or is likely to exclude, categories in the population who most need assistance of this kind.

Mr. KNOWLES: I was not by my question suggesting that the floor should be any lower, but I am wondering why it should not be higher?

Mr. MACEACHEN: As you know, Mr. Knowles, the 90 per cent is the initial coverage, and we expect that within two or three years the coverage will be 95 per cent. This is part of our proposal.

Mr. KNOWLES: Is that generally experienced with respect to hospitalization?

Mr. MACEACHEN: Yes; in Ontario it is up to 98 per cent now.

Mr. STANBURY: Mr. Chairman, I am interested in the Minister's reaction to the suggestion by the Canadian Association for Adult Education that Youth Allowances should be paid, not to parents, but to the youths themselves. Would you care to comment on that?

Mr. MACEACHEN: I have no reaction, Mr. Stanbury. This would certainly be a matter of policy, and I have not discused it with my colleagues at all.

Mr. STANBURY: You would be willing to do so in view of recommendations from such an august body.

Mr. MACEACHEN: We would be glad to consider any recommendations from the Canadian Association for Adult Education.

Mr. STANBURY: Thank you.

Mr. COWAN: Mr. Chairman, this is in reference to the numbered paragraph (1). The Minister says "is stated separately on page 5 of the printed estimates." What page 5, of what printed estimates are you referring to? I was given these printed estimates when I came in the room.

Mr. MACEACHEN: In the blue book.

Mr. COWAN: Well, it does not say blue book, or anything. I was handed these and told that they were the printed estimates.

Mr. MACEACHEN: We have had reference to the blue book.

Mr. COWAN: That is fine; I will write "blue book" in here so at least I will know to what they are referring in that statement.

On page 5 of the printed statement that the Minister read, the sixth paragraph reads as follows:

> You will know that the province of Quebec is operating a comparable pension plan. Continuing meetings are being held between the officials of the two programs in order to develop common policies, procedures and systems which should ensure that comparability will continue.

Who is doing the bending; the federal government to the desires of Quebec in developing common policies, or Quebec to the desires of the federal government?

Could we not follow the outline to Quebec without having to develop it?

Mr. MACEACHEN: We have not really bent, because we were really involved in seeking a solution to one principal common problem, which was namely to develop some common procedure for handling appeals under both plans, because it will be necessary, as it was necessary under the Unemployment Insurance Act, to make pretty important judgments about eligibility for benefits, both retirement and survivor's disabilities, and problems of coverage and contributions.

There are two plans in operation. There will be individuals, undoubtedly, who will be contributing for part of their working lives to the Quebec pension plan, part of their working lives to the Canada Pension Plan, who will be eligible, at some point, for retirement benefits. There will be companies with employees covered by the Canada Pension Plan and the same company with employees covered by the Quebec pension plan. This, really, was the principal area; we had to work out some common appeals procedure. As you know, the Quebec pension plan act provides for its own appeals board, and the Canada Pension Plan Act provides for its own appeals board. It does not take much of an imagination to foresee the difficulties that would arise if two separate appeals board operating for both the Quebec and the Canada Pension Plans. I questions. We have worked out, I hope, a system by which we will have a single appeals board operating for both the Quebec and the Canada Pension Plans. I believe that this is the principal area which we have had to work out, what is called here, a common policy and procedure. Maybe, Dr. Willard, you want to add to this?

Dr. JOSEPH W. WILLARD (*Deputy Minister of National Welfare, Department of National Health and Welfare*): Well, in an area that really does not affect policy, but rather the day to day routine work of carrying out the administration—

Mr. COWAN: Pardon me. This is just a matter of common policies, so do not get off the policy field. It is the policy field I am talking about.

Dr. WILLARD: Yes, well, with respect to the policy in the area of regulations for example relating to coverage and contributions and benefits, there has to be a great deal of back and forth consultation to make sure that the regulations of the two plans are consistent. Since we have been working on these regulations there have been meetings on a regular basis to see that we are both following a common approach. It has not been really a question of either side bending but more of an approach of how can we get along with carrying out the basic general policies set out in the legislation. Since the federal and provincial plans are twins, this does not present any great difficulty—

Mr. COWAN: With nine provinces on the one side and one province on the other, you call them twins?

Dr. WILLARD: I am sorry, Mr. Cowan, but the plans are twins in the sense that they are comparable; therefore, the question of working out regulations within the common framework, with the two pieces of legislation, does not cause too great difficulty. This is especially so because we have the basic principles laid down. But, when you do get to the regulations, and have to work these out, naturally, the two administrations do not want to have the plans pull apart even on small details because, as the Minister has mentioned, employers in Canada that operate both in Quebec and in other parts of Canada, want to have a common approach. Thus, on questions of coverage and contributions, this common approach has been quite important.

Mr. COWAN: Under the field of medicare are you going to tell the province of Ontario it has to have 90 per cent coverage. You are just going to tell the province of Ontario; they are not developing any common policy in that regard. How is it that you expect to tell the provinces they have to have 90 per cent coverage under medicare, and I believe this is the attitude the federal government should adopt; yet, under this pension plan, we are developing a common policy with Quebec. Why is not Quebec told what the policy of the federal government will be and asked to meet it as is going to be done in the case of medicare. Why develop common policies under pensions and not under medicare.

Mr. KNOWLES: Mr. Chairman, I think we did tell Quebec that when we passed the act. In the Canada Pension Plan we laid down the conditions under which the province was in or out. It is there in the act.

Mr. COWAN: Fine, then why use this expression "of developing common policies?" If the act is there, the act is there.

Mr. KNOWLES: I think Mr. Cowan is over-playing the word "policies." What we are talking about is routine administration, Mr. Chairman.

Mr. MACEACHEN: It may be a matter of policy and it did involve, I think, some consideration by both governments of the question of the common appeals

approach, which is the only field of policy that has been involved, as I recollect, in this negotiation. I think we worked out a pretty constructive solution.

Mr. COWAN: Nobody wanted to leave the opening for the other provinces under medicare? I suppose it is O.K. with me, but I am sure the other nine provinces will not like it.

Mr. KNOWLES: In a sense the opening is there. The Canada Pension Plan has provisions in it under which a province could stay out. Medicare apparently is being presented in a way that a province can stay out.

Mr. COWAN: It is a hard and fast rule that 90 per cent is universal coverage.

Mr. KNOWLES: Mr. Chairman, since the Canada Pension Plan has been mentioned, I wonder if I may ask a question regarding the Canada Pension Plan Administration Division which is referred to on page 5 of the Minister's statement, and also shows up in this chart of the department.

We all know that for its administration the Canada Pension Plan comes under two departments. The revenue side—contribution side—comes under the Department of National Revenue and the benefits side under the Department of National Health and Welfare. In the case of the ordinary citizen, in Winnipeg or Vancouver, if he wants to go to an office and ask questions about the Canada Pension Plan—suppose he has questions on both sides—does he have to go to two offices or do the offices that come under the Canada Pension Plan administration have all the answers?

Dr. WILLARD: Mr. Chairman, if it is a general question concerning coverage and contributions, the National Health and Welfare official available in one of the community offices would try to deal with it; but if it is a very specific and detailed question relating to National Revenue's procedure in coverage, we would either get the information requested for the person, or ask the person to go to the National Revenue Office and have it settled there.

Now, for the most part, we would hope that our officers would be able to take care of all the general questions; after all, the act, regulations and the pamphlets will cover many of these questions and have explanations or information. But, in terms of details about making contributions, say it is an employer and he has some specific questions he wants to have clarified which affect his payroll, not only in terms of the Canada pension plan, but also in terms of his contributions to the government generally for income tax purposes, then, naturally, we would want to refer that to the Department of National Revenue.

If we get a general inquiry by telephone and it is on a coverage matter and the person wants to come in for a face to face interview about it, we would have him go to the National Revenue office. On the other hand, if the inquiry covers two things, relating to contributions and benefits, and it was apparent that we could be helpful for both these, we would try to deal with it in our office.

I admit, Mr. Chairman, that this is not as simple as having one combined administration, as has been the case for Unemployment Insurance, but we shall endeavour, as much as we can, to overcome this kind of difficulty which certainly will arise in the case of individual applicants for individual beneficiaries and for individual contributors, whether it be employer or employee.

Mr. KNOWLES: Have you had enough experience in this field yet; experience in terms of people asking two sets of questions?

Dr. WILLARD: No; most of the questions to date have related to coverage and contributions and as a result those enquiring have tended to go to the income tax offices. In the information booklets that we sent out we listed the offices of both departments and pointed out that for coverage and contributions they should go to National Revenue offices. We have tried to acquaint our officials in our offices with the over-all program so that they can provide general information about it.

Within Ottawa we did find there was a bit of confusion at the outset; people were calling a number of different offices. We have tried to remedy that now, and have kept down the number of referrals. We would hope to operate a central switchboard here because the kinds of questions that we get in Ottawa—where employer and employee organizations have their representatives—relate to a variety of matters. This will continue to be a difficult administrative question, and we will do everything we can to make the administration effective from the point of view of the people who want the information about the Plan.

Mr. KNOWLES: There would be direct liaison between the Canada Pension Plan division and your department, and the Department of National Revenue?

Dr. WILLARD: Yes; we have regular meetings with the different departments concerned. The Finance Department as well as National Revenue is involved because they have certain important functions under the act, we have set up regular inter-departmental liaison so that we would, in effect, operate the same way as if we were in one large department but had to come together regularly. So far I think it has worked quite effectively, but we are going to have to continually watch this aspect of it.

• (11.00 a.m.)

The Comptroller of the Treasury, of course, has some functions to carry out and his staff will be located in the same office in Ottawa as the director of the Canada pension plan. They are moving into a building on Argyle street in mid July. The computer will also be located there. We shall try to make sure that all the aspects relating to benefits are brought together in the one building.

Mr. KNOWLES: I notice the reference in the Minister's speech to the effect that the computer, once it is full grown, will be turned over to the Department of National Health and Welfare. I suppose that is the computer in so far as it keeps records for benefits purposes.

Dr. WILLARD: That is the so-called "brain" of the Plan; the information on contributions is transmitted from the Department of National Revenue and it is fed into the computer. The reason we had the Comptroller of the Treasury look after it from the outset is that the Comptroller had the trained personnel, the kind of people that operate computers. It was agreed by the Department of Finance that the Comptroller's staff would set up this operation and get it going; then, they would turn it over to the Department of National Health and Welfare as an operating unit. This seemed preferable to having us start with new staff. When one hears of some of the mistakes that have been made with computers this seemed to be the most prudent way of dealing with the matter.

Mr. KNOWLES: Even though you will have the computer, with its store of information regarding benefits, it will be the Department of National Revenue that will handle the question of rebates, problems of delinquent payments, and so on?

Dr. WILLARD: That is correct.

The CHAIRMAN: Ladies and gentlemen, the time is now 11.00 a.m., and I know that the Minister has another committee to appear before at 11 o'clock. Unless the questions are very brief, I would suggest that either we leave the remainder of the questions to Vote No. 1, or we have the Minister back, perhaps, at the end of the estimates, to cover any points that might have been missed.

Mr. COWAN: Mr. Chairman, I have one question that I would like to ask the Minister and I would not want to bring him all the way back. This is the Health and Welfare Committee, and we have been spending a lot of time in the last several weeks discussing planned parenthood and contraceptives and birth control and getting into quite a tizzy over it.

I am only a private member of Parliament and I have to get my news about what the Cabinet is going to do by reading the newspapers, and I notice in the newspapers that Dr. Willard was over in Ethiopia or Addis Ababa, or Somaliland, I have forgotten where, presiding over some great health organization, and he had secret instructions as to how he was to vote on behalf of Canada on the question of planned parenthood or birth control. The papers pointed out that unless we were in a jam, and the chairman had to cast a vote, Canada's position was not going to be enunciated by Dr. Willard.

Would the Minister mind telling the committee on health and welfare, which has been discussing contraceptives and planned parenthood and birth control for several months, just what the Cabinet's stand is on the matter, so we will not be wasting our time any longer on discussing these matters if a decision has been reached already.

Mr. MACEACHEN: Well, Mr. Cowan, I have made no recommendations to the Cabinet in this particular field, and accordingly, there is no stand.

Mr. COWAN: If there had been a tie vote how would the chairman from Canada have voted?

Mr. MACEACHEN: I would think that on this particular aspect Dr. Willard will be happy to inform the Committee of his activities in that matter.

Mr. COWAN: Was the statement in the newspapers correct that he had the government policy in his hand?

Dr. WILLARD: Mr. Chairman, the position of the federal government with regard to such a question before an international organization is obviously quite different from what discussion might take place or what might be the situation here. But, this question has come up in the World Health Organization and in UNICEF over the past year or two. It so happened that I was chairman of the executive board of UNICEF when this matter came up several days ago. It was a very divided Board and a close decision would have resulted. As it turned out, I chaired a small committee of ten other countries representing both sides of the debate in which this question was resolved. As a result it was not necessary to have a vote on the particular proposal, namely, that UNICEF should give as a

part of its assistance to India and Pakistan, financial aid relating to family planning. As chairman of that small committee I am happy to say that the matter was resolved and that the Committee's recommendations which were put before the Executive Board were unanimously carried.

The recommendations followed these lines, first of all, India and Pakistan, if they wanted assistance from UNICEF, would have to put forward projects for the extension of their child maternal health services, rather than projects for family planning, as they had done. If that were done, and if technical approval were given by the World Health Organization, then UNICEF would be ready to consider approval of these projects, amounting to $330,000 for India, and $270,000 for Pakistan.

The second action that was taken was to refer this question to the joint committee on health policy of WHO and UNICEF which meets next February setting out certain guidelines with regard to family planning for the UNICEF representatives on that committee.

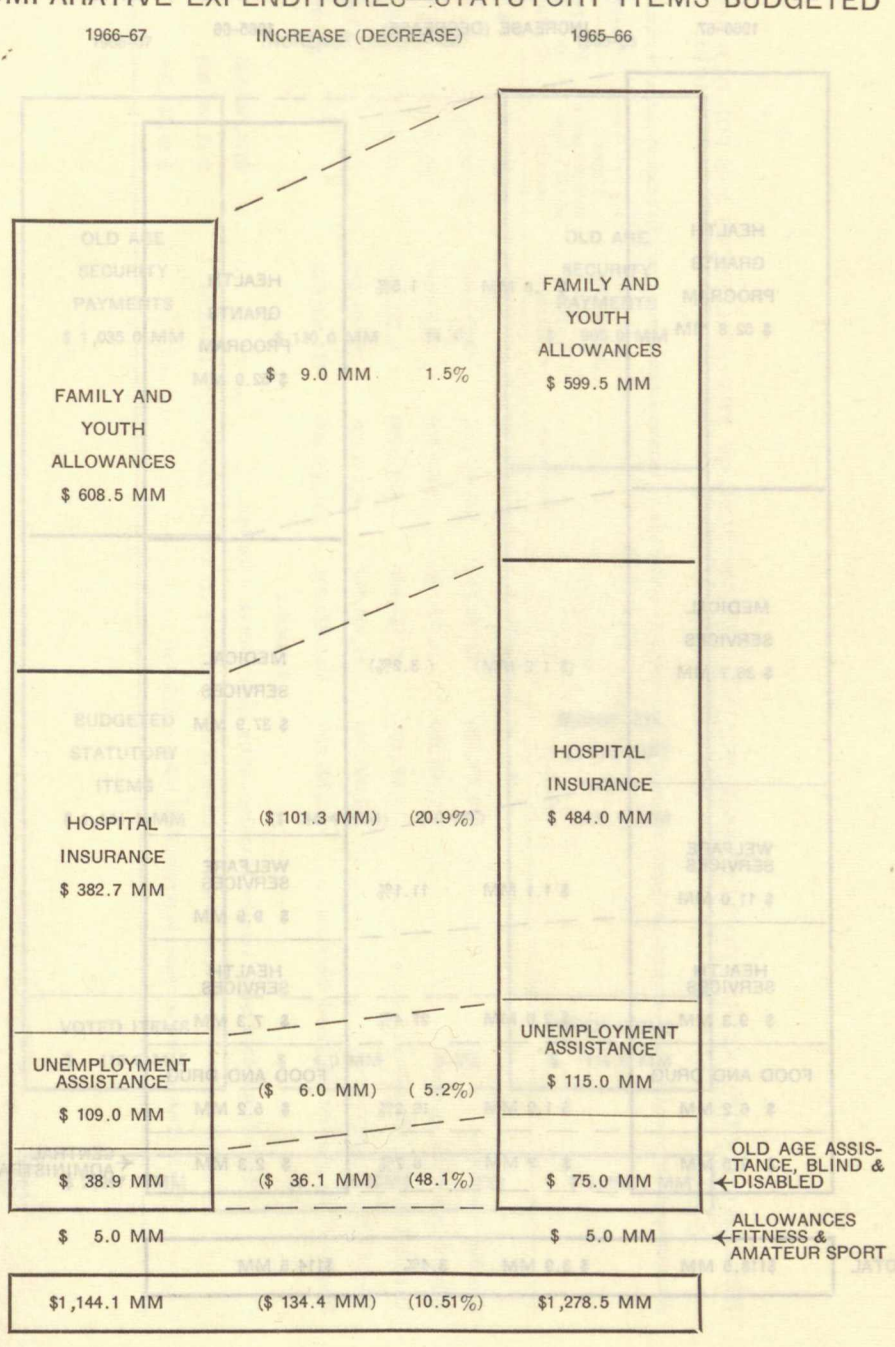
The third thing that was done was to put off the basic decision on general policy until next year.

Mr. COWAN: You put that last statement last, I notice.

The CHAIRMAN: Ladies and gentlemen, the meeting is adjourned until Thursday at 9.30 a.m. when we will be discussing the estimates, starting with Vote No. 20.

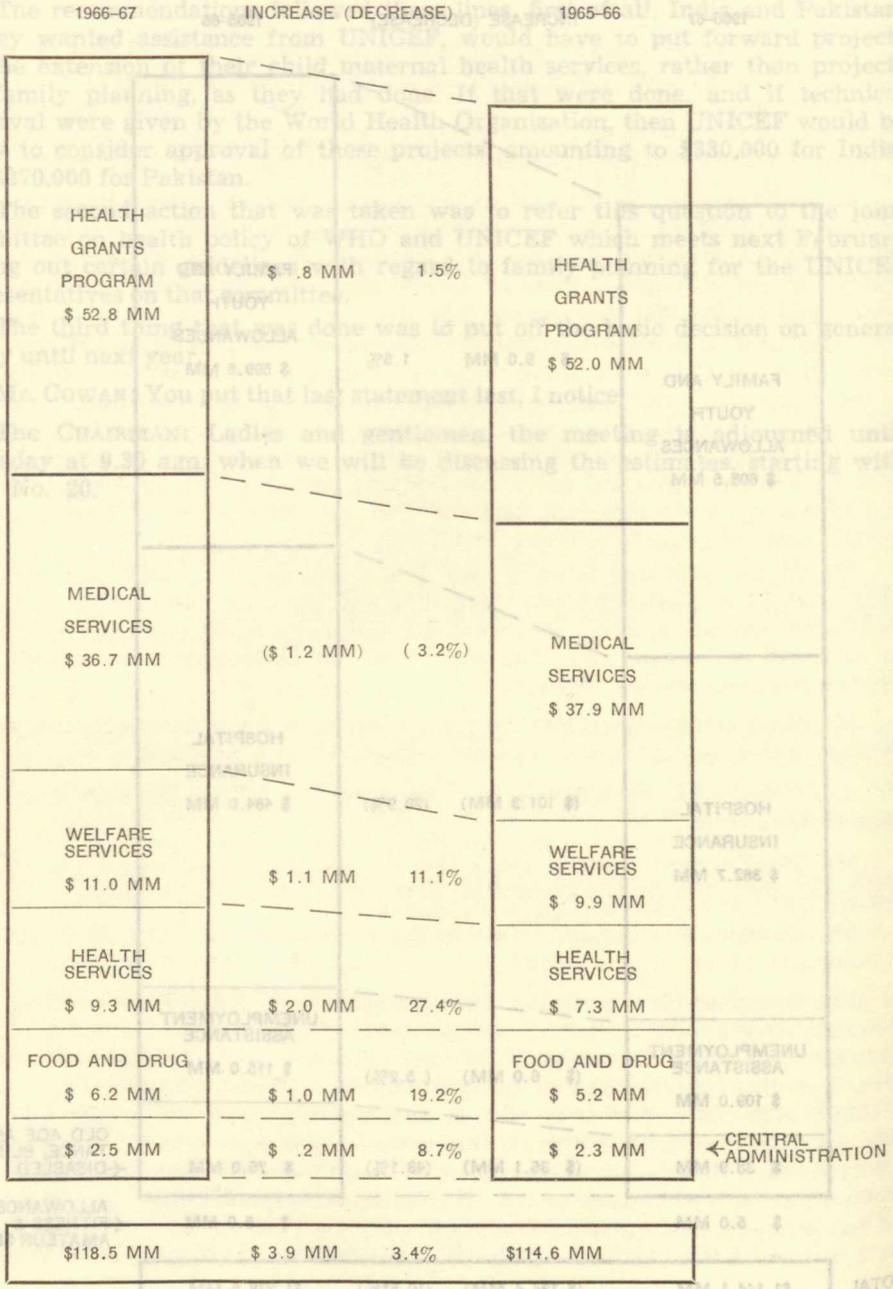
APPENDIX "A"

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
COMPARATIVE EXPENDITURES—STATUTORY ITEMS BUDGETED



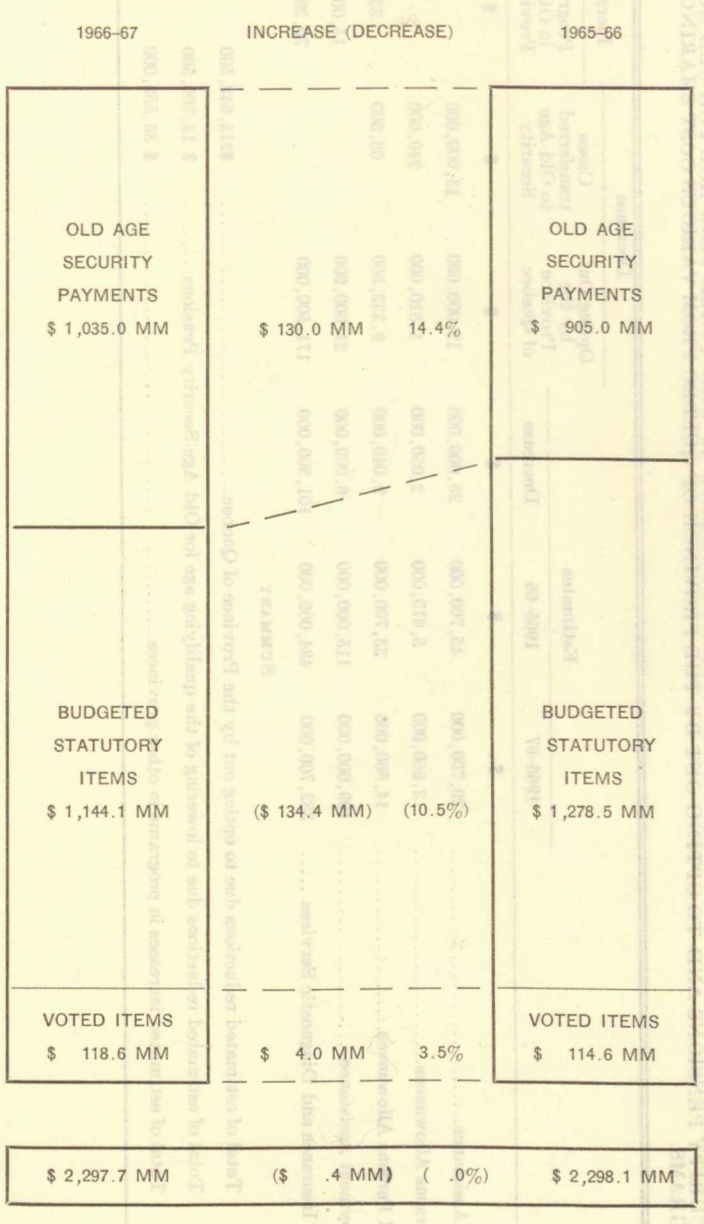
APPENDIX "B"

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
COMPARATIVE EXPENDITURES—VOTED ITEMS



APPENDIX "C"

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
COMPARATIVE EXPENDITURES—OVERALL



DETAILS COVERING REDUCTIONS IN ESTIMATES DUE TO LOWERING OF THE QUALIFYING AGE FOR OLD AGE SECURITY PENSIONS AND TO OPTING OUT BY THE PROVINCE OF QUEBEC FROM VARIOUS COST SHARING PROGRAMS.

	Estimates			Decrease		Increase
	1966–67	1965–66	Decrease	Opting Out by the Province of Quebec	Cases transferred to Old Age Security	Programs in Other Provinces
	$	$	$	$	$	$
Old Age Assistance	20,700,000	45,700,000	25,000,000	12,000,000	13,000,000	
Blind Persons Allowances	3,560,000	5,610,000	2,050,000	1,810,000	240,000	
Disabled Persons Allowances	14,660,000	23,700,000	9,040,000	9,332,500	66,500	359,000
Unemployment Assistance	109,000,000	115,000,000	6,000,000	21,000,000		15,000,000
Hospital Insurance and Diagnostic Services	382,700,000	484,000,000	101,300,000	171,500,000		70,200,000

SUMMARY

Total of estimated reductions due to opting out by the Province of Quebec	$215,642,500
Total of estimated reductions due to lowering of the qualifying age for Old Age Security Pensions	$ 13,306,500
Total of estimated increases in programs in other provinces	$ 85,559,000

APPENDIX "D"

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

No. 13

THURSDAY, JUNE 2, 1966

Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. H. A. Procter, Director of Medical Services; Dr. R. A. Armstrong, Adviser Treatment Services, Medical Services; Mr. Eric J. Preston, Director of Personnel Administration; Mr. I. C. Ellis, Senior Administrative Officer.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

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LÉON-J. RAYMOND,

The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 13

THURSDAY, JUNE 9, 1966

Respecting

Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. H. A. Procter, Director of Medical Services; Dr. R. A. Armstrong, Adviser Treatment Services, Medical Services; Mr. Eric J. Preston, Director of Personnel Administration; Mr. I. C. Ellis, Senior Administrative Officer.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24141—1

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—24.

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, June 9, 1966.
(14)

The Standing Committee on Health and Welfare met this day at 9.55 o'clock a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brown, Cowan, Enns, Forrestall, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, O'Keefe, Pascoe, Rynard, Simard, Stanbury (16).

In attendance: *From the Department of National Health and Welfare*: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. H. A. Procter, Director of Medical Services; Dr. R. A. Armstrong, Adviser Treatment Services, Medical Services; Mr. Eric J. Preston, Director of Personnel Administration; Mr. I. C. Ellis, Senior Administrative Officer, Medical Services, and several departmental officials.

The Committee resumed its consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 20—Medical Services, Administration, Operation and Maintenance, etc. $33,290,000, was called.

Dr. Crawford made a preliminary statement. He and Dr. Procter, Dr. Armstrong, Mr. Preston and Mr. Ellis answered questions asked by Members.

Vote No. 20 was carried, subject to the officials of the Department providing, at a further meeting, answers to some questions asked by Members.

At 11.00 a.m., the Committee adjourned to 9.30 a.m. Tuesday, June 14th.

Gabrielle Savard,
Clerk of the Committee.

24141—1½

EVIDENCE

(Recorded by Electronic Apparatus)

THURSDAY, June 9, 1966.

• (9.55 a.m.)

The CHAIRMAN: Ladies and gentlemen, I would like to call the meeting to order. As we agreed at the last meeting, we will start this morning with Vote 20, medical services.

MEDICAL SERVICES

20 Administration, Operation and Maintenance, including authority to make recoverable advances in amounts not exceeding in the aggregate the total of all amounts to be paid by the Governments of the Provinces and Territories under agreements to be entered on terms approved by the Governor in Council with such Governments in respect of health assistance to persons residing on Indian Reserves other than Indians and to residents of the Territories other than Indians and Eskimos $33,290,000

Has everyone a copy of the estimates? Additional copies will be available. There is also a statement being handed out to you which contains the information that Mr. Knowles asked for last week during the presentation by the Minister. We will start then on Vote No. 20.

I believe Dr. Crawford has a few words he would like to say about the services that are covered under this vote.

Dr. J. N. CRAWFORD (*Deputy Minister of National Health, Department of National Health and Welfare*): Mr. Chairman, ladies and gentlemen, I would first like to express my pleasure at the fact that my first defence of the estimates of the Department of National Health and Welfare is taking place in the environment of a parliamentary committee. I am very much impressed by the Committee technique of estimates examination. It obviously does what it is designed to do. It allows for a searching and detailed examination of the estimates of the Department which is very healthy. I think, too, that it is informative for the members of the Committee who have an opportunity in the course of this examination to learn something about the Department. From our own point of view, the officials of the Department are delighted to have an opportunity of appearing in this way because we are extremely proud of what has happened in the past and what is still happening in our Department and we would like an opportunity to talk about it. So, the Committee technique of estimates examination suits us very well indeed.

This year I am asking you for a great deal of money, which is not surprising; There is a total of $52,794,000 accounted for in grants of one kind or another to the provinces. There is $9,309,200 for what is described in the blue book as Health Services, $6,152,000 for Food and Drugs, $36,740,000 in Votes 20

and 25 for Medical Services which we will be examining in detail in a few minutes and, in addition, $382,700,000 as the federal share of the Hospital Insurance Program, a total then for the Health side of the Department less its central administrative costs of $487,692,200.

You have before you two documents. One is the printed estimates, commonly referred to as the blue book, and the other is the organizational chart which you received at the last meeting. You may note what appears to be a discrepancy and I would like to clarify this at the beginning. In the blue book you will receive the impression that the Health Branch of the Department operates three major programs. Medical Services, which we will be examining this morning which is concerned with the Indian and Northern Health Services, Immigration and Quarantine Medical Services, Civil Service Health, Civil Aviation Medicine.

Another program is that of Food and Drugs which, of course, is a massive organization responsible, in essence, for the safety of Food and Drugs sold and manufactured in this country and the protection of the public against fraud. In addition, the Food and Drug Directorate is responsible in part for the administration of narcotics control.

Finally, looking at the blue book you will see a third program which is labelled Health Services. If you look through the estimates you will see that it has a very wide-spread spectrum indeed. It consists, in essence, of two parts; in all, service to the provinces of one kind or another. The technical services which are provided are those of consultant and advisory services of one kind or another, mental health, child and maternal health, nutrition and so on. Laboratory and Advisory Services are those of the Laboratory of Hygiene, including the Virus Laboratory; the Environmental Health Laboratory which is increasingly becoming involved in the business of water pollution in this country; and the Radiation Protection Laboratory. The other part of the program is the financial support which is given to provinces in the way of grants of one kind or another for various specialized programs and the federal contribution to hospital insurance. This is a very unwieldy directorate and it has, as of the first of this year, been split into two which is reflected in the organizational chart. You will see on the organizational chart that we have not only a Health Services Directorate supplying the sort of services to the provinces that are comprised in the advisory consultant services, the laboratories and so on, but also, now, an additional program known as Health Insurance and Resources which now comprises the Health Grants Program, the Hospital Insurance contributions and will, in the future, also comprise the federal activities with respect to medical care, the administration of the Health Resources Fund.

This morning we are going to deal with votes 20 and 25, having to do with Medical Services. I have with me Dr. Procter, Director General of Medical Services, who is accompanied by his staff, all of whom are expert in their own area of activity in the Medical Services, I trust that at the end of this morning's deliberations you will be completely satisfied with the efficiency with which the Medical Services division is operated. Thank you.

• (10.00 a.m.)

The CHAIRMAN: Thank you Dr. Crawford. If I may point out to the members, I think on the organizational chart Medical Services cover Civil Service Health, Civil Aviation Medicine, Indian Health, Immigration Medical, Northern Health, Quarantine and Public Health Inspection.

The meeting is now open for questions.

Mr. KNOWLES: Mr. Chairman, perhaps before we get into the specifics, I might be permitted to ask another question about the general organization. I take it that the chart is more up to date than wherein the estimates are set out?

Mr. CRAWFORD: That is true, Mr. Knowles.

Mr. KNOWLES: Pardon me if I seem to be repeating what you said, Dr. Crawford. I just want to be sure I have it myself. The Director General of Health Services is distinguished from the Director General of Medical Services in that the latter is something you engage in directly and the former is something in which you are advisory and helpful?

Mr. CRAWFORD: The Director General of Medical Services operates in effect an operating program. He has a number of hospitals, such as the Camsell Hospital in Edmonton and hospitals throughout the north and is actually involved in the provision of medical services to people. Health Services, on the other hand, is an advisory consultant service to provinces.

Mr. KNOWLES: Then the other two are indicated by definition, Food and Drug Services, and then the fourth one is really a financial program.

Mr. CRAWFORD: Yes.

Mr. KNOWLES: You did not speak about the other two that are listed on the chart.

Mr. CRAWFORD: I am sorry, I should have done this. This is not an addition, it is a relocation of two people who were originally tucked into the Directorate of Health Services. I felt they did not properly belong there that International Health was not directly related to the provinces and I have brought these two people on to my own staff; I have a Principal Medical Officer in charge of international health, a Principal Medical Officer doing special projects, for example, the involvement we have in Expo 67 and this sort of thing. These now are on my own staff whereas previously they were part of Health Services as shown in the blue book.

Mr. KNOWLES: These four Directors General and the two you just referred to are all directly responsible to you?

Mr. CRAWFORD: Yes.

The CHAIRMAN: Are there any questions on the expenditures, ladies or gentlemen? It is on page 303 under Medical Services, Vote 20.

Dr. H. A. PROCTER (*Director General of Medical Services, Department of National Health and Welfare*): Mr. Chairman, at the expense of some repetition, I will describe the Medical Services, but I will be very brief.

Medical services is one of the four branches of the Health Department. A simple description of its role would be the provision of a medical diagnosis on individuals who may be beneficiaries of the Department's health programs. In some instances, further activity is limited to an estimate of risk; in some instances, the provision of advice; in some instances, extensive treatment and in some instances a type of police action. The activities embraced include the quarantine Medical Service, Sick Mariners' Medical Service, Immigration Medical Service, Indian Health Services, Civil Service Health, Civil Aviation Medical examination review, Northern Health Service, Public Health Sanitaria

Service. Extensions associated with these activities include the necessary administrative services, aircraft crash investigation human factors, emergency health federal-provincial representation and coastguard medical service. Experts with experience in these activities form the Directorate advising the Director General. Consultant services are sought from all of the other areas of the department but particularly Dental Health, Child and Maternal Health, Epidemiology, Aero space Medicine. The field service is decentralized to seven regions: Europe, eastern Canada, central, Saskatchewan, Alberta, British Columbia and the northern territories. The regions are further decentralized to zones and areas which are logical geographic units. The establishment provides 3288 positions. The facilities are 16 hospitals, 204 other units in Canada. By other units we put together clinics, nursing stations, health units, health stations and there are 22 offices overseas. The budget in Vote 20, Administration, Operations and Maintenance, $33,290,000 which is an increase of $641,500. The funds are expended in this manner: roughly 44 per cent for salaries, 28 per cent on hospital, doctor and other professional and special services, 10 per cent on hospital, medical and other materials and supplies. There is $1,050,000 supplied for employee allowances, that is, for staff living in the more isolated northern areas and some overseas posts. There is $1,200,000 for the transportation of patients and the travelling expenses of other than staff. The travelling expenses of the staff, $875,000. There is $880,000 required for municipal or public utility services. Among the increases of substance, over $25,000, are $153,000 for salaries and wages due to general salary increases, annual increases and classification revisions. There is an increase of $251,500 in hospital, doctor and other professional and special services. There is a greater demand on these services. There is an increase of $78,000 in travelling expenses. We are putting greater emphasis on the northern health program and in these areas, mostly flying, the expenditures are high. There is an increase of $45,000 in office stationery, supplies and equipment; $66,000 in repairs and upkeep of buildings and works, which is required to maintain our facilities in an adequate state of repair and proper operating condition. There is an increase of $85,000 in rental of buildings and works. Most of these are overseas in the main cities where costs are high. There is an increase of $120,000 in municipal or public utility services due to new facilities, increase in rates and the availability of utility services in the more remote areas. There is an increase of $52,000 in laundry and other sundry items.

Offsetting are decreases, in comparison with the total appropriation last year, of $146,000 in the hospital, medical and other material and supplies. There is $100,000 in transportation of patients and other than staff and $50,000 in allowances. I would have to predict that there might have to be supplementary estimates in two of those primaries, from past experience in these areas.

Mr. ENNS: You raised an item about municipal expenditures. In what way is the federal department involved in municipal service?

Mr. PROCTER: We find it most economical to purchase power and gas and all municipal utilities and services.

Mr. ENNS: The other item that I wanted to inquire about is the increase of travel costs. In which way is it judged or estimated that the increase will be as much as you request. I believe it is $78,000?

Mr. PROCTER: There are two primaries dealing with travel: one of our own staff, one of patients and other than staff. Both are being asked for here.

Mr. ENNS: May I just phrase it another way? Does this mean that the increase of travel costs or travel allowances is due to an increase in staff per se or is it that the staff is doing more travelling?

Mr. PROCTER: We are not getting an increase in total staff but we are throwing more emphasis and shifting staff, so to speak, into the northern areas where the travel is expensive and travel costs do increase, so that there is a matter of emphasis in a geographic area.

Mr. KNOWLES: My question, Mr. Chairman, is what happened to Manitoba? You gave us the central region; then you mentioned Saskatchewan and Alberta. Mr. Enns and I are a little concerned.

Mr. ENNS: We are quite concerned.

Mr. PROCTER: The central region takes in Manitoba plus a piece of Ontario and a piece of the north.

Mr. ENNS: We need our individual identity. We are not going to bargain for our rights, we are going to assert them.

Mr. PROCTER: Within, let us say a year, we hope to show Manitoba separately and some other provinces as well. We are moving towards a provincial representation arrangement.

The CHAIRMAN: Ladies and gentlemen, we are having a little difficulty with the microphones. One of the problems is going to be that the people sitting on the insides are going to have to, actually, I think, pick up the microphone and speak into it because they are talking towards the chair and, therefore, away from the microphone. It would also help if members of the Committee would actually identify themselves, if the Chairman does not do it, before they ask a question. I think this would help a great deal also.

Mr. KNOWLES: Could the witness tell us how much of the direct work that your section does is with respect to individuals who are ill and requiring attention one way or another and how much of it might be called research? For example, civil aviation medicine; is it dealing with people who get sick when they are flying or are you doing research work in that area?

Mr. PROCTER: Our area is restricted to a review of the examination of civil aviation pilots and air crew personnel. Examinations by non-departmental doctors pass through our agency for review as to whether or not they meet standards and then advice is given to Department of Transport. There is another agency within our Department known as aerospace medicine which does most of the research in this area. But we are alert to what is going on because we advise D.O.T. with respect to standards. Also, there is an element of research in the fortunately scarce crash investigations that go on; this is actually managed by aerospace medicine in another branch of health but we are the fingers in the field.

Mr. KNOWLES: You actually deal with people or with medical reports on people?

Mr. PROCTER: We put our hands on people, get them dirty, and make a diagnosis.

Mr. CRAWFORD: I do not know whether you, Mr. Knowles, are thinking of the involvement of this Department with passengers in aircraft who become ill. This is not our area of interest. Our area is the fitness of aircrew to manage planes.

Mr. KNOWLES: Is aerospace research under your section, Doctor?

Mr. PROCTER: No, sir; it is under another branch.

Mr. KNOWLES: What are your relations with other departments? Indians come somewhere else, so does the north, so do civil servants?

Mr. PROCTER: Mr. Chairman, I like to think of it as a family physician service with respect to agencies which are the father and mother of, for example, the Indians and the civil servants and what have you. That is a simple breakdown. We attempt to make a diagnosis, advise, if permitted, to treat in some of the programs, but it is a physician diagnostic service primarily.

Mr. ENNS: Talking about Indian and Northern Health Services, is there any tendency toward the removal of direct health services by the federal department to provincial departments. It seems in some areas the Indians should be more integrated into the other services provided by the provinces, in the field of welfare for example, and yet, somehow in the field of health, Indians seem a distinctive liability on the federal government. Some of us are worried which way this goes. If you look at health services, they become different than other provincial residents and yet, in other services, we pay and treat them just like anyone else. Is there any clarification in this area that you could give the Committee that might sort out my thinking?

Mr. PROCTER: I do not know, Mr. Chairman, whether I will help or confuse, but under the British North America Act certain aspects of Indian welfare and lands of Indians fell to the federal government; that is, if there is legislation to be made in this area, it should be made by the federal government. Legislation has been made in successive Indian acts with respect to education, general welfare and lands. With respect to health it is silent. Therefore, we are dealing in a rather fluid area. Your question was, do we push the Indian to the provinces? I have to dodge this rather delicate question and say we are prepared to give the provinces their proper jurisdiction in health with respect to all the residents, including Indians, when they are ready to take it. We do not push.

Mrs. MACINNIS (*Vancouver-Kingsway*): Are there any provinces showing a desire to take over responsibility for the health of Indians?

Mr. PROCTER: Yes, this is a constant and almost an insidious process. For instance, in British Columbia, there are, I think, subject to correction by one of my officers, about 85 provincial health services nurses working on the Indian reserves. They do it for a nominal fee from us. Most of the provinces now are developing a northern health service of their own and here there is very close interlocking. We sometimes look after a group of non-Indians if they will look after Indians. So, there is a gradual and a continuously progressive movement towards jurisdiction in this area by the provinces.

Mr. ENNS: Did I hear correctly that you are still asking for an increase, though, in health services for Indians, even though more and more services are being taken over by the provinces?

Mr. PROCTER: The Indian population will not stand still, sir. It has the highest increase, perhaps, on the average, of any population in the world. Therefore,

on a purely numerical basis, we must increase by at least three per cent in our service because of the three per cent increase in people. We are, presumably, I think, providing a more ample service wherever we are in an area and we are shifting more and more emphasis, again, to the north, where the expensive areas lie.

Mrs. MACINNIS (*Vancouver-Kingsway*): You mentioned British Columbia; would the same process be going on with the same degree of speed in the different provinces or is there a great variation in what provinces are doing in this regard?

Mr. PROCTER: There is a very great difference, I hope you will allow me to refrain from mentioning provinces but much depends upon the economic explosion in the provinces. When they have money coming out of their ears then they will grasp for these obligations. This is were we make progress and try to hold it, but there is a good deal of difference.

Mr. RYNARD: Mr. Chairman, most of the questions that I had have been answered but there are a couple that still remain. I notice you have a charge for caring for non-Indian people on reserves. I would like to know the number and what they are? Then, your increase in hospitalization costs, almost $300,000, I would like to know in what area that was? The third question is how many Indians are looked after by the doctors in the various areas and are now insured by the federal department?

Mr. PROCTER: Would you clarify what you mean by insurance?

Mr. RYNARD: Under Vote No. 20 it says, "on terms approved by the Governor in Council with such governments in respect of health assistance to persons residing on Indian reserves other than Indians and to residents of the Territories other than Indians and Eskimos".

Mr. PROCTER: Let us work backward on your questions. All Indians and Eskimos are covered in some manner by hospital insurance. No Indian is covered by the medicare because it has not developed yet but there are groups which voluntarily contribute toward the cost of prepaid medical care. There are 12 or 13 in Ontario; there is one in Alberta; there is one in British Columbia. In British Columbia we are quietly attempting to get more and more Indians enrolled in their current provincial medicare plan.

Mr. RYNARD: Does this then remove the medical doctor that was looking after them?

Mr. PROCTER: I think, as a generality, I will answer "no" because, really, we are rather thin on the ground with full time medical officers. There are only 200 scattered across the world. There are not more than 30, I guess, without counting on my fingers, in actual field operation looking after Indians. Most of this work is handled by 1,200 local physicians with whom we have arrangements.

Mr. RYNARD: That is the part-time ones?

Mr. PROCTER: We do not call them part-time. As a matter of semantics, part-time means they are appointed by the civil service. The Minister says this doctor should look after these Indians and we compensate him.

Mr. RYNARD: Is that still the rule when you have medical insurance on them, or prepaid medical insurance?

Mr. PROCTER: We do not tamper with the doctor relationship. We have had no instance yet where we had a full time man who needs to be withdrawn from this picture. All the arrangements have been in areas where they

were already being cared for by the local practitioners and he carries on, so far as we know. He is very pleased to do so.

Mr. RYNARD: Perhaps my question has been poorly worded. Does your part-time doctor still look after the Indians on your prepaid medical insurance plans?

Mr. PROCTER: Yes. The person on a prepaid medical plan can go to any physician of his choice. We have no strings on this.

Mr. RYNARD: If you have hospital insurance, how come your expenditures have jumped so quickly and increased so much? It is $300,000 here, I think.

Mr. PROCTER: Sir, at the risk of stumbling into another area, hospital insurance has not necessarily become cheaper. We pay premiums in the premium provinces.

Mr. RYNARD: How do you get into the construction business in hospitals under this Department?

Mr. PROCTER: The grant to any municipal hospital?

Mr. RYNARD: Yes.

Mr. PROCTER: This lies in another area, not in my branch, with the exception of the community hospital which has a high proportion of registered Indian residents within its tributary area. If it is something over 15 per cent then we are approached and we contribute, generally, on behalf of the Indian and sometimes sharing with the Indian, an equal amount to other residents of that area. The grants are off and anything that they have is off and then what has to be made up, the Indian tries to be covered himself or by us to the same amount as any other person in the tributary area.

Mr. RYNARD: Then we would expect this to come to an end entirely under the Canada Assistance Plan where they go into the reserves and fully qualified Indians are looked after under another plan?

Mr. PROCTER: Not for hospital construction. Hospital construction, in my opinion, will remain a contributary thing between grants at various levels of government and individual contributions. The individual Indian will still be expected, in some fashion, to make cash contributions toward the capital cost of the local institution.

Mr. RYNARD: Yes, but they were paying it on an individual basis if they go in and look after each of those Indians under the Canada Assistance Plan.

Mr. PROCTER: I cannot get the significance between welfare assistance and a capital contribution to construction of a new undertaking.

Mr. RYNARD: Perhaps that is an unfair question.

Mr. CRAWFORD: I think, perhaps, I can clarify it a little, Dr. Rynard. Our increase here is about ten per cent in this particular item. There is a three per cent increase in population which means that we have to pay that many more hospital insurance premiums for Indians. On the question of capital construction, if you imagine the analogy of a hospital going up in a non-Indian community it is going to be supported by provincial grants, federal grants and money raised in the community. Where there is a large proportion of Indians in the community we want them to contribute their fair share of the community service that is going up. If they cannot do it out of their own pockets, we contribute something on their own behalf. This is where the similarity lies.

Mr. BROWN: Mr. Chairman, I would like to ask a question with regard to the relationship between the federal government and the province of Ontario dealing with medical services for the Indian population on the reservations, and I am thinking particularly of the Six Nations Indian reservation. What contribution does the Province of Ontario make to these medical services?

Mr. PROCTER: May I pass, sir, to an expert in this area because I cannot put my finger on any.

• (10.30 a.m.)

Mr. R. A. ARMSTRONG (*Adviser Treatment Services, Medical Services, Department of National Health and Welfare*): I think, if you mean to the cost of medical treatment, the answer is none. If you include, in the cost of treatment, the cost of hospitalization in the Lady Willingdon Indian Hospital, the Ontario government likely pays part of that. As you know, the cost of hospital insurance is shared between the provincial and the federal governments. In the case of Ontario, the individual pays the premium. If there is a difference between the premium he pays and the money that comes out from Toronto, less the federal contribution, the Province of Ontario is kicking in something which it picks up in sales taxes and otherwise.

Mr. BROWN: Is there a tendency on the part of the province, to pay out more for Indians or to take a more active part in this field in Ontario?

Mr. ARMSTRONG: I do not think so, at the present. OMSIP has only been in effect for a couple of months. There are some Indians covered by it but I do not think there has been enough experience yet to tell whether they are paying out more or less than they would for anyone else covered by OMSIP. However, the PSI plan, which you are probably familiar with, which is a group prepaid non-profit plan, has covered 13 groups of Indians in Ontario and their experience has not been any different. The Indian actually costs less per capita. He costs more per family because families are bigger and the net cost works out just about the same. When PSI first got involved, they were very reluctant to insure an Indian group because the first experience of this kind was in the United States a few years back; two groups of Indians took out insurance in a prepaid plan which they nearly bankrupted and nobody else wanted to insure them. Finally, PSI agreed to take on two groups of Indians in Ontario as a trial for one year. At the end of the year they said we will insure as many more as you want. I was confidentially advised their experience was quite comparable to that of other groups in Ontario.

Mr. BROWN: If the Indians of the Six Nations Indian Reservation, for example had a medical doctor, would he be paid by the federal government?

Mr. ARMSTRONG: The medical staff of the Lady Willingdon Hospital are full time civil servants and they are, of course paid salary by the Department. Some of the Six Nations—and this is a big reserve—are more conveniently located to places like Hagersville and go to the private doctors in Hagersville for treatment. Some of the Indians travel into Brantford and go to doctors there. The bulk of them seem to prefer to go to our hospital, and, as you may have heard, they have opted out of utilizing provincial services on the Six Nations.

The CHAIRMAN: Are there any other questions?

Mr. COWAN: Under Item 20, you have a large increase under "Overtime". This year the amount is $125,000 and it was $100,000 last year. What class of employee in the Department gets overtime?

Mr. PROCTER: Mr. Chairman, this is a rather technical question. May I have a personnel expert on it?

Mr. Eric J. PRESTON (*Director of Personnel Administration, Department of National Health and Welfare*): Mr. Chairman, the policy is that no one in what we call loosely the "officer classes" is paid overtime. Most of this overtime would be paid to the clerical support classes, housemaids, ward aids and this group of people. We find a great deal of difficulty in staffing many of our more remote institutions, bringing a full complement of staff up and, therefore, we find it necessary to use quite a bit of overtime.

Mr. COWAN: On what basis do you pay overtime? Is it straight time and a half?

Mr. PRESTON: It is straight time now, for certain classes, sir.

Mr. KNOWLES: What about the Canada Labour Standards Code?

Mr. PRESTON: We follow the Labour Standards Code in all of our institutions but it does not require time and a half in all instances, if my recollection of it is correct. Whatever the Code requires, we pay.

Mr. COWAN: You have to pay overtime for the clerical and maintenance staff because you have trouble in staffing. You have no trouble in getting all the nurses you want, then?

Mr. PRESTON: We have great difficulty in recruiting nurses as well.

Mr. COWAN: Why do you pay overtime to the clerical and maintenance staff because, as you say, you have trouble in getting staff, and yet do not pay overtime to nursing staff when you admit that you have great difficulty getting them. Perhaps you cannot get nurses because you do not pay overtime?

Mr. PRESTON: No, that is not the case. Many of our nurses are paid overtime. Some we regard as officers to whom overtime, as such, is not paid.

Mr. COWAN: Are the male nurses regarded as officers too or just non-commissioned men, as in the Army?

Mr. PRESTON: We make no distinction between the sexes.

Mr. COWAN: Male nurses are officers in the Department of National Health and Welfare but they are non-commissioned officers in the Army, is that it?

Mr. PRESTON: I do not know about that, sir.

Mr. COWAN: Well, I do, so that is why I am discussing it.

Mr. PRESTON: Some of our nurses who work beyond the normal working day prefer to take time off rather than overtime.

Mr. COWAN: May I interrupt you. You say, "prefer to take time off". Is it at the nurse's option or the employer's option, the employer being the Department of National Health and Welfare?

Mr. PRESTON: No; the Department has a policy which is worked out with the nurses in this regard.

Mr. COWAN: That they live up to, you mean?

Mr. PRESTON: Yes.

Mr. COWAN: That means the employer sets the time off basis rather than overtime?

Mr. PRESTON: Yes.

Mr. COWAN: That is the question I asked you but you did not answer it correctly. It is at the option of the employer then that the nurse takes the time off.

Mr. PRESTON: Yes, that is correct.

Mr. COWAN: That is the way I understand labour relations too.

With regard to this overtime, you do not pay actual money for overtime to nurses, you just give them the time off?

Mr. PRESTON: We pay some of our nurses overtime. At the end of the year we calculate the number of hours that they have worked overtime and determine whether some of these hours have been met through time off and the difference is paid in terms of money.

Mr. COWAN: If you call some of the staff in because you may require them on a holiday or on Sunday, is this classified as overtime?

Mr. PRESTON: Yes, it is sir, if it is on Sunday.

Mr. COWAN: It is not classified under premium rates of pay for a holiday.

Mr. PRESTON: Yes, it is if they work on a holiday they are given time and a half; there is no doubt in my mind about that. This has been the rule before the labour code came into effect.

Mr. COWAN: Do the nurses who work on Sundays then get time and a half?

Mr. PRESTON: On Sundays, sir?

Mr. COWAN: Yes.

Mr. PRESTON: Sunday is not regarded as a holiday.

Mr. COWAN: Give the nurse a break. I just want to make certain that the nurse is not going to get a break in the Department. If you call in clerical staff to work on a Sunday, do they get time and a half?

Mr. PRESTON: The normal working hours for clerical staff in most of our institutions is a five day week.

Mr. COWAN: Including Sundays, holidays and Saturdays?

Mr. PRESTON: In some places we require staff to work week ends. If it is necessary to have a skeleton clerical staff on, then we can, according to our policies, declare that one member of the clerical staff shall be required on Sunday, and if he worked on that Sunday it would not be regarded as overtime. It would be worked out as part of his shift pattern. We have to keep the hospital going 24 hours a day and consequently we adjust the working hours into the necessary shifts.

Mr. COWAN: I am sure you have to keep them open 24 hours a day, seven days a week, but you might pay for the inconvenience that is caused to the person working on Saturdays, Sundays and holidays—that is, inconvenience to the normal method of living or the normal method of employment. If you call a clerk in for overtime on Sunday you pay him time and a half but if he is working on Sunday, his five day shift, you say you just pay him straight time?

Mr. PRESTON: If we ask him to work at a time other than that for which he is normally expected to work.

Mr. COWAN: They are normally expected to work from Monday to Friday, are they not?

Mr. PRESTON: No, not in these services, sir. It is the general custom for organizations to set the total number of hours per week and, in our system, certain categories work 37½ hours per week, certain categories work 40 hours per week. Under no circumstances though, Mr. Knowles, do we ask them to work more than the time required in the Canada Labour Code. But we determine, according to the work demands, the shift pattern required by each category of employee and then set the total number of hours per week and per year, and then we pay overtime or give them overtime in time off if they work beyond those hours.

Mr. COWAN: You said it was the normal custom. You would not say it was a normal imposition, would you, to work these hours?

Mr. PRESTON: No, I would not say that sir. I believe that we have a job to do and all of us must do this job. It is not an imposition to be asked to do the job you contract to do. Anyone who joins the hospital staff—

Mr. COWAN: I think it is an imposition to be asked to work Saturdays, Sundays and holidays without any extra pay, compared to working the normal trick of Monday to Friday.

But to get off that subject, for a moment, what shift differentials do you pay in the Department of National Health and Welfare in these hospitals for Indians and Eskimos?

Mr. PRESTON: This would vary from class to class. There is a shift differential but the exact amount would vary.

Mr. COWAN: I just want an outline of what it is because in the Department of Veterans Affairs shift differential is shown as an item of expense, but I do not see any shift differential here; I just see overtime.

Mr. PRESTON: No, that would not be included in overtime.

Mr. COWAN: Where is it then? I do not see it?

Mr. PRESTON: It would be part of salaries and wages.

Mr. COWAN: Why does the Department of Veterans Affairs show it separate as a shift differential?

Mr. PRESTON: I am not sure that I can answer that.

The CHAIRMAN: I do not think we can ask the witness to explain why the Department puts in one estimate one way and another department puts in an estimate in another way.

Mr. COWAN: May I continue.

The CHAIRMAN: I think perhaps what Mr. Cowan wants to know is how much is your shift differential. Can you give him any example of what you might pay to a nurse who works different shifts than a normal day shift, or does she get any difference at all?

Mr. PRESTON: I am sorry, sir, I cannot give you this off the cuff. I can get it for you by the end of the morning.

Mr. COWAN: It is not that urgent. I hope you are not overspending the estimates of the Department by exceeding the eight cents an hour differential that the Department of Veterans Affairs is paying to nurses who work on the

evening shift or the 12 cents an hour that they pay because, my goodness, some of these nurses are able to earn an extra pack of cigarettes if they work at nights instead of day time.

The question I would like to ask you, sir, as you are a personnel authority, when you pay shift differentials, as you say you do, do you pay them the shift differential for the full shift or only for certain hours. The Department of Veterans Affairs astounds me. They pay the nurses a shift differential not for the eight hours they work on a shift but for six hours of the eight hour shift. Now what kind of shift differential do you pay, for the full shift or only for a certain number of hours on the shift?

Mr. PRESTON: We certainly pay for the full shift, I am sure.

Mr. COWAN: Will you look it up definitely because the Department of Veterans Affairs does not pay from four o'clock until midnight on a shift differential of eight cents an hour. The employee works from four o'clock to midnight but she is paid eight cents an hour only for six hours from six o'clock until midnight. On the midnight to eight o'clock shift, she does not get the shift differential, that terrible differential of twelve cents an hour all the way from midnight until eight o'clock—only the six hours from midnight until six o'clock in the morning. Will you let me know what hours you pay a shift differential?

Mr. PRESTON: I would like to have the opportunity to look into this in some detail and let you know, Mr. Cowan. Incidentally, the implication I think, of some of Mr. Cowan's questions would lead me to believe that he really does support the idea that we should pay our professional staff what they are really worth. One thing I can say, as a personnel adviser, is that we—

Mr. COWAN: We should be able to afford to pay the professional staff what they are really worth. That is my opinion of the medical and the nursing professions—that they should be paid a lot more than they are getting now, I can tell you, sir.

There is one other question I would like to ask. You have an item called "Laundry and Other Sundry Items—$273,000 from $221,000". Where does the Department of National Health and Welfare operate laundries, or does all this go out to commercial establishments?

Mr. PROCTER: Mr. Chairman, we have laundries and we send out.

Mr. COWAN: Where are the laundries?

Mr. PROCTER: For instance, the Charles Camsell hospital in Edmonton has a complete laundry. At North Battleford we do not have a laundry; we send it to local commercial interests. At Whitehorse there is a hospital laundry.

Mr. COWAN: At Edmonton and Whitehorse you have hospital laundries?

Mr. PROCTER: There are more than that. It is just that I do not have the list. Mr. Ellis, do you have this list?

Mr. I. C. ELLIS (*Senior Administrative Officer, Medical Services, Department of National Health and Welfare*): All three hospitals in British Columbia, that is at Sardis, British Columbia, Miller Bay and Nanaimo; Miller Bay which is Prince Rupert locality, and Nanaimo. There is a hospital laundry at Edmonton and at Whitehorse. There is a hospital laundry at Norway House in Manitoba.

Mr. COWAN: You do not send it to a commercial laundry there?

Mr. ELLIS: Not at Norway House. It would be a little inconvenient, sir. We have a hospital laundry at Moose Factory. We buy our laundry service at Frobisher Bay and Inuvik from the Department of Northern Affairs who operate community laundries.

Mr. COWAN: Northern Affairs operates the laundry at Frobisher Bay?

Mr. ELLIS: They operate community laundries for all community facilities, sir. We buy from commercial laundries at North Battleford, Gleichen and Cardston, and we buy for the Fort Qu'Appelle Hospital. At Lady Willingdon we have our own laundry. It is in southern Ontario near Brantford.

Mr. COWAN: I beg your pardon?

Mr. ELLIS: Ohsweken, Ontario, near Brantford.

Mr. COWAN: I see. It is a pretty dirty place. I guess you have to run your own laundry there.

Mr. ELLIS: At Sioux Lookout, Mr. Cowan, we have our own laundry there.

Mr. COWAN: I am asking the question because in the city of Toronto the Ontario Hospital Services Commission is quite anxious to erect at least two, shall I say, government operated laundries on behalf, in each case, of about eight hospitals. We are having quite a battle from the commercial laundrymen that the government should not be in the laundry business. I am awfully glad to find that we are in the laundry business federally, which is an answer to the situation that is developing rapidly in Toronto. I thank you for the detail you gave me. I am sure that by the time we are through in Toronto, everything will come out in the wash.

The CHAIRMAN: Have you any further questions, Mr. Cowan?

Mr. KNOWLES: First, may I suggest that perhaps some of the problems Mr. Cowan has raised regarding differential rates and so on will be taken care of when collective bargaining comes into effect. But I would like the witness to look again, when he gets back to his office, at the Canada Labour Code. You allayed my fears a bit when you suggested that maybe some of this overtime is between 37½ hours and 40 hours. I have not got the Code here in front of me but my memory about it is fairly clear, that it requires overtime rates to begin after 40 hours. We wrote that into the Fair Wages and Hours of Labour Act a while ago and we have been assured in the House that it applies in this building and generally in the civil service. I just would like you to take another look at it and make sure that the part of your statement, when you said you are complying with the Canada Labour Code, is correct. Thank you.

The CHAIRMAN: I think Dr. Crawford is also taking notice of the question. We will get the answer for you, Mr. Knowles.

Mr. STANBURY: Mr. Chairman, I am not at all familiar with the hospitals that have been referred to, for instance, the Charles Camsell Hospital in Alberta. Are these hospitals for Indians exclusively or some of them?

Mr. PROCTER: They started, as a generality, for Indians only but it has never been quite that way and the whole trend is to open these hospitals as circumstances permit. When we developed the Camsell hospital, there were some veterans in it. It has been the hub of medical care for the MacKenzie district, Indian, Eskimo and white. It is a sort of a hospital home for them and they tended to focus on it. If they chose to be admitted there, they have always been welcome.

Mr. STANBURY: Are there other such hospitals which are primarily for Indians and Eskimos?

Mr. PROCTER: Yes. All of the hospitals we operate now are primarily for Indians and Eskimos. I should hedge a little bit on this because things are moving too fast but Whitehorse in the Yukon is a combined operation between Indian Health and the local community. It is mainly a community hospital operated by the Department. At Inuvik in the Northwest Territories, it is a community hospital but the majority of people are Eskimos.

Mr. STANBURY: The hospitals have been developed because of the lack of community hospital facilities adequate to meet the needs of the people under the federal jurisdiction.

Mr. PROCTER: May I put it another way, sir and answer that we have never competed with the community to provide hospital services. If they were available we did not go in there. Where they were not available, and there are a couple of instances where the local hospital facilities were not adequate, Sioux Lookout for example, we had to go in to provide hospital facilities for the Indians of Northwestern Ontario.

Mr. STANBURY: Seeing it completely and freshly as I do, and not knowing anything about them it strikes me there is a certain implication of separate but equal facilities here which does not particularly appeal to me. I wonder whether it has grown up because of people feeling that the Indians and Eskimos are not welcome in the community hospitals or whether because the facilities have not been adequate in communities for accommodating the additional people who come from federal jurisdiction. I would think that the ideal situation would be that Indians and Eskimos would use the same facilities that everyone else uses and that those facilities would be adequate to accommodate everyone.

Mr. PROCTER: Mr. Chairman, one part of the answer lies east of the Ottawa River. There is no Indian hospital and there never has been really, so that where these facilities were available to the Indians they went into them and used them. Wherever we do have what appears to be competing hospitals, just as quickly as we can we are getting out. When they enlarge their hospital in North Battleford we will make every effort to have it large enough so that we can close the North Battleford Indian Hospital. There is segregation on both sides. There is no question about this. The Indian does not want to be in a room with white people, but they will get over it.

Mr. STANBURY: In other words, the hospitals, at least to some degree, were built because the Indians were not being admitted to the hospitals which existed in the areas.

Mr. PROCTER: I do not want to answer "yes" to that. I say that we only built where there were not alternative facilities.

Mr. STANBURY: The obvious implication from that answer is that the communities in which these people live were not providing facilities for the Indians and Eskimos?

Mr. PROCTER: Let us look at the time. We are starting in the 1920s and working up to the 1950s. Now, in this era the western towns could not, in many instances, provide enough facilities for themselves let alone a large tributary area of Indians. This is the circumstance under which we developed a hospital system. We have no occasion to do this today.

Mr. STANBURY: I am not criticizing your development of the system; I am curious about how it developed and with the limited facilities that were available in these communities why the Indians were not just as welcome as the other settlers.

Mr. PROCTER: It was also a fact and a legend that the Indians were riddled with tuberculosis and many of these institutions, almost all of them in fact, were developed as sanatoria rather than general hospitals. It is only as we get on top of the tuberculosis problem that they shift to general hospitals and eventually shift out of existence.

Mr. STANBURY: Your hospitals have always been open to all people?

Mr. PROCTER: No.

Mr. STANBURY: You have been segregating, just as the community hospitals have?

Mr. PROCTER: Very definitely.

Mr. STANBURY: Is this because you want to limit your activities to the people for whom the federal government has direct responsibility or is it because the Indians and Eskimos themselves prefer it that way or because you feel that this is appropriate or just what?

Mr. PROCTER: It is just the hard fact of life, that you struggle to get as many dollars as you can for what you have to do and not for anybody else. Up until this era, at least, we had no occasion to go into medical care for non-Indians or other than federal beneficiaries.

Mr. STANBURY: You were meeting a need that was not being met by local facilities.

Mr. PROCTER: On that basis, yes.

Mr. CRAWFORD: If I might interject, Mr. Chairman, I would like to relieve Mr. Stanbury's mind by saying that we share the view which you expressed, that the ideal way to treat this indigenous population would be to have their treatment integrated with that of the community as part of an ongoing community treatment program. This we agree to and, in many places, we are slowly but surely bringing this sort of unified program about. Where we are not succeeding, there are several reasons. Either the community facilities do not exist and, in this case, our places are open to the community because it is the only hospital there. In some other places, there is still some resistance but it is diminishing, thankfully, to the acceptance of Indians and Eskimos in hospitals. This is disappearing and there is still, as Dr. Procter said, some resistance on the part of the Indians. They do not want much truck nor trade with us. So this is an educational program and it is ongoing and gradually we are increasing this unified approach to the treatment of people, irrespective of whether they are Indians, Eskimos or anything else.

Mr. STANBURY: In fact, the existence of your hospitals and the policy of gradually opening them where there is space to other people, is an influence for integration, a positive influence.

Mr. RYNARD: Mr. Chairman, I was wondering whether the hospital is fully occupied in Whitehorse or whether part of it has been shut up?

Mr. PROCTER: Mr. Chairman, the pendulum swings and to the best of my knowledge at this moment it is all open. There was a short period, early on in

its history, when it was feasible economics to close one wing, that is not admitting to that one wing. Now it is open.

Mr. RYNARD: Mr. Chairman, I want to say that I think the one point that we have not brought out here, is that your Indian hospital, for instance, under your Department at Inuvik, serves the whole community. You have doctors who fly all over that area and even bring the patients in to the hospital so it is a community hospital besides being for Indians and Eskimos. You have a staff of about four doctors there?

Mr. PROCTER: There are four doctors when we count the one engaged in field service.

Mr. RYNARD: It is about as well equipped as any hospital you will see in the Province of Ontario.

Mr. PROCTER: The same applies at Frobisher Bay in the eastern Arctic.

Mr. RYNARD: I think they are doing a real outstanding service.

Mr. PASCOE: Dr. Procter referred to the possibility of closing down the Indian hospital at North Battleford. I just wanted to ask him how far this has gone now. Is the municipality working along those lines? Do they know about it? Is there anything definite on it.

Mr. PROCTER: It is very indefinite, sir. It has been on and off. As you probably know, the hospital has changed authority within the last year and this sort of puts things back on the shelf and we start again. I think there is mutual understanding that when this reconstruction goes forward we are in on it. I cannot give you times. This is within the municipality's hands.

The CHAIRMAN: It is now just after eleven o'clock and there is another committee waiting to come into this room. Shall we stand this vote?

Mr. KNOWLES: There is one question I would like to ask. Dr. Procter might have the statistics or, if not, perhaps he could get them. In the light of your statement that your function is to get your hands on people, have you statistics as to the number of people who pass through your hands in a year, either in total or under these various headings?

Mr. PROCTER: I would have to add them up. I could guess at them but we will add them up.

The CHAIRMAN: Is it the wish of the Committee to go on with Vote 20 on Thursday morning or do you wish to carry the Vote now and proceed to Vote 25 at the next meeting?

Item 20, agreed to.

The CHAIRMAN: Carried, subject to the answers that will be provided and perhaps discussing it under Vote No. 1, if you wish it that way.

Mr. ENNS: Vote No. 20 speaks of medical health services to non-Indians on reserves in the Territories. Who are these non-Indians who are getting health services?

Mr. PROCTER: As you probably know, the Indian woman who marries a white ceases to be an Indian while she is so married but if something goes wrong with that marriage and she moves back, she is a non-Indian in an Indian community. Also, there are people of mixed blood.

The CHAIRMAN: The meeting is adjourned.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament
1966

STANDING COMMITTEE
ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 14

TUESDAY, JUNE 14, 1966

Respecting

Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

From the Department of National Health and Welfare: Dr. H. A. Procter. Director of Medical Services; Dr. R. A. Armstrong, Adviser, Treatment Services, Medical Services; Dr. R. W. Robertson, Senior Medical Officer, Quarantine Service; Dr. E. L. Davey, Chief of the Ottawa Bureau, Medical Services; Mr. Eric J. Preston, Director of Personnel Administration; and Dr. R. A. Chapman, Director of the Food and Drug Directorate.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24143—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 13)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, June 14, 1966.
(15)

The Standing Committee on Health and Welfare met at 9.50 a.m. this day, the Chairman, Mr. Harry C. Harley presiding.

Members present: Mrs. Rideout and Messrs. Brand, Brown, Cowan, Enns, Harley, Isabelle, Knowles, O'Keefe, Rochon, Rynard, Simard, Stanbury (13).

In attendance: From the Department of National Health and Welfare: Dr. H. A. Procter, Director of Medical Services; Dr. R. A. Armstrong, Adviser, Treatment Services, Medical Services; Dr. R. W. Robertson, Senior Medical Officer, Quarantine Service; Dr. E. L. Davey, Chief of the Ottawa Bureau, Medical Services; Mr. Eric J. Preston, Director of Personnel Administration, and several departmental officials; also Dr. R. A. Chapman, Director of the Food and Drug Directorate.

The Committee resumed its consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

On motion of Mr. Knowles, seconded by Mr. Isabelle,

Agreed,—That the information supplied by the officials of the Department at the request of the members of the Committee be printed as appendices to today's proceedings. (*See Appendices A, B, C and D.*)

Vote No. 25—Medical Services, Construction or Acquisition of Buildings, Works, Land and Equipment, etc.—was called.

Dr. Procter made a preliminary statement and was questioned thereon.

Dr. Armstrong, Dr. Robertson, Dr. Davey and Mr. Preston also answered questions asked by members.

Vote 25 was carried.

The Chairman thanked Dr. Procter and all the officials of the Department for their assistance to the committee; Dr. Procter in turn expressed appreciation to the Members.

Vote 30—Food and Drug Services—Administration, Operation and Maintenance—, and Vote 35—Construction or Acquisition of Equipment—were called.

Dr. Chapman made a brief statement on the responsibilities, organization and activities of the Food and Drug Directorate. He was questioned.

The questioning still continuing, at 11 o'clock a.m., the Committee adjourned to 9.30 a.m. Thursday, June 16th.

Gabrielle Savard,
Clerk of the Committee.

24143—1½

EVIDENCE

(*Recorded by Electronic Apparatus*)

TUESDAY, June 14, 1966.

● (9.45 a.m.)

The CHAIRMAN: Ladies and gentlemen, I would like to begin the meeting this morning with the continuation of the discussion of the estimates from last week. As you remember, last week we carried Vote 20.

Before we start, there are actually four pieces of information that have been given to the Committee in relation to questions that were asked the week before and at the last meeting. I think the easiest thing to do probably would be to include these in today's minutes. Would someone like to move that?

Mr. KNOWLES: I so move.

Mr. ISABELLE: I second the motion.

Motion agreed to.

The CHAIRMAN: We will then move on to the consideration of Vote No. 25—Medical Services.

> *25.* Construction or acquisition of buildings, works, land and equipment including payments to hospitals and other institutions which care for Indians and Eskimos as contributions toward the construction of hospitals and related facilities, $3,450,000.

Perhaps Dr. Procter would like to say a few words about this vote.

Dr. H. A. PROCTER (*Director of the Medical Services Directorate, Department of National Health and Welfare*): There are three parts to this vote, all involving capital expenditure: One is the grants to hospitals which care for Indians and Eskimos. There are 10 items in the estimates for this purpose. They vary from $2,500 up to $250,000. The largest are a grant to St. Joseph's hospital at Little Current, $150,000; grant to the International Nickel Company hospital at Thompson, Manitoba, $250,000; and a grant to the Stanton Memorial Hospital at Yellowknife, $217,000. This is the one that burned suddenly a couple of weeks ago.

Under construction for departmental facilities we have 20 projects. They vary in size from again $2,500 to $1,300,000; part of the total cost of the construction of the replacement of the Charles Camsell hospital in Edmonton.

Under equipment there is a total of $740,000; part of this is for transport equipment because we are very far flung. There is $165,650 for that, and for replacement. For new hospital equipment there is an amount of $634,400. Actually those two figures add up to something more than what appears in the estimates, but there is a bulk reduction invited of some $60,000 which brings this figure corrected to $740,000.

The equipment item is an increase of about $441,000, the explanation being that we have shaved our inventory of equipment over the last two or three years because we had a very heavy construction project going on and we feel that it is time that this is made up. There is a decrease of some $2,900,000 in the construction indicating advanced progress on this large hospital whose total contract was $7,300,000.

Mr. BRAND: I would like to ask this question with respect to institutions that have to do with the care of Indians and Eskimos. Have there been any negotiations, regarding the Indian hospital in North Battleford, Saskatchewan, for acquisition of new facilities such as the portion of the Notre Dame hospital which has just been sold by the sisters of that hospital. Has the department considered in view of the considerable number of complaints and difficulties that have arisen regarding the Indian hospital in North Battleford, and the apparently poor facilities which are present there, going into the Notre Dame hospital and using a portion of it, either purchasing or renovating it for treatment of Indians?

Mr. PROCTER: Yes; Mr. Chairman, we have had our eyes on this opportunity for a number of years, and it is our firm intention to take every reasonable step to have this community hospital serve the tributary Indians as well.

As you are probably aware, there has been some shifting of the hospital authority. We have made considerable progress in negotiations; we feel that this change in authority has stopped the wheels for the moment, but we will be watching when they start to move again. We readily admit that this hospital, which was built actually for the RAF during the last world war, is obviously becoming dilapidated. However, I think it is a going concern; that it is adequately maintained, and doing a good job. But, there is no reason for us trying to hang on to it for one day more than we can manage otherwise.

Mr. BRAND: Do I take from what you say, sir, there are negotiations going on regarding the Notre Dame hospital which is the former community hospital there?

Mr. PROCTER: Yes, and have been for a long time.

Mr. BRAND: That hospital just changed hands quite recently.

Mr. PROCTER: This is why I feel that there is a hiatus now in these negotiations. I think that the new hospital authority is really not on its feet yet and ready to negotiate.

Mr. BRAND: I was talking with them last week and I understand from them that they are more than anxious to discuss immediately with the department the acquisition of this facility. Rather than a hiatus it would seem that there would be an acceleration of the desire to have this obtained for this purpose.

Mr. PROCTER: This is very much in our interest.

Mr. BRAND: Thank you, sir.

The CHAIRMAN: Are there any other questions?

Mr. KNOWLES: Mr. Chairman, what is the relationship between grants to hospitals under vote 25 and grants under the section of the department in item

No. 15? Perhaps I would not have asked this question but for your reference, Dr. Procter, to the International Nickel Hospital at Thompson.

Mr. PROCTER: Well, I would say that the relationship is an anomaly, because there is a very large agency for hospital construction grants in another branch of the same department. However, we, speaking as Indian Health Services, have been in this business for 35 years, whereas the others came in rather recently. There is the fact that we know more intimately the populations concerned which would be difficult for other people to dig out. I can assure you that there is close integration of information on what is being given through the statutory grants, what is being given by the provinces, what the hospital has dug up from other sources such as the sale of a previous building, et cetera.

Our grant is given entirely on the basis of the unique relationship with the Indian as a member of the community, temporarily not able to make a grant on his own behalf. Now, some of them do. As a matter of fact some of the bands vote funds of various amounts. The latest one is Cape Croker. This band has said—it was a marginal case—"If we put in $7,500 will you dig up $7,500 to go along with it?" So they recognize that is is a shared responsibility to see that there is a hospital. What we are putting in is for the Indian element of the community.

Mr. KNOWLES: Well, is that the case with respect to the hospital at Thompson?

• (10.00 a.m.)

Mr. PROCTER: Yes, sir. This is the only hospital between the one at Churchill and The Pas—a terrific area—and there are many thousands just to the south of there who will focus on this place, not only for employment, but as the hub for medical care. It is for this reason that we want to see that the facilities are adequate for this purpose.

Mr. KNOWLES: But this hospital is also available to the 10,000 people who live in Thompson.

Mr. PROCTER: Oh, it is a company hospital, sure. This is a negotiation with private enterprise.

Mr. KNOWLES: It is time for Mr. Stanbury to ask if this is a fully integrated one.

Mr. BASFORD: Is Mr. Knowles asking for him?

Mr. PROCTER: I would like to dodge the question because there are too many people in the country who believe that integration is a myth. The Indians will be taken care of in the facilities; there is no question about that.

Mr. KNOWLES: Who uses it the most, the Indians or the local people?

Mr. PROCTER: Well, obviously up to this point, sir, it has been used entirely by the construction crews and the first operational crews. It was built with this only in mind. It is now a matter of negotiation on an extension to it for Indian purposes. The only Indians that it will be able to cater to at this moment are those who are employed and a really desperate emergency. We are creating an addition to their facilities which will look after the surrounding areas.

Mr. BRAND: There is one other question I would like to ask, sir. Vote No. 25 deals with payments to hospitals and other institutions which care for Indians and Eskimos. Does this include payments—construction and other types—to those general hospitals which care for Indians who are referred there from Indian hospitals?

Mr. PROCTER: Not necessarily. This is quite aside from the general construction grant, a statutory grant of $2,000. This may be the explanation. There is a threshold on these grants, we expect the tributary population to be in the order of 15 per cent or more before we become involved with this unique and special grant, so that the hospital that is seeing one, 10 or 100 Indians a year does not rate.

Mr. BRAND: Fifteen per cent of what?

Mr. PROCTER: The total tributary population of that hospital.

Mr. BRAND: The total numbers that are referred to that hospital?

Mr. PROCTER: Well, that is rather specific; I mean the total number of people resident in the area which this hospital would normally drain.

Mr. BRAND: When was this 15 per cent idea agreed to?

Mr. PROCTER: It came about when the statutory grant was first introduced; the federal contribution at that time was in the order of 15 per cent of the cost of a bed. It has been out of step from time to time. It came back into step a few years ago. It is out again. But, as you appreciate, as I say, there might be one Indian, 100 or more. There must be some cut-off therefore, a logical one, which makes working with this plan possible.

Mr. BRAND: I was thinking more of those hospitals, which as a routine, such as the hospitals I know best, the University Hospital in Saskatoon or the St. Paul's hospital which regularly receive Indians from the northern part of Saskatchewan, for continuing care, which cannot be taken care of in the local Indian hospital, the more serious conditions. They have a regular flow; it is not a matter of one now and then; it is a regular flow; any serious cases may immediately be flown to one or another of these hospitals.

Mr. PROCTER: Yes, Mr. Chairman; this is perhaps the outstanding hospital in Saskatchewan. I believe it was planned and constructed as a base hospital for at least the whole of the north of Saskatchewan including every resident of that area. Now, I cannot believe that they are out of pocket over the care of Indians because, of course, they are insured, and they are compensated for every day of care. But, the question of contributing to their original construction was never raised by anyone.

Mr. BRAND: It has never been raised, except right now.

You make the statement that they are never out of pocket. You realize, of course, under the Saskatchewan hospital services plan, they are only paid 85 per cent occupancy, and if they take these cases, which they always do, and it goes above this, then they are not paid for this care. Is there any provision for this then?

Mr. PROCTER: No, sir; I hope not.

Mr. BRAND: Why do you hope not?

Mr. PROCTER: Because, sir, life is complicated enough now.

Mr. BRAND: Do you not think that there is room for provision of further help to these hospitals which are undoubtedly, particularly in the acquisition of equipment and such, in serious trouble at the moment because of lack of funds.

Mr. PROCTER: Mr. Chairman, I fall back ditch by ditch. I think the hospital is, first of all, a community responsibility. This particular one is secondly a provincial responsibility, and, somewhere, even further down the line, for the Indians to be involved in this particular problem of the financing.

Mr. BRAND: There is a recent medicine chest case in Saskatchewan which was referred to the Saskatchewan Court of Appeal and, I think, is under consideration to go to the Supreme Court of Canada regarding the care of Indians and such. Does this have any bearing on what may happen in the future; the results of this case?

Mr. PROCTER: Again, if I may be mildly facetious, I hope not.

Do you want to speak on this case Dr. Armstrong, or shall I just read from this.

Dr. R. A. ARMSTRONG (*Adviser Treatment Services, Department of National Health and Welfare*): Well, the Indian Health Services has always operated on the assumption that there was no entitlement and I do not think that the medicine chest case will have any effect on our activity at all. We conduct the service that we do because there is a need, and as long as the need is there, and there is no other agency in a position to provide, we expect to be in business, irrespective of what the court may hold.

Mr. BRAND: I cannot quite agree with that because, of course, the principle involved here is whether the provincial government—you brought it up, sir —would have the responsibility, whether these Indians should pay the taxation, which, as you know, is a combined hospital and medical care grant in Saskatchewan. Surely if the court decision is that the responsibility is a federal one, as under the various treaties—six or eight treaties in Saskatchewan—it is a federal responsibility and not a provincial one; surely this would make a difference.

Mr. PROCTER: Well, Mr. Chairman, this is actually the crux of the situation. The federal government—and it has been tested many, many times—denies responsibility, using that word. There is nothing written that says the health care of Indians or Eskimos is the responsibility of the federal government.

Mr. BRAND: Have you seen the treaties?

Mr. PROCTER: Yes, I have seen the treaties, sir.

Mr. BRAND: In which they point out that the Queen, in the person at that time of Queen Victoria, would at all times see, that there is available for the bands—those that signed the treaties—and would provide and maintain that which is referred to as a medicine chest for the medical care of the Indians in that particular reservation in the area of that particular treaty.

Mr. PROCTER: May I quote, sir, not necessarily out of context because as I say this has been tested time and time again. "Regardless of how broad an interpretation might be placed on these words," which you have mentioned, "I

do not believe that the Treaty vests in the Indians covered by it a legal right to be covered by medical services."

Mr. COWAN: Do they have no claim on our compassion?

Mr. PROCTER: Oh, definitely.

Mr. COWAN: Well, let us just have the legal side of and it just go on compassion.

Mr. PROCTER: Yes; we have been doing this for many years. You vote annually an appropriation of a very substantial sum on this basis.

Mr. COWAN: I spent an hour on Sunday with the Eskimos in the Weston Sanitorium and I am very happy with what the federal government is doing for them. I am not going to stand on legal grounds.

Mr. BRAND: I am a little confused now. I was always under the impression, and correct me if I am wrong, that certainly the department of Indian Affairs which is perhaps a little away from this but still a part of the same corporate body, looked after the medical care of treaty Indians as such. Now, you deny this.

Mr. PROCTER: What point in time are you taking?

Mr. BRAND: As of today.

Mr. PROCTER: Indian Affairs as of today; we have a friendly relationship with Indian Affairs which is the father and mother administrator of the Indian. We, the family physician, are not in the same agency; we are in different departments. What Indian Affairs do is largely, with compassion, set down by the Indian Act. I will mention it again as I did the other day the Indian Act is silent with respect to health.

Mr. BRAND: Then the payment for medical services as it is paid today through the various Indian agents and the department is merely a matter of compassion and not a matter of right. Is that correct?

Mr. PROCTER: In an oversimplification, sir, yes. I did not use those words; you used them, but the answer is yes.

Mr. BRAND: I do not think that I asked you to give a legal opinion.

The CHAIRMAN: Surely this is a matter which is now before the courts, is it not?

Mr. BRAND: Well, I believe the witness already said, Mr. Chairman, that this has been tested time and time again, so I think I am quite within my rights to ask this question; although I understood that this was the first time it has been tested in the courts.

Mr. PROCTER: Would you care for me to read the wording of the appeal, or is this irrelevant?

An hon. MEMBER: Is this under Vote No. 25 or just what vote are we talking about?

The CHAIRMAN: We are on Vote 25, the vote about the buildings, works, lands and equipment relative to Indians.

Mr. BRAND: I believe I can ask this under Vote No. 25, Mr. Chairman. In Saskatchewan there is all one payment and the matter lies with the hospitalization as well for the Indians and it seems to me that there is going to be a conflict here somehow between the facilities provided, as has already been pointed out, the acquisition of buildings and such, and the hospital services plan in the province of Saskatchewan. It does pose a bit of a problem.

Mr. PROCTER: Is it not academic up to this point? I mean, our relationship with the province has been extremely good so far as hospital construction is concerned and I look forward to nothing but improvement, if that were possible.

Mr. BRAND: Yes; I am not trying to be obstructive here at all, I am just curious. This is the first time I have heard this statement to this effect, that it was a matter of compassion on the part of the department rather than anything else. I find it most interesting.

Mr. PROCTER: Our law is the annual Appopriation Act.

Mr. BRAND: Yes.

Mr. COWAN: You are a civil servant, I believe.

The CHAIRMAN: Are there any other questions under Vote No. 25.

Mr. COWAN: I would like to ask the gentlemen a question or two.

Has the department ever made a grant, because of Indian care, to the outpost hospital at Wiarton or at Lion's Head because of the Cape Croker Indians or to the Penetang General Hospital because of the Christian Island Indians. I was on the building campaign of both but I never thought of hitting the Department of Health for an Indian grant on them. We can still take money. You may check our Wiarton district general hospital and the Penetang General Hospital.

Mr. PROCTER: Our informational publicity is very poor, Sir.

Mr. COWAN: I would gather so; if I had not heard of the source of money before—

Mr. PROCTER: To the best of my knowledge we have not been approached, so to speak, by either of these institutions and you will understand that I have not gone out to look for it.

Mr. COWAN: You look after those Indians though in those two hospitals do you, from those reserves?

Mr. PROCTER: They look to us for care, yes.

Mr. COWAN: Both at Wiarton and at Christian Island?

Mr. PROCTER: Yes; that is right. Before these people were insured, of course, we paid for the care that was provided in those institutions. Now, it is conceivable in the dim distant past that there has been a grant but my records—my memory will only serve me for 20 years.

Mr. COWAN: It would be so long that it would not affect a grant in 1966.

Mr. PROCTER: No.

Mr. COWAN: Thank you, sir.

The CHAIRMAN: Are there any other questions under Vote No. 25.

Mr. BRAND: One question: In view of the facts, as you have pointed them out—if the decision of the court, this is hypothetical but I think it is an important thing—was that the reponsibility for hospitalization and such, and medical care for Indans, were the responsibility of a province, would this stop any of the negotiations toward acquisition of further hospital facilities for Indians in the province of Saskatchewan and make it the responsibility of the provinces, rather than under your department?

Mr. PROCTER: Mr. Chairman, this is the end of the road obviously, so it is a matter ot time, when.

Mr. BRAND: You think this will come through. I am not saying it is a bad thing, I am just asking do you think that it will come.

Mr. PROCTER: My torch is to see that it comes; that the Indian who is a resident of the province is looked after the same as every other citizen, every other resident at least, in that province. Now, the whole thing is one of timing, and regardless of court decisions, neither provincial machinery nor ours can turn over fast enough, or stop fast enough, to alter very much what we are doing in the foreseeable future; so irrespective of a court decision, I plan five years ahead at least, to carry on in the same manner.

Mr. BRAND: If you are planning ahead, would you plan ahead then in such an eventuality to arrange for the sale of such facilities from your department to the department of Indian Affairs in the province? Since you are planning ahead, you must have thought of this.

Mr. PROCTER: This has gone on; in many instances we turn over facilities which are of any use to them to the Indian Affairs Branch. For instance, our hospital at Miller Bay is being sought after by two or three agencies to be used after; even though it is almost dilapidated it is still, they feel, usable for certain purposes for an institution. It will not stand idle, if it is of any use.

Mr. BRAND: Thank you very much.

Mr. RYNARD: Dr. Procter, I was just wondering about the hospital at the Brantford Indian reserve. It is staffed there by your own staff.

Mr. PROCTER: Yes, sir.

Mr. RYNARD: Now, are you saying in effect that that hospital is going to be closed down in five years; is that the deadline on this?

Mr. PROCTER: No, sir.

Mr. RYNARD: Or am I misunderstanding you?

Mr. PROCTER: Not at all; I was only giving an estimate of our current planning. There will be another five years after that. But I will try to see that some arrangements are made to close the hospital as quickly as I can.

Mr. RYNARD: On the Brantford Indian reserve or other reserves of that type?

Mr. PROCTER: All of them.

Mr. RYNARD: Well, will it be operated then under provincial aegis or are you going to leave that to the province to decide on how those people are to be looked after.

Mr. PROCTER: Oh, I am quite confident that even today there would be very, very little embarrassment to the Indians who look to the hospital at Ohsweken if they went 12 miles to Brantford or a few miles to Hamilton. I am not personally concerned, that with the present transportation facilities, this hospital is essential. Put it in another way, if we were being faced with the problem of building that hospital today what would be the answer? It would be ridiculous, would it not.

Mr. RYNARD: Yes. Just one other question on that, Dr. Procter.

Mr. COWAN: Well, we have a hospital in Paris and one in Brantford.

Mr. PROCTER: I do admit that, sir.

Mr. RYNARD: Dr. Procter, I was wondering if I misunderstood you the other day when you said there was a problem, that Indians wanted their own hospital. I am bringing up a psychological problem that you say is there and which I believe is there. How would you get around that? Would you propose to the provincial departments that they have wards for Indians, or would you just integrate them and hope that they get over this problem?

Mr. PROCTER: Mr. Chairman, I obviously would rather dodge the question, but as you know, sir, very well, time heals, and we expect that as the result of persuasion, demonstration, and what have you, the Indian will be reconciled. There is every evidence that this is progressing.

Mr. BRAND: May I say, Mr. Chairman, in the province of Saskatchewan, as far as the Indian is concerned, there is no discrimination in the hospitals or in the wards; it is completely integrated. It has already happened there.

Mr. BROWN: Mr. Chairman, I wanted to ask the witness if he would clarify one matter, and that is in connection with the hospital at Ohsweken. Did I understand you to say, sir, that it would be policy to close that hospital in five years or did I misunderstand that.

Mr. PROCTER: I think that I gave a wrong impression there when I said we plan five years ahead. That does not mean that there will not be another five years after that, and another five years. No; I will not put a date on the hospital at Ohsweken, it is a rather sensitive point.

Mr. BROWN: I am glad you said that.

The CHAIRMAN: Are there any other questions to Dr. Procter on Vote No. 25?

Mr. KNOWLES: Would Dr. Procter care to make any comment on what will happen under medicare with respect to our compasssionate interest in Indians?

Mr. PROCTER: We are very, very optimistic that the Indian will be accepted under each medicare plan, at least those that have federal subsidy, under equal terms and conditions exactly as with hospital insurance.

The CHAIRMAN: Any other questions?

Shall Vote No. 25 carry?

Mr. KNOWLES: Mr. Chairman, I have a couple of questions on the documents that were put into the record today. Perhaps they are just questions that arise out of curiosity, but under the heading of "personnel inspection" I notice there is a reference of major ports, so many crews, so many passengers, so many stowaways and so many others.

The CHAIRMAN: Which document are you referring to?

Mr. KNOWLES: Medical services work load 1965; the second main heading, personnel inspection. After you get crew, passengers and stowaways, who are the others?

Mr. PROCTER: Mr. Chairman, you would be surprised. May Dr. Robertson answer that question; he has the figures.

Dr. R. W. ROBERTSON (*Senior Medical Officer, Quarantine Service, Medical Services Directorate, Department of National Health and Welfare*): Mr. Chairman, this is accounted for by a relatively small group of people who are employed aboard vessels for special purposes. The best example, perhaps, is the cattle boat. The persons attending the cattle are not members of the crew; they are not passengers, they are employed by the owners of the cattle to feed them, clean the stalls, etcetera, during the voyage.

Another example is occasionally a movie company or a broadcasting corporation will film a program aboard a vessel. They are a few small isolated examples of this sort of thing.

Mr. KNOWLES: Well, we are all interested in these 203 rats who were recovered. How many rats got away?

Mr. ROBERTSON: Mr. Chairman, this heading might more appropriately be "rat corpses recovered." These represent the rats that were found after these vessels had been fumigated, the ones who did not leave the ship. They left the ship dead when collected.

Mr. BRAND: May I ask one question in that regard? Were any of these rats found to be carrying disease?

Mr. ROBERTSON: Not major quarantine diseases.

The CHAIRMAN: Are you finished, Mr. Knowles?

Mr. KNOWLES: I have one more. I notice a reference under Civil Aviation Medicine to the effect that 431 pilots were downgraded for medical reasons. Could we be given a few details about this? Four hundred and thirty one pilots out of how many pilots in a year and for what general reasons?

Mr. PROCTER: May I ask Dr. Davey who has charge of this area to answer these questions.

Dr. E. L. DAVEY (*Civil Service Health and Civil Aviation Medicine, Medical Services Directorate, Department of National Health and Welfare*): Mr. Chairman there were about 26,000 examinations, and these pilots are of various categories. The majority of these pilots will be—a few will be commercial pilots—a few will be air line transport pilots, but the majority will be in all likelihood private pilots, the 431 which have been downgraded.

Now, the causes are largely in the areas of blood pressure, cardio vascular generally, blood pressure, psychiatric conditions—I would say largely those are

the three causes that most pilots are downgraded for—psychiatric, cardiovascular, including blood pressure, and occasionally gastrointestinal and endocrinal conditions. These are thee areas largely which are the cause of a downgrading of a pilot. There are certain pilots who have one type of licence and they may be downgraded from a commercial to a private pilot's licence. They like to have the highest licence they are physically capable of having, but they may be downgraded because they are not meeting the higher standards. These are largely the main reasons for the 431 pilots being downgraded.

Mr. KNOWLES: I did notice the figure of 26,000 examinations. Do I gather that 26,000 is 26,000 different individuals so that the 431 is related to that?

Mr. DAVEY: Of 26,000 odd examinations, 431 of them would have had a change in their medical category.

Mr. KNOWLES: I am sorry, sir, I am afraid I have not made my point. Does the figure 26,000 refer to 26,000 different individuals?

Mr. DAVEY: That is correct. 26,000 different individuals.

Mr. KNOWLES: There is only one examination in a year.

Mr. DAVEY: Only one examination in a year.

Mr. KNOWLES: Then on that basis the 431 is a relatively low figures, is it not?

Mr. DAVEY: It is very low. It is a very small percentage of pilots to be downgraded.

Mr. COWAN: Mr. Chairman, when there is a change in the wording from "rats recovered" to "rat corpses recovered" could they not use the word "reclassified" or "regraded" instead of "downgraded" for medical reasons in the case of pilots? I do not like that expression "downgraded". If they do not meet a medical classification that is unfortunate but why refer to it as "downgraded"?

Mr. PROCTER: I think in this case it is in relationship to upgrading, which means they actually improve their category.

• (10.30 a.m.)

Mr. COWAN: Well, they could say "regraded" or "reclassified" whether it is up or down. Would you say that all officers are "downgraded" from a general's rank? They cannot all be generals. I do not know why they have to say "downgraded."

Mrs. RIDEOUT: Yes, I am asking about the Sick Mariner's Service. Does the service that we offer in our Health and Welfare Department cover foreign ships or seamen from foreign vessels from other countries? Do we have any service for them under our Sick Mariners' Service?

Mr. PROCTER: If you do not mind, Mr. Chairman, I will ask Dr. Robertson to take that one. It is a little bit complicated and I would rather have an expert deal with it.

Mrs. RIDEOUT: The reason I asked this question is that one of the resolutions at the world health conference in Geneva was presented by the Norwegian delegation, in which they were asking the countries to participate more in

assistance to mariners, seamen, from other countries, and I wondered if we have any service at all.

Mr. ROBERTSON: Mr. Chairman, the Sick Mariners' Service was originally designed for the care of foreign seamen. It is a compulsory service for all vessels trading outside of Canadian waters, whether they are of Canadian registry or of foreign registry. The vast majority are foreign registry. These vessels are required to pay dues upon arrival in Canada and then all members of the crew of that vessel are covered for whatever medical, surgical or hospital care required for the remainder of that year while in Canadian waters. At a later date Canadian fishing vessels were admitted on a voluntary basis, but the original plan was for foreign seamen.

Mrs. RIDEOUT: Is it fair to ask you, and it probably is not, whether you think the service we offer is adequate, or do you think we could expand our service?

Mr. ROBERTSON: Mr. Chairman, I have had the pleasure of reading the documents produced by the World Health Organization on this subject, and it is my personal opinion that this is the best service offered any place in the world.

Mrs. RIDEOUT: I know that our report on the particular resolution was to the effect that Canada had a very good program.

Mr. ROBERTSON: It is a very comprehensive service as far as foreign seamen are concerned.

Mrs. RIDEOUT: Thank you very much.

Mr. BRAND: Arising out of the Sick Mariners' Service, I notice the number of patients and number of visits for departmental physicians and then the fee for service physicians. There seems to be a considerable difference in the number of visits. Does the department consider any significance in the fact that on the fee for service there are twice as many visits compared to the visits made by the departmental physicians?

Mr. PROCTER: Only geography, sir.

We provide departmental facilities at the main ports only in the maritimes: St. John's, Sydney, Halifax and Saint John, but the fishermen, particularly patronize their own home ports and the arrangements are made with their local physicians for this purpose. It is not that they are loath to attend a departmental physician; it was only more reasonable for them to attend their own.

Mr. BRAND: That was not the implication I was trying to create.

Mr. COWAN: That was not the inference I took from the question either, doctor.

Mr. BRAND: All I was referring to was the significance of the fact that for fee for service there were many more visits.

Mr. PROCTER: I do not think we should come to that conclusion. I think it is one or the other.

Mr. COWAN: Are you trying to control our thinking now, sir?

Mr. PROCTER: No, this is one man's opinion.

Mr. COWAN: You said we should not come to that conclusion. I have already come to it.

Mr. STANBURY: Mr. Chairman, just to go back to those pilots again for a moment, I do not think the question was asked or answered. How many of those pilots were commercial air line pilots of the 431 downgraded for medical reasons. Do we have that figure?

Mr. DAVEY: I have not got that figure. There were very, very few commercial pilots; the majority are private pilots. I have not got that figure but it is exceedingly small for the commercial men, the air line transport pilot.

Mr. STANBURY: In any event, the medical examinations of such pilots would not be limited to those given by your department. There would be other regular medical examinations at quite frequent intervals, I presume, for air line pilots.

Mr. PROCTER: Sir, the big carriers have their own service.

Mr. STANBURY: Yours is just an annual examination is it?

Mr. PROCTER: It is an annual examination and largely for non-commercial pilots.

Mr. STANBURY: Thank you.

Mr. COWAN: In looking over these papers given to us this morning, I would like to refer to—

The CHAIRMAN: The Chairman is being very lenient really because they are dealing with a vote we have already passed.

An hon. MEMBER: This vote is still not passed.

The CHAIRMAN: That is right—

Mr. COWAN: That is right they are still outstanding. I wish to comment on this overtime. In the second line it refers to the payment of overtime and in the third line it mentions that these procedures are governed by civil service regulations, then, down at the very bottom, under "shift differential" you say: "Shift differential is paid to employees who work regular shifts between the hours of 6.00 p.m. and 6.00 a.m." Is there any other place in the world where people are paid a shift differential for a few hours of the shift and not for the full shift? I have never heard of it, and I wondered if you had, or have the Civil Service Regulations heard of some other place?

Mr. PROCTER: Mr. Chairman, it would be wrong to put me on the grill for this.

Mr. COWAN: No; I just asked you a question.

Mr. PROCTER: I think Mr. Preston may have more information in this area but my quick answer to it is no.

The CHAIRMAN: Mr. Preston, do you want to comment on that?

Mr. COWAN: The answer is no. Do you mean there is no other place in the world that pays this. Thank you, that is all you need to say, my friend; the perfect witness, Mr. Chairman, the perfect witness.

The CHAIRMAN: Is your question answered now?

Mr. COWAN: Is this set out under the Civil Service Regulations that they can only pay shift differential between 6:00 p.m. and 6.00 a.m.?

Mr. ERIC J. PRESTON (*Director of Personnel Administration, Department of National Health and Welfare*): The shift differential regulation is in the—

Mr. COWAN: Is it a Civil Service Regulation?

Mr. PRESTON: No; the shift differential regulations are passed under the authority of the Financial Administration Act.

Mr. COWAN: I just would like to get the facts of when this regulation was first formulated because I never heard the like of it before. Who should I see in that regard?

Mr. STANBURY: Well, it seems perfectly logical, no matter where it comes from, that people working normal daytime hours should not be getting a shift differential. If part of their shift is during normal daytime hours, then it seems logical that it should not be subject to shift differential.

Mr. COWAN: What do you call normal daytime hours?

Mr. STANBURY: Up until six o'clock seems to be considered that under these regulations.

Mr. COWAN: I am asking you what you consider daytime regular starting time.

Mr. STANBURY: Do you want me to take the witness's place?

Mr. COWAN: Well, you are giving quite an opinion on labour matters that I never heard expressed anywhere else before so I thought I would just question you on this.

Mr. STANBURY: Well, there is always a first time for you to hear that.

Mr. COWAN: Yes; there has to be. I presume it is the same as this regulation; this is the first time I ever heard of it either. Who did the gentlemen over there suggest that I see.

The CHAIRMAN: Mr. Preston said it was under the Financial Administration Act.

Mr. COWAN: Yes; but who could I see on the matter?

Mr. PRESTON: I think actually that this is a matter for the Treasury Board. We will have a great deal of clarification in all of these kinds of employee-employment problems when the three new acts of Parliament, which I believe you people are considering now, are put through, and I think a great many of these problems will be clarified when you have the new collective bargaining legislation.

Mr. COWAN: Well, I am glad you think that, sir. All I can say is I hope so.

The CHAIRMAN: Are there any other questions on the papers that were tabled or any other matters?

Mr. COWAN: I think the statement is very good.

Mr. KNOWLES: I have one general question, Mr. Chairman. Is it fair to assume that the figures on the Medical Services work load sheet do not

duplicate each other; that is, is it appropriate to add them up and discover that you had well over two million people pass through your hands in the year under question?

Mr. PROCTER: To answer your first question, sir, I am confident that they do not duplicate each other. To add any of these figures—there are apples and oranges—they are both round, they are both heavy, et cetera—but some are inspection and some are treatment. We have undoubtedly looked at—

Mr. KNOWLES: They do represent different people, or are some of them repeats?

Mr. PROCTER: I cannot tell you how often a certain businessman has entered the port of Dorval in a year.

Mr. KNOWLES: In the case of the civil service there are some repeats?

Mr. PROCTER: Undoubtedly some repeats, undoubtedly many who have never been near—

Mr. KNOWLES: My addition brings this to 2,100,000 plus, not including the rats, gentlemen. It does not include the recovered ones, either.

The CHAIRMAN: Do you have a question, Dr. Rynard?

Mr. RYNARD: No.

The CHAIRMAN: Are there any other questions on Vote No. 25?

Shall Vote No. 25 carry?

Some hon. MEMBERS: Carried.

Item agreed to.

The CHAIRMAN: Thank you very much, Dr. Procter.

Mr. PROCTER: I am delighted, sir, for this very enlightened meeting.

The CHAIRMAN: Enlightened or light?

Ladies and gentlemen, we now move on to Vote No. 30 and Vote No. 35 which deal with the Food and Drug Directorate:

FOOD AND DRUG SERVICES

30. Administration, operation and maintenance, $5,782,000.

35. Construction or acquisition of equipment,. $370,000. Total $6,152,000.

I think Dr. Chapman has a statement he will make to the Committee.

Dr. R. A. CHAPMAN (*Director, Food and Drug Directorate, Department of National Health and Welfare*): Thank you, Mr. Chairman. I have a very brief statement I would like to make in regard to the responsibilities and the organization that has been set up to carry out these responsibilities. I will refer to the headquarters divisions and the regional organization, which you will find under the departmental organizational chart for the department.

The Food and Drug Directorate of the department is responsible for the administration and enforcement of the Food and Drugs Act, the Proprietary or Patent Medicine Act and the Narcotic Control Act, and, of course, the regulations which are associated with these acts.

The Food and Drugs Act provides for the control of the safety, purity and quality as well as the labelling and advertising of all foods, drugs, cosmetics and medical devices sold in Canada. This is a consumer's act, it is not a marketing act, nor does it exist to protect Canadian products from competition from abroad. Imports and domestic products are treated alike by this act.

There is authority provided under the act to:

(*a*) establish standards of composition or identity for foods, drugs and cosmetics and standards for medical devices;

(*b*) prohibit the sale of foods that are dirty, harmful, adulterated or manufactured or stored under unsanitary conditions;

(*c*) prohibit the sale of drugs manufactured under unsanitary conditions or that are adulterated;

(*d*) provide for standards for all drugs;

(*e*) require licences for the sale of certain biological preparations and parenteral antibiotics;

(*f*) prohibit the sale of harmful cosmetics or those made under unsanitary conditions;

(*g*) prohibit the sale of harmful medical devices; and

(*h*) prohibit the advertising, labelling, packaging or processing of foods, drugs and medical devices "in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value quantity, composition, merit or safety."

In addition the Act prohibits the advertising of any food, drug, cosmetic or device to the general public as a treatment, preventative or cure for a number of serious diseases. It also lists the drugs that may be sold only on prescription.

Now, the practical enforcement of the Food and Drugs Act requires that certain sections be supplemented with regulations that interpret in more detail the meaning of the act, and, consequently, over the years there has grown up a considerable volume of regulations which provide standards, requirements for labelling and establish prohibitions or exemptions for certain substances or classes of substances within the scope of the Act.

2. The Proprietary or Patent Medicine Act

The Proprietary or Patent Medicine Act provides control over the registration, labelling and advertising of all secret formula drug preparations for household use manufactured or sold in Canada.

3. The Narcotic Control Act

The Narcotic Control Act provides control over the importation, manufacture, advertising and sale of all narcotic drugs used in Canada.

Now, to carry out these responsibilities the directorate is divided into the major organizational units which follow:

Bureau of Operations;
Bureau of Scientific Advisory Services;
Research Laboratories;
Narcotic and Controlled Drug Division;
Consumer Division;
Administrative Services

1. Bureau of Operations

The Bureau of Operations is responsible for the examination and analyses of all import shipments and domestic foods and drugs for compliance with the Food and Drugs Act and the Proprietary or Patent Medicine Act; for inspection of food and drug plants; approval of all related radio and television advertising material under the Broadcasting Act, where we act as advisers to the Board of Broadcast Governors; examination of labels and advice thereon to manufacturers; registration, inspection and licensing of licensed drugs; institution of seizure or prosecution action where necessary, and specialized assistance to other departments.

2. Bureau of Scientific Advisory Services

The Bureau of Scientific Advisory Services is responsible for providing the directorate with the bulk of the investigative, consultative and advisory services required for the evaluation of submissions on new drugs; investigational new drugs, food additives, pesticides, cosmetics and medical devices; for the collection and dissemination of information on hazardous household substances to poison control centres across Canada and the operation of an adverse drug reaction reporting system.

3. Research Laboratories

The Research Laboratories, located in Ottawa, are responsible for carrying out the research needed to solve many of the complex technical problems associated with the administration of the three acts and to provide other organizational units of the director with the scientific data and information necessary for their efficient operation. They are organized into five divisions and several common service sections. Experts in a wide variety of scientific disciplines are employed, since the scope of the three acts, as you can appreciate, is very broad.

4. Narcotic and Controlled Drug Division

The Narcotic and Controlled Drug Division is responsible for the administration and enforcement of the Narcotic Control Act and Part III of the Food and Drugs Act. This Part covers the controlled drugs. This involves the licensing of importers and manufacturers, the reporting of all transactions in narcotics and controlled drugs, and the retention of appropriate records of sales and distribution to ensure compliance with legal requirements.

Inspector-auditors of this division are stationed across Canada.

5. Consumer Division

The Consumer Division is responsible for disseminating information about directorate activities and responsibilities to Canadian consumers and obtaining information, opinions, suggestions and complaints from consumers.

In November of 1963, an advisory council of consumers was established by cabinet decision to advise the department in matters involving consumer interest in the administration of the Food and Drugs Act and the Proprietary or Patent Medicine Act.

6. Administrative Services

And finally, the administrative group which is responsible for all support services required by the directorate and the development of administrative procedures.

Thank you, Mr. Chairman.

The CHAIRMAN: Thank you, Dr. Chapman.

Mr. ENNS: Well, the outline of responsibilities has been significant and I realize it takes certain staff to enforce the various regulations and requirements of the act. I notice in the first section of Vote No. 30, on page 305, that there has been a significant increase in medical officers and also that there are two research staffers that were not on staff before. Was there simply a vacancy in the principal research offices in 1965, or is this complete new edition to the staff—a new position? I refer to page 305 on the first section of the division.

Mr. CHAPMAN: Principal research scientists?

Mr. ENNS: Yes.

Mr. CHAPMAN: This is a new category called the research scientists series which has been established by the Civil Service Commission. It has just been implemented and provision has been one made for two principal research scientist. I believe actually only one person in food and drug has bene classified as a principal research scientist.

Mr. ENNS: Have these come up from the staff of the food and drug or are these new people coming to your department, sir?

Mr. CHAPMAN: No; this is a scientist who has moved up through the research laboratories of the directorate.

Mr. ENNS: There is quite an increase in the number of medical officers, just three lines down. There were 5 in 1965 and there are 41 in 1966-67. That is quite an increase.

Mr. CHAPMAN: Yes.

Mr. ENNS: I welcome the increase because we have always been saying that more staff was needed. Does this mean there has been new recruitment of a substantial size in food and drug branch or is it simply an upgrading reclassification of some of the people on the staff? When you look at the total increase in staff it is not all that significant, I think they came to 737.

Mr. CHAPMAN: This has been a significant increase in the bureau of scientific advisory services. This bureau was established a little less than a year ago in order to bring together all the advisory and consultative services for the evaluation and investigation of new drug submission, and submissions on food additives and pesticide residues.

We were very seriously understaffed as far as medical officers are concerned. This bureau has now been established; the establishment I believe is 69 at the moment, and a significant number of these are medical officers.

It has just been drawn to my attention by the Director General of Administrative Services, that the 41 are not all medical officers. But my statement about a significant increase in the number of medical officers still stands.

Mr. ENNS: Well, this is a welcome report because I thank many of us were quite cognizant of the fact that they are terribly understaffed in the health department.

Mr. CHAPMAN: Yes.

Mr. ENNS: Now, last year the committee on food and drugs made a recommendation that all manufacturers of drugs should be licensed. This would likely result in a greater investigation on the part of food and drugs. Would the department be able to undertake an investigation of all drug manufacturers with the present staff or is additional staff still required?

Mr. CHAPMAN: Legislation has recently been passed requiring the notification by all drug manufacturers seeking to sell drugs in Canada or import drugs for sale into Canada, and it requires the notification both of the manufacturer and the products which they propose to sell. The drug notification unit will be located in the bureau of operations, but certainly when we get this information on our files this will put a further burden on the bureau of scientific advisory services because at that point we will have all the information collected together and we will be able to look at a particular group of drugs, evaluate the claims that are made for them, the precautions that are on the labels.

Mr. ENNS: We should expect continued added recruitments to this branch then.

Mr. CHAPMAN: Yes; this is correct.

Mr. O'KEEFE: Mr. Chairman, you mention the labelling of foods and drugs. Has any thought been given to putting detailed contents on the labels. I am thinking specifically of people with allergies. This information, I am sure, would be very helpful in this connection, I am sure you will agree. Can this be done?

Mr. CHAPMAN: Yes—

Mr. O'KEEFE: Is it being done?

Mr. CHAPMAN: Yes; it can be done. This is a very large task. We are starting on this because we do feel that the consumer should be informed, and has a right to be informed, but it is not a simple matter. It is not even a simple matter to decide on what should go on the labels.

Mr. O'KEEFE: But, surely, if contents can be put in a package, the name of the contents can be put on the outside.

Mr. CHAPMAN: Well, even the allergists, the experts in this field, indicate that there is no clear concensus as to exactly how it should be done. We have been in correspondence with a specialist in this field, getting advice from him, and he has recently written to us. I will quote from his letter, as follows:

> Most of our correspondence has made mention of the great practical difficulties in the way of setting up a really effective system of food labelling re allergenic content. So many different points of view and different suggestions were made, however, I do not believe I can pass on to you a specific concensus of opinion.
>
> I am going to request the executive of the Canadian Academy of Allergy to reconstitute our committee on food labelling practices of

several years ago and would hope that perhaps some consensus can be arrived at through the deliberations of this committee.

Mr. O'KEEFE: But, surely it is a less complicated issue; it is just a matter of writing the names of the contents. That sounds very simple to me, but maybe it is more complicated than I understand it to be. If the content is in the bottle, surely the name of the content can be put on the outside. Would you not agree with that, sir?

Mr. CHAPMAN: Let me give you an example: For instance, a flavouring preparation will contain maybe up to 35 different chemical components. Now, I do not think that anyone would suggest that on every product where a flavouring is used—and in many foods, of course, this is the case—that you would want to list the 35 contents.

Mr. O'KEEFE: But, surely that is an exaggeration. Maybe we do not have to list the 35 contents of flavouring, but some important, specific, drug, surely that should be on the label. An important, specific, drug, the name of that drug should be on the label.

Mr.CHAPMAN: Well, this is required.

Mr. O'KEEFE: Is it being done now?

Mr. CHAPMAN: Yes.

Mr. O'KEEFE: In all cases?

Mr. CHAPMAN: In drugs. I thought you were talking about foods?

Mr. O'KEEFE: I was talking about both foods and drugs.

Mr. CHAPMAN: It is required in the case of drugs.

Mr. O'KEEFE: But it is not required in the case of food?

Mr. CHAPMAN: No.

Mr. O'KEEFE: Well, I suggest that it should be.

Mr. CHAPMAN: We are in agreement in principle with you. I might explain, Mr. Chairman. There are actually two categories of foods: there are those foods for which standards have been established, and there are certain requirements for the declaration of components in those foods in the regulations under the Food and Drugs Act. But they do not require a full list of ingredients.

Mr. O'KEEFE: Why not?

Mr. CHAPMAN: Well, the thinking in the past has simply been that since the components of those foods had already been established in the standards, under the Food and Drugs Act, that it was therefore not necessary, to list them on the label. Now, our thinking in this regard is changing. We feel that it is desirable that the consumer should be informed as far as it is practicable and we are attempting to work out the best manner for doing this.

I might say that as far as bakery products are concerned, we have had discussions with that industry, and now approximately 50 per cent of their products do carry a full list of ingredients.

• (11.00 a.m.)

Mr. O'KEEFE: Surely, if 50 per cent of those products contain the proper labelling, then I would suggest that 100 per cent of them should. You agree, in the interest of the consumer that the person who has an allergy should see what he is taking before he takes it. The only hope he has is looking at the label to see if the chemical injurious to him is listed. He cannot possibly know all the problems behind the thinking of this. You see the day when this will be done?

Mr. CHAPMAN: I hope that I can. I might point out that we anticipate that some 200,000 food labels will have to be checked over and revised. This is a very considerable task, as you can appreciate.

Mr. O'KEEFE: There are 20 million people involved in this. It is much more important to them than to the people who are producing those products. They should be compelled to put the contents on the package on the label—Do you agree with this?

Mr. CHAPMAN: I agree in principle; yes.

Mr. O'KEEFE: Thank you, sir.

Mrs. RIDEOUT: May I ask a supplementary question, Dr. Harley?

The CHAIRMAN: If it is brief; yes.

Mrs. RIDEOUT: I am wondering if you have noticed that there is an organized group now in Canada who are concerned about allergies. I know that I am receiving representations from them. Do you think through their efforts as a group, and certainly they are voicing their problems quite noticeably, that they will bring results? Will their efforts bring results in having the contents labelled?

Mr. CHAPMAN: Well, the allergy information group is certainly a very hard working and dedicated group; there is no doubt about that. They do represent a rather small organization, but—

Mrs. RIDEOUT: But one that is growing.

Mr. CHAPMAN: Yes; I believe it is growing. We have also discussed matter with our advisory council of consumers. That group is not nearly as concerned about the problem as the allergy information group; but they also agree, of course, it is desirable that as soon as practicable a food product should carry a full list of ingredients.

The CHAIRMAN: Ladies and gentlemen, I think this would be a reasonable time to adjourn the meeting. On Thursday we will have Dr. Chapman back to go on with the discussion of Vote No. 30 and Vote No. 35.

Mr. BRAND: Mr. Chairman, could Dr. Chapman bring a list of the poisonings by substances, over the past year, for the committee meeting on Thursday?

Mr. CHAPMAN: I beg your pardon?

Mr. BRAND: A list of the poisonings reported to the Department.

Mr. CHAPMAN: Yes; I will have that.

Mr. BRAND: Could you have a list available for the Committee, by the type of poisons, and such?

Mr. CHAPMAN: This is quite a formidable document. Do you want the complete document?

The CHAIRMAN: I believe you also have a medical officer who looks after this. Perhaps he could accompany you.

Mr. BRAND: All I am asking is that you at least have it with you.

Mr. CHAPMAN: Yes.

The CHAIRMAN: The meeting is adjourned.

APPENDIX "A"

ESTIMATED SCALE OF REDUCTIONS IN CATEGORICAL PROGRAMS DUE TO LOWERING OF QUALIFYING AGE UNDER THE OLD AGE SECURITY PROGRAM

OLD AGE ASSISTANCE

Year	Estimated Total Payments	Over Previous Fiscal Year	
		Estimated Reductions	Estimated Reduction of Recipients
1966-67	20,700,000	13,000,000	31,250
1967-68	14,400,000	6,300,000	15,200
1968-69	8,300,000	6,100,000	14,700
1969-70 (9 months)	3,000,000	5,300,000	12,800
1970-71		3,000,000	9,600
BLIND PERSONS ALLOWANCES			
1966-67	3,560,000	240,000	370
1967-68	3,440,000	120,000	185
1968-69	3,313,000	127,000	195
1969-70	3,187,000	126,000	195
DISABLED PERSONS ALLOWANCES			
1966-67	14,660,000	66,500	150

NOTE: Since most cases under this program are transferred by some of the Provinces to the Old Age Assistance program upon reaching the age of 65, the number of recipients who would be affected by the lowering of the age would be minimal. The number of cases estimated to be affected each year until 1970 is approximately 60 or a reduction of some $26,500 in payments.

This estimate does not taken into account further reductions that may follow the implementation of the Canada Assistance Plan as of April 1st, 1966. Provision is made in the Plan for Provinces to transfer major portions of their caseloads under the Old Age Assistance, Blind and Disabled Pensions Allowances programs to the Plan if they wish to do so.

APPENDIX "B"

CLARIFICATION OF PROCEDURES RELATING TO THE PAYMENT OF OVERTIME AND SHIFT DIFFERENTIALS IN THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

During the Committee's review of Vote 20, questions were raised concerning the payment of overtime and shift differentials to employees in Medical Services. These procedures are governed by the Civil Service Regulations, the Regulations concerning exempt staff in Medical Services, the Prevailing Rate Regulations and the Shift Differential Regulations.

Under the Civil Service Regulations and the Exempt Staff Regulations, two kinds of staff have been identified for overtime purposes; operating staff and non-operating staff.

Overtime

The operating classes are as identified on the attached schedule.

Operating Staff, under the Civil Service Act whose normal work week is 40 hours are compensated in cash at the rate of one and one-half times their regular rate of pay.

Operating classes under Exempt Staff Regulations may be granted leave or compensated in cash at the rate of time and one-half. Leave may be granted during the month in which the overtime was worked and the following month. Implementation of this policy is left to the discretion of local management after consultation with staff.

Prevailing Rate Employees Regulations provide for overtime compensation in cash at rate of time and a half, or double time depending on when overtime is worked.

Non-Operating Staff (all of whom are under Civil Service Regulations) who register their attendance daily are compensated in the form of time off on an hour for hour basis or in cash at their regular rate of pay. Efforts are made to compensate through time off but if by the end of a twelve month period it has not been possible to compensate an employee for all his overtime credits in this fashion, he is paid cash for the remaining credits.

Shift Differential

A shift differential is paid to employees who work regular shifts between the hours of 6:00 p.m. and 6:00 a.m. The shift differential for the evening shift, i.e., between 6:00 p.m. and midnight is 8 cents per hour and between the hours of midnight and 6:00 a.m. is 12 cents per hour.

It is estimated that $60,000 will be expended for this purpose during 1966-67.

Appendix 13:1

OPERATING EMPLOYEES

The following classifications are those normally occupied by operating employees who are expected to work a forty hour week.

Class and Grade	*Exceptions*
Assistant Technician (employed on Laboratory and X-Ray duties in Hospitals and clinics outside Ottawa or on surveys)	
Caretaker	
Chief Operating Engineer	
Cleaning Service Man	
Clerk of Works	
Diesel Electric Station Attendant	
Fireman—Labourer	
Fire Prevention Officer	
Gardener	
Graduate Nurse	(1) Directors and Acting Directors of Nursing in Hospitals (2) Employed at locations listed in Appendix 13:2
Health Aides	
Hospital Attendant	
Hospital Cook	
Hospital Laboratory Helper	
Hospital Nursing Orderly	
Hospital Utility Man	
Laboratory Animal Keeper	
Maintenance Craftsman	
Maintenance Helper	
Maintenance Supervisor	
Nurse	(1) Nursing Counsellors, Ottawa Bureau —Medical Services (2) Directors and Assistant Directors of Nursing in Hospitals (3) Consultants in Nursing at Ottawa (4) Regional and Zone Supervisors of Nursing, Medical Services
Nursing Orderly	
Packer and Helper	(1) Information Services (2) Purchasing & Supply Division (3) Emergency Health Services Packaging Depot
Stationary Engineer (H or P)	
Storeman	(1) Purchasing & Supply Division (2) Emergency Health Services Packaging Depot

Technician, Hospital Laboratory	(1) Ottawa Bureau—Medical Services
Technician X-Ray (employed in Hospitals or Clinics outside Ottawa or on surveys)	
Telephone Operator	
Ward Aide	(1) Employed at locations listed in Appendix 13:2
Watchman	

APPENDIX "C"

List Referred to as Appendix 13:2

LOCATIONS WHERE NURSING STAFF WHO ASSUME OR SHARE RESPONSIBILITY FOR OPERATION OF THE NURSING STATION OR HEALTH CENTRE RECEIVE ADDITIONAL DAY LEAVE

EASTERN REGION

Atlantic Zone

Big Cove Health Centre
Shubenacadie Health Centre

Moose Factory Zone

Fort Albany Health Centre
Fort George Nursing Station
Great Whale Nursing Station
Paint Hills Nursing Station
Port Harrison Nursing Station
Povunghituk Nursing Station
Rupert's House Nursing Station

Northern Ontario Area

Temiskaming Health Centre

Ottawa Zone

Manowan Health Centre
Maniwaki Health Centre
Mistassini Health Centre
Obedjiwan Health Centre
St. Regis Health Centre

Quebec Zone

Bersimis Health Centre
Caughnawaga Health Centre
Fort Chimo Health Centre
Pointe Bleue Health Centre
Restigouche Health Centre
Romaine Health Centre
Schefferville Health Centre
Seven Islands Health Centre

CENTRAL REGION

Norway House Zone

Cross Lake Nursing Station
Garden Hill Nursing Station
God's Lake Narrows Nursing Station
Norway House Clinic
Oxford House Nursing Station
St. Theresa Point Nursing Station

The Pas Area

Lynn Lake Nursing Station
Nelson House Nursing Station
Split Lake Nursing Station

Sioux Lookout Zone

Big Trout Lake Nursing Station
Lansdowne House Nursing Station
Nakina Health Centre
Pikangikum Nursing Station
Sandy Lake Nursing Station

Southern Manitoba Area

Berens River Health Centre
Little Grand Rapids Nursing Station
Little Saskatchewan Nursing Station
Sandy Bar Nursing Station

SASKATCHEWAN REGION

Saskatchewan South Area

Broadview Health Centre
Fort Qu'Appelle Clinic
Kamsack Health Centre
Punnichy Health Centre
Wadena Health Centre
White Bear Lake Health Centre

North Battleford Zone

North Battleford Clinic
North Battleford Health Centre
Meadow Lake Health Centre

Saskatchewan North Area

Fort a la Corne Health Centre
Lac La Ronge Health Centre
Pelican Narrows Health Centre
Shellbrook Health Centre

ALBERTA REGION

North Alberta Area

Fort Chipewyan Nursing Station
Good Fish Lake Nursing Station
Hay Lake Nursing Station

Southern Alberta Area

Stony Health Centre

PACIFIC REGION

Coqualeetza Zone

Alexis Creek Clinic
Mount Currie Health Centre

Miller Bay Zone

Massett Health Centre
Port Simpson Health Centre

Nanaimo Zone

Alert Bay Health Centre
Bella Bella Health Centre
Tofino Health Centre

NORTHERN REGION

Baffin Zone

Cape Dorset Nursing Station
Foxe Nursing Station

Keewatin Area

Baker Lake Nursing Station
Churchill Health Centre
Coral Harbour Nursing Station
Eskimo Point Nursing Station
Rankin Inlet Nursing Station

Inuvik Zone

Aklavik Nursing Station
Fort Good Hope Nursing Station
Fort MacPherson Nursing Station
Fort Norman Nursing Station
Tuktoyaktuk Nursing Station

Mackenzie Area

Cambridge Bay Nursing Station
Coppermine Nursing Station
Fort Liard Nursing Station
Fort Resolution Health Centre
Spence Bay Nursing Station
Yellowknife Health Centre

Yukon Zone

Dawson City Health Centre
Haines Junction Health Centre
Old Crow Nursing Station
Watson Lake Health Centre

APPENDIX "D"

MEDICAL SERVICES WORK LOAD 1965

Quarantine Service

Vessel inspections

Vehicle	*Major ports*	*Minor ports*	*Total*
Ships	6,825	766	7,591
Aircraft	10,070	..	10,070
Totals	16,895	766	17,661

Personnel inspection

Place	*Crew*	*Passengers*	*Stowaways*	*Others*	*Total*
Major ports	294,505	120,406	16	137	415,064
Minor ports	25,784	137	3	..	25,924
Airports	94,684	754,184	..	..	848,868
Totals	414,973	874,727	19	137	1,289,856

Protective procedures

Procedure	*Smallpox*	*Yellow Fever*	*Total*
Vaccinations	12,081	10,795	22,876
Surveillance orders	4,151	....	4,151
Total work	16,232	10,795	27,027

Rodent control

Procedure	*Number of vessels*	*Rats recovered*
Fumigation	4	203
Inspection & exemption	540	
Inspection & remand	120	
Inspection certificate accepted	869	
Total	1,533	

Sick Mariners Service

Type of Attention	*Number of Patients*	*Number of Visits*
Departmental physician	16,985	20,941
Part-time physician	2,240	3,634
Fee-for service physician	26,377	57,493
Total	45,602	82,068

IMMIGRATION MEDICAL SERVICE

Work done	*In Canada*	*Overseas*	*Total*
Immigrants examined	26,895	178,782	205,677
Immigrants pre-screened	31,163	....	31,163
Total processed	58,058	178,782	236,840

CIVIL SERVICE HEALTH

Type of visit	*Ottawa Centres*	*Regional Centres*	*Total*
First visit	137,372	39,564	176,936
Repeat visit	54,498	13,277	67,775
Total visits	191,870	52,841	244,711

CIVIL AVIATION MEDICINE

Type of Service	*Number*
Pilot Medical examinations	26,121
Electrocardiogram review	3,693
Board reviews (appeals)	104

431 pilots were downgraded for medical reasons.

INDIAN HEALTH SERVICES

Indian population in the provinces in 1965 (Estimate)	210,000
Eskimos (in Quebec mainly) (Estimate)	3,000

NORTHERN HEALTH SERVICE

Population covered	*Yukon*	*N.W.T.*	*Total*
Indian	2,300	5,500	7,800
Eskimo	....	10,000	10,000
Other	12,600	8,000	20,600
Totals	14,900	23,500	38,400

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

This edition contains the English deliberations and/or a translation into English of the French.

Copies and complete sets are available to the public by subscription to the Queen's Printer. Cost varies according to Committees.

LÉON-J. RAYMOND,

The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 15

THURSDAY, JUNE 16, 1966
TUESDAY, JUNE 21, 1966

Respecting

Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. R. A. Chapman, Director; Mr. R. C. Hammond, Chief of Division of Narcotic Control, and Dr. A. C. Hardman, director, Bureau of Scientific Advisory Services, all of the Food and Drug Directorate; Dr. E. A. Watkinson, Director General; Dr. E. H. Lossing, Principal Medical Officer, both of the Health Services Directorate.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24145—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mr. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 10)

Gabrielle Savard,
Clerk of the Committee.

Note: Proceedings Nos. 1 to 11 dealt with such matters as family planning. Other issues respecting these subjects will appear at a later date.

ORDER OF REFERENCE

MONDAY, June 20, 1966.

Ordered,—That the quorum of the Standing Committee on Health and Welfare be reduced from 13 to 10 Members.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House.

24145—1½

REPORT TO THE HOUSE

THURSDAY, June 16, 1966.

The Standing Committee on Health and Welfare has the honour to present its

FIRST REPORT

Your Committee recommends that its quorum be reduced from 13 to 10 members.

Respectfully submitted,

HARRY C. HARLEY,
Chairman.

(Concurred in June 20, 1966)

MINUTES OF PROCEEDINGS

THURSDAY, June 16, 1966.
(16)

The Standing Committee on Health and Welfare met this day at 10.00 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. Rideout and Messrs. Brand, Brown, Chatterton, Cowan, Enns, Harley, Isabelle, Knowles, O'Keefe, Orange, Pascoe, Rynard, Stanbury (14).

In attendance: From the Food and Drug Directorate, Department of National Health and Welfare: Dr. R. A. Chapman, Director; Dr. A. C. Hardman, Director, Bureau of Scientific Advisory Services; and Mr. R. C. Hammond, Chief of Division of Narcotic Control.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

On motion of Mr. Rynard, seconded by Mr. Brand,

Resolved unanimously,—That the Committee seek permission to reduce its quorum from 13 to 10 members.

Votes Nos. 30 and 35—Food & Drug Services—were called.

Dr. Chapman, Dr. Hardman and Mr. Hammond supplied information to the Members.

Votes 30 and 35 were allowed to stand.

At 11.05 a.m., the Committee adjourned to 9.30 a.m. Tuesday, June 21, 1966.

TUESDAY, June 21, 1966.
(17)

The Standing Committee on Health and Welfare met this day at 9.50 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. Rideout, and Messrs. Brand, Brown, Cowan, Forrestall, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, Matte, O'Keefe, Rochon, Stanbury (13).

In attendance: From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. R. A. Chapman, Director; Mr. R. C. Hammond, Chief of Division of Narcotic Control, and Dr. A. C. Hardman, Director, Bureau of Scientific Advisory Services, all of the Food and Drug Directorate; Dr. E. A. Watkinson, Director-General; Dr. E. H. Lossing, Principal Medical Officer, both of the Health Services Directorate.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote 30—Food and Drug Services—Administration, Operation and Maintenance, $5,782,000 was called.

Dr. Chapman tabled a memorandum prepared by Mr. R. C. Hammond, Chief of Division of Narcotic Control, in answer to a question asked by Dr. Brand, M.P. at a previous meeting, about the status of a synthetic narcotic which the Ciba Company of Canada made available early in the 50's to certain physicians for evaluation.

Agreed that the above memorandum be printed as an appendix to this day's Minutes of Proceedings. (*See Appendix*)

Dr. Chapman was questioned.

Vote No. 30 was carried.

Vote 35—Construction or Acquisition of Equipment—$370,000, was called.

Dr. Chapman, Mr. Hammond and Dr. Hardman supplied information to the Members.

Vote No. 35 was carried.

The Chairman thanked Dr. Chapman and the officials of the Directors for their assistance.

Vote 5—Health Services—Administration, Operation and Maintenance; etc., $9,309,200 was called.

Dr. Crawford made a short statement.

Dr. Watkinson gave further explanations on the organization, responsibilities and activities of the Health Services Branch.

A paper outlining details of Votes No. 5, 10, 15 and Statutory Item was distributed to the Members. Dr. Watkinson was questioned; Dr. Crawford and Dr. Lossing also supplied information.

The questioning still continuing, Vote No. 5 was allowed to stand.

At 1.00 p.m. the Committee adjourned to 1.00 p.m. Thursday, June 23rd.

Gabrielle Savard,
Clerk of the Committee.

APPENDIX

MEMORANDUM

June 20, 1966.

Re: COMMITTEE ON HEALTH AND WELFARE,
NATIONAL HEALTH & WELFARE ESTIMATES

On Thursday, June 16th during a meeting of the Committee considering the Estimates of the Department of National Health & Welfare, Dr. L. M. Brand, M.P., Saskatoon, enquired as to the status of a synthetic Narcotic which the Ciba Company of Canada made available early in the 50's to certain physicians for evalaution. Only limited distribution occurred.

Complete details were not available at the time but it was suggested by Dr. H. Harley, the Chairman, of the Committee that the information could be obtained and supplied at a later date to Dr. Brand.

The Drug was Keto-Bemidone. The specialty name Ciba proposed to use for this specialty was Cliradon. The material was supplied, however, to some physicians in an evaluation program merely under the identification of No. 7115.

In January 1950, Ciba communicated with the Division of Narcotic Control stating the Company was interested in marketing in Canada a new synthetic analgesic which "might possibly" be classified internationally as a Narcotic. The Drug was not identified at the time. Likewise, Ciba was not licenced under Narcotic Regulations at the time to deal in Narcotics.

Subsequently, an interview with a company official took place when he was in Ottawa. It was established the Drug was Keto-Bemidone. At the time, it was not covered by Canadian Narcotic legislation. Consequently, a limited amount of the medication had arrived in Canada from Switzerland without the Division being aware of the situation. The material was in three forms of medication—Oral Tablets 5 mg., Ampoules 7.5 mg., and Suppositories 10 mg.

Prior to the Company indicating an interest in the unidentified analgesic, information had reached the Department concerning Keto-Bemidone. It was described as a synthetic analgesic with marked and potential addiction properties and would no doubt eventually come under international Narcotic Control. It had been under clinical trial at Lexington, Kentucky at the Public Health Service Hospital devoted exclusively to the treatment of Narcotic addicts.

Having established that Keto-Bemidone was the Drug which Ciba proposed to market, the Company was informed that steps would be taken immediately to bring it under Narcotic control in Canada. In this way, it would be known as a Narcotic from the moment it was introduced to the market.

It was also indicated to the Company that in view of the information available at the time as to the addiction properties of the Drug that it might not be advisable to make definite plans for marketing the item until more was known as to its hazards from an addiction standpoint.

The Company agreed to postpone taking immediate action and await the results of the evaluation program. Our information is that Dr. Digby Leigh, Department of Anesthesiology, Vancouver General Hospital, was one of the more active physicians in the Clinical assessment of the Drug.

In a short time a Report was received from the W.H.O. embodying information submitted by Dr. N. B. Eddy who was at the time and still is, a member of the W.H.O. Expert Committee on Dependency Producing Drugs. It read in part as follows:

> "In single dose, this substance produces intense euphoria in former morphine addicts. It readily suppresses abstinence phenomena of an established morphine addiction. The behaviour of men experimentally addicted to Keto-Bemidone is very similar to the behaviour of men addicted to morphine. Tolerance developed to sedative action, the effect on the electroencephalogram, the emetic effect and the effect on the thermal radiation pain threshold. Following abrupt withdrawal of Keto-Bemidone after administration for 42 to 60 days, an abstinence syndrome developed very rapidly (in less than 10 hours) which was so intense as to be regarded as potentially dangerous to life, and which declined rapidly.
>
> The evidence is unequivoal that Keto-Bemidone produces a type of addiction which is very similar to addiction to the drugs of the morphine series and which is so great that the drug should not be used in clinical medicine unless it can be shown to possess great advantage over the potent analgesics already available.
>
> This evidence has been presented to the commission of Narcotics of the United States of America and to the manufacturers who hold the patent on Keto-Bemidone. The latter have as a result voluntarily suspended production of Keto-Bemidone and plans for its marketing."

After the above information was released, Ciba of Canada agreed to drop plans for marketing the Drug in this country. It had been introduced to the market previously, however, in a limited number of European countries.

The balance of the material originally imported to Canada when the Drug did not come under Narcotic control was returned by the Canadian company to its parent organization in Switzerland.

In the March 1950 Report of the W.H.O. Expert Committee on addicting Drugs, the following appeared:

> "The committee wished to draw attention again to the statement made during its first session by Dr. Eddy concerning 4-(meta-Hydroxyphenyl)-1-methyl-4-propionylpiperidine ("Keto-Bemidone"). The details of the work referred to in that statement have since been published in full. The committee wished to emphasize its opinion that Keto-Bemidone is particularly dangerous from the standpoint of addiction liability. Therefore,
>
> The Expert Committee on Drugs Liable to Produce Addiction RECOMMENDS that this opinion be notified again to the Secretary-General of the United Nations."

At the Plenipotentiary Conference held in New York 1961, for the purpose of drafting and adopting a single convention for the international control of Narcotics, Keto-Bemidone was included in Schedule 4 of the convention. Special measures of control by the convention were recommended for Drugs appearing in this Schedule which, incidentally, also includes Heroin.

R. C. Hammond,
Chief of Division of Narcotic Control.

EVIDENCE

(Recorded by Electronic Apparatus)

THURSDAY, June 16, 1966.

● (10.00 a.m.)

The CHAIRMAN: Lady and gentlemen, I think we should start this meeting this morning in continuation of the study of the estimates. We have back before us this morning, in consideration of vote 30 and vote 35, Dr. Chapman and the officials of his department. Dr. Chapman had made a statement and we had begun questioning. We will continue from where we left off, I think. We will start with Mr. O'Keefe.

Mr. O'KEEFE: Dr. Chapman just one question. Has your department any continuing contact with allergists, that is, doctors who specialize in this field? And what has been the result, so far, of these consultations?

Dr. R. A. CHAPMAN (*Director, Food and Drug Directorate, Department of National Health and Welfare*): Yes sir, we have. As a matter of fact, I have a letter from Dr. John H. Toogood of London, Ontario, an allergist and an expert in this field. It is quite clear that those physicians dealing with paediatric allergic patients find it a problem. Then he goes on to say he has been in contact with other specialists, in an attempt to recommend to us the most effective method of dealing with this problem. He says:

> Most of my correspondents have made mention of the great practical difficulties in the way of setting up a really effective system of food labelling with regard to allergenic content.

He goes on to say:

> I am going to request the executive of the Canadian Academy of Allergy to reconstitute our committee on food labelling practices of several years ago and would hope that perhaps some consensus can be arrived at through the deliberations of this committee.

Now, I might say that we have also been in contact with the allergy information group with regard to the ingredients of foods that most frequently cause allergic reactions. We have such a list and we have also been co-operating with some of the companies that produce bakery products and one of them, Christie Brown and Company, have actually prepared a list of foods and they indicate the foods for example, that contain no milk, eggs or wheat flour. They have sent this list to Allergy Information and they are distributing it. This certainly is one approach which will indicate to people who suffer from such allergies the foods they can take with impunity.

Mr. O'KEEFE: Are those available to people at the moment?

Mr. CHAPMAN: Yes indeed they are.

Mr. O'KEEFE: Thank you, doctor.

The CHAIRMAN: Are there any other questions for Dr. Chapman?

Mrs. RIDEOUT: Do you find the association which your department has with the allergy information people is one that is compatible? They do recognize that the department is certainly concerned and anxious to co-operate and be of assistance to them?

Mr. CHAPMAN: We have certainly indicated this to them.

Mr. STANBURY: It would not seem so, from some of their correspondence in which they accuse you of callous indifference and neglect.

Mr. CHAPMAN: Quite right, this is the reason I phrased my answer in that way.

Mr. STANBURY: This is not a very constructive contribution to the problem. I wonder whether you find their contribution constructive?

Mr. CHAPMAN: Well, I think they are trying very hard to deal with a very difficult problem.

Mr. STANBURY: Your efforts in this field did not date from their exerting pressure on you, I presume?

Mr. CHAPMAN: No. We have been working on this problem for a number of years now.

The CHAIRMAN: Ladies and gentlemen there is a quorum present. I think, under the circumstances, the Chairman would entertain a motion to take to the House to reduce its quorum to 10 members, if anyone would like to make such a motion?

Mr. RYNARD moved, seconded by Mr. Brand:

That the quorum be reduced to 10 members.

Mr. BRAND: I second the motion.

Motion agreed to.

The CHAIRMAN: The questioning will continue.

Mr. KNOWLES: I wonder if Dr. Chapman could give us an up to date report on cheese factories in Canda. I ask this question on the basis of full information that your division gave us some years ago which indicated you were doing your best to make sure that cheese factories measure up to your standards. Has progress been made, are you satisfied now?

Mr. CHAPMAN: Certainly, very definite progress has been made in improving the sanitation in cheese factories. I think, in all these areas, there is always room for improvement in certain plants but the situation has improved remarkably over the past few years and certainly since the report to which you refer was made.

Mr. BRAND: I hesitate to bring this up, Mr. Chapman, but I have received so many phone calls about this. I understand you received an interim report on the ACH business of the Drs. Mirkovich. I wonder if at this juncture you have anything you could tell the committee about?

The CHAIRMAN: Before Dr. Chapman answers, I believe there is a little bit of a problem here. First of all the report is a confidential one and has been made to the minister and I understand the minister will be making a report on this to the House; perhaps a statement even today or within the next few days. I do not think we could ask Dr. Chapman to disclose that part of the information that the minister has not as yet made public and which he intends to in the House. However, I am sure, Mr. Chapman, if there is anything up to that point that you can say, it would be appreciated.

Mr. CHAPMAN: The only thing I can say, Mr. Chairman, is that we have been in contact with Dr. V. A. Mirkovich and Dr. V. V. Mirkovich. We have indicated to them the requirements under the act and regulations and that we are prepared to do anything we possibly can to make this drug available as soon as we have information which can be evaluated.

Mr. KNOWLES: Is the reluctance of the doctors to give information about the composition of this hormone still a problem?

Mr. CHAPMAN: Yes sir, very definitely so.

Mr. KNOWLES: Is this the only barrier?

Mr. CHAPMAN: It is difficult to say, Mr. Knowles, until we have some information from them. At the moment they have not submitted any information, they have not given us any information about the composition of the material nor have they given us any information regarding the hazards which might be involved in its administration.

Mr. STANBURY: Have they given you some of the material for analysis?

Mr. CHAPMAN: No sir, they have not.

Mr. KNOWLES: Does this come entirely within your division, Mr. Chapman?

Mr. CHAPMAN: Yes. This certainly is a drug which has not been used for a sufficient time and in sufficient quantity to indicate its safety in Canada. Therefore, it would be a new drug.

Mr. RYNARD: I would like to ask Dr. Chapman if Dr. Cannell has made his report to the Ontario Cancer Foundation. Also, there is a report going around that this material should be used on laboratory animals before subjecting people to it. It was a little disturbing to read that there is now a further group which feels we have probably been carrying out too much research on animals before treating human beings. I am sure this creates a real complexity of ideas and a very difficult situation. I am wondering, however, if Dr. Cannell has made that report and if Dr. Chapman knows whether he has or not?

Mr. CHAPMAN: The report I have received was from Dr. Cannell to which was attached a report from the second consultant who accompanied Dr. Cannell to Mexico to interview the patients.

Mr. RYNARD: You would not like to go any further than that at the present time?

Mr. CHAPMAN: I would prefer not to, sir.

Mr. KNOWLES: Mr. Chairman, this is the kind of academic question a layman can ask. Is it a fact that medical doctors can experiment on patients

with drugs of their own manufacture? I say it academically but obviously I ask it in the light of things which the Drs. Mirkovich have said, that if they were medical doctors they could have experimented on persons in Canada. I am really not asking this in relation to them; I am asking about the general situation in Canada.

Mr. CHAPMAN: The question relates to the actual regulations pertaining to new drugs. The violation is for a person to distribute a new drug. The Food and Drugs Act does not relate to the practice of medicine. Now I am not a physician and therefor I cannot speak for the medical profession, but the Food and Drugs Act, as such, relates to the distribution of a drug by a manufacturer.

Mr. KNOWLES: I have three medical men sitting near me who if they think they have a hormone to keep me from asking awkward questions, they can give it to me.

The CHAIRMAN: From the testimony which has been given, I think the answer is yes, provided we did not sell it to you or distribute it for use by anyone else.

Mr. KNOWLES: I put it in ludicrous terms, but that is a fact.

Mr. CHAPMAN: A doctor who had a drug in his possession may then administer it to a patient. This is as far as the Food and Drugs Act and regulations are concerned. Now there may be other considerations, very definitely.

Mr. KNOWLES: Perhaps one of the doctors could tell us.

Mr. RYNARD: Well Mr. Chairman, I think the doctors here will all agree with me that no doctor is going to use a drug from which there may be bad effects because he is answerable for it. If a patient dies he is answerable for it. There would be a coroner's inquest and he would certainly be in trouble.

Mr. KNOWLES: Are there or have there been cases where doctors have experimented with drugs they felt might help a patient?

The CHAIRMAN: I think under the testimony of the safety of drugs we have discussed a drug named Leifcort, with which I am sure Mr. Chapman is well familiar, and that was administered by a private physician.

Mr. CHAPMAN: Yes, this is one case.

Mr. O'KEEFE: Would you care to comment on a newspaper or radio report that this drug mentioned a little while ago actually cured a little girl of a particular kind of cancer?

Mr. CHAPMAN: No sir, I would not wish to comment on that. This, as you can understand, is a portion of the confidential report which is now in the hands of the minister.

Mr. O'KEEFE: Well, it cannot be a new combination, in view of the fact that there were newspaper reports on some of them.

Mr. CHAPMAN: I do not think the report which was submitted by Dr. Cannell to my office and which has been passed to the minister's office has been released.

Mr. O'KEEFE: Well, I did hear on the radio or saw in a newspaper that a little girl had been cured of a specific type of cancer.

Mr. CHAPMAN: This, I think, originated from the physician in Mexico, Dr. A. G. Andrade, who treated the patient.

Mr. BRAND: If I might change the subject Mr. Chairman. I asked, I believe, if you had available a list of poisonings in various drugs.

Mr. KNOWLES: You are going to make up something for me, are you?

Mr. BRAND: Although my original intention had not been to try anything on Mr. Knowles; subsequent events may change my mind. We will have to see. Although I am cognizant of the excellent work done in the setting up and the assistance given to poison control centres throughout Canada, and for which I congratulate the department, nevertheless there seems to be a very large gap in these centres, due to inadequacy of labelling or other reasons, in finding out the constituents of a lot of the agents which cause poisoning, particularly in children. We still find ourselves, in poison control centres everywhere, in the very awkward position, sometimes at three o'clock in the morning, of having to phone companies, such as the Johnson's Wax, at their head office to find out exactly what is in one of their products because this information is not available in the data supplied by the department. I wonder if any measures have been taken to try and overcome this rather serious matter. As you know, some of these poisons are extremely toxic and time is a very important factor. Has any thought been given—and I am not referring to the allergy problem, I am referring to straight poisoning—to having more of these toxic products labelled a little more specifically than they have been in the past?

In the United States, as you know, there is a law which covers this, in order to try and prevent this sort of thing. I do not believe we have such an act, not to my knowledge, anyway. Has any thought been given to this by the department?

Mr. CHAPMAN: Yes sir, thought has been given to both aspects. The Canadian Drug Advisory Committee, which advises the department on matters relating to drugs, has discussed this problem and of how we might handle it in order that the information necessary to the poison control centres might be distributed to them more effectively. Also, whether or not it would be desirable to have one central office where the information would be available 24 hours a day. Now staff is a real problem and to date no action has been taken. However, we have been considering the best and most effective methods of getting the information to the poison control centres.

Now, with regard to the legislation, there is a Hazardous Substance Labelling Act in the United States which does control the labelling of what they refer to as hazardous substances. They are largely substances which are used in the household, although the legislation does go much beyond that and covers ammunition and things of this sort as well. Consideration is also being given to this subject. As a matter of fact, we have a consultant working on this at the present time. He is to advise us what would be the most effective type of legislation to have; whether or not the legislation adopted in the United States has actually reduced the incidence of poisonings and the staff which would be

required to enforce any such legislation which we might decide was desirable. However, that is still in the study stage.

Mr. BRAND: Are you studying any of the present labels on some of the poisonous substances which, to my mind, are quite inadequate? I can give you a specific example, if you like; Malathion which, I believe, is labelled as a potentially dangerous subject and which is, in fact, an extremely lethal substance.

Mr. CHAPMAN: This is pesticide of course. This would be one group of the substances which would be considered and are being considered in this study. These, at the present time, are controlled under the Pest Control Products Act which does provide certain authority over the labels.

I think the general consensus is that it would be desirable to have some sort of over-all legislation that would put these various substances into their proper positions so that we would not have substances which are not nearly as hazardous as some other substances, labelled to indicate that they were very toxic. Therefore, this is one of the reasons for this over-all study and the person who is carrying it out is Dr. C. A. Morrell, former director of the Food and Drug Directorate.

Mr. BRAND: I am very pleased to hear this. I hope he will also consider the methods of labelling. In the last case of parathion I saw, the label on the bottle was so obscured by being wet that it was impossible to read it. The diagnosis had to be made by looking at the patient himself and presuming this is what the poison was. There is no question that some of these labels are inadequate. When they get a little wet from sitting out on the back porch somewhere, the label falls off and you do not know what you are dealing with.

There should, I would think, be some method of labelling these in such a manner, either on the can or on the bottle itself, that would be quite obvious to everyone. There used to be the old method of the skull and crossbones. It seems to have disappeared.

Mr. CHAPMAN: The study which is being carried out is to study possible legislation to control the labelling of hazardous substances, including the effectiveness of such legislation in decreasing the incidence of accidental poisoning. We want to make certain, before we allocate a significant proportion of our staff to such a project, that this is really the most effective way of approaching the problem, the type of legislation which might be employed, the products which should be covered under such legislation and the staff and facilities required to enforce any legislation recommended.

Mr. BRAND: Do you have the mortality figures on accidental poisoning?

Mr. CHAPMAN: Yes, I do.

Mr. BRAND: I would like the mortality and morbidity figures if you have them there. The over-all figures only.

Mr. CHAPMAN: The last year for which we have complete figures is 1963. I realize that this is at least two years out of date but these figures do not seem to vary significantly, except possibly in total number from year to year. In 1963 there were 21,010 poisonings reported from poison control centres in Canada. Now, this does not represent the total. These are from poison control centres

and we know there are many hospitals which do not have poison control centres and therefore do not report to us. Based on the number of deaths, we are probably only getting somewhere between 20 and 25 per cent of the total poisonings.

Mr. BRAND: Are those the deaths or is that the morbidity?

Mr. CHAPMAN: The number of deaths were eight children under five. Dr. Hardman do you have the total number of deaths? I could count them up.

Dr. A. C. HARDMAN: No, I do not have that.

Mr. CHAPMAN: I reach a total of 54 deaths.

Mr. BRAND: It represents about 1½ per cent. Are these only the ones reported or does that include all those reported to the various divisions of vital statistics in each province where the death certificate recorded death due to poisoning?

Mr. CHAPMAN: No, these are from poison control centres. So, this might only represent—

Mr. BRAND: You do not have the figures from DBS?

Mr. CHAPMAN: No, I do not.

Mr. ISABELLE: Do you include, in that total you just mentioned, persons who took an overdose of tranquilizers?

Mr. CHAPMAN: Do you mean the 21,010?

Mr. ISABELLE: Yes.

Mr. CHAPMAN: That is correct.

Mr. ISABELLE: Do you have any percentage?

Mr. CHAPMAN: I have some figures which might give some indication of the situation. For example, the largest single group are non-narcotic analgesics and anti-pyretics. These are largely headache tablets. Most of them contain acetyl-salicylic acid. There were 5,525 poisonings from this group of drugs. Of those 4,528 were under four years of age and 146 between ages five and nine.

Mr. ISABELLE: Have you any percentage for those who took overdoses of tranquilizers?

Mr. CHAPMAN: No.

Mr. ISABELLE: But they are included in the total of 21,010?

Mr. CHAPMAN: They certainly are included in the total, that is quite correct.

Mr. BRAND: You do not have anything as they have in the United Kingdom where the commonest cause of poisoning deaths of children was due to ferrous sulphate, the common ordinary iron tablet?

• (10.30 a.m.)

Mr. CHAPMAN: No, we do not. We have checked back to see the number of poisonings from actual iron tablets. There were, in this group, a total in the category including iron tablets, 151 of which 67 were unspecified. Out of the remaining 84, 5 were from iron compounds and there were no deaths reported.

Mr. BRAND: The difference is interesting and yet it is the commonest cause in Britain. Of course, iron as you know, may be bought in many and varied compounds in any drug store with no remarks on any of the bottles that this could be a toxic compound. This is the only reason I brought this up.

Mrs. RIDEOUT: I was wondering what the department has studied about the adverse reaction to a combination of drugs. For instance, in a patient who is prescribed perhaps two or three different kinds of drugs. Have you any problems with reactions?

Mr. CHAPMAN: There certainly appears to be a problem here. There has been, in recent years, both a rapid increase in the number of new drugs and in the public demand for drug treatment. This has resulted in an increase in the number of drugs used singly and in combination and evidence does indicate that there has been an increase in adverse reactions.

For this reason we have established a drug adverse reaction reporting program. The objectives of this reporting program is to monitor the drug usage and serious, unusual and chronic drug adverse reactions; to inform practitioners of the type and instances of such reactions and to advise the Food and Drug Directorate on the evaluation and review of drug labels because, if we get these adverse reactions reported to us, then we can insist that such products carry appropriate warnings such as contra-indications and precautions on the labels. We are also participating in a program organized by the World Health Organization to whom we will be reporting our results.

I might say that, in addition to this, we are working in collaboration, with the Committee on Drug Safety in the United Kingdom, a similar committee in Sweden, Australia and with the U.S. Food and Drug Administration. A meeting organized by the World Health Organization was held between June 6 and June 10 of this year in Washington, at which a representative of the Directorate was present. The main consideration at that time was the form in which the information should be submitted and general problems in evaluating the adverse reactions which are reported under this program.

Mr. BRAND: I wonder if you can explain something which has been puzzling me for some time. A good many months ago a drug under the trade name parstelin was removed from the market because of some adverse cardiovascular effects it had had when taken in combination with certain types of cheese, such as Camembert and so on. It was removed from the market and studied extensively by the department, after which the company was refused permission to market this drug again.

However, as you probably know, this drug was a combination of two drugs, one Parnate and the other Stelazine, both trade names. The department has allowed the drug Parnate to be put on the market again and the drug Stelazine to remain on the market. It seems a bit silly to me and I would like an explanation since all you have succeeded in doing is holding it off the market for some months and putting it back on and, in effect, you give the patient two pills instead of the one he had previously, but with the same effects. I do not quite understand the thinking of the department in allowing this sort of thing to go on. I would appreciate an explanation if you have one.

Mr. CHAPMAN: First of all, I would like to point out that when the two are in combination the physician who wishes to prescribe this particular drug, of

course, has no choice. The patient gets both of these drugs. If they are separate and the physician is fully informed on the possible adverse reactions he can then make a decision regarding whether or not he wishes the patient to receive these drugs. Now, I would however, Mr. Chairman, with your permission, ask Dr. Hardman, head of our Bureau of Scientific Advisory Services, to comment further on this particular point.

Dr. HARDMAN: Mr. Chairman, the situation arose before I was with the Directorate but I have reviewed the material. This reaction occurs with a group of drugs known as mono-amine oxidase inhibitors, a group of tranquilizing drugs which, in combination with agents in food or in other drugs, causes extremely high blood pressure and will produce strokes or other sequelae of such high blood pressure.

I believe the departmental attitude was that when this drug parstelin was in combination, it was difficult to predict the reaction of a group of patients. However, the drug Parnate, which is one of the mono-amine oxidase inhibitors, and there are others, was a useful drug. A committee of consultants, in conjunction with the pharmaceutical manufacturers drew up, an adequate warning which is included in the professional literature and brochures in the mono-amine oxidase inhibitors. Stelazine is a useful drug and I believe our attitude was that we were not justified in removing from the medical profession two drugs which, separately, had uses provided the profession had access to knowledge of the hazards and the contra-indications in the use of these drugs. From our drug adverse reaction program we have not recently had reports on sequelae from the use of these drugs.

Mr. BRAND: I think perhaps you misinterpreted my question. I well understand these problems and why the drug was removed. Let us take it strictly from the viewpoint of cost to the patient. Where the physician now desires, he may give both, aware of all the problems associated with them. Before parstelin was removed from the market, parnate and stelazine were also available at that time, as separate drugs. There were three, in other words, parstelin, parnate and stelazine. What has happened is that Parnate and Stelazine are back on the market but not the combination. This is what I do not understand. If you can give the two drugs together, and a physician who is aware of the problems may do so, why deny the patient the right of having a cheaper compound by giving him one drug at the discretion of the physician? This is what I do not understand.

Mr. HARDMAN: Subject to correction, I understand that this drug was withdrawn voluntarily by the company. In other words it was not a direct regulatory action on the part of the Directorate, which removed it from the market. This occurs many times. Therefore, sir, I would assume we would give consideration to a company that wished to market a combination but we have not received one during my stay with the Directorate.

Mr. BRAND: This is not my understanding, having talked to the company concerned.

Mr. HARDMAN: May I look further into the files on this and report at a subsequent date?

Mr. BRAND: Yes. It seemed a little strange to me, why this would happen. although I can well appreciate why the drug was removed.

I want to go back a few years, if I may. I have been waiting for a long time to ask somebody this question. The CIBA company about 1950—going back 15 years—brought out a compound which is as yet unnamed and was labelled compound no. 7115. This was a type of narcotic which could be taken orally, rectally or by injection without any effect on the respiration, the heart action or anything else and which produced more than satisfactory analgesia, much more satisfactory than any of the well known narcotics such as morphine, pethidine or any of these drugs.

As one of those who did the clinical work on this drug, and being extremely impressed with its efficacy at that time and the great need for such a compound, I was very concerned when, for no reason at all, the Food and Drug Directorate removed this and said it could not be sold and could not be manufactured by the CIBA company. I have often wondered why. The rumour I heard at that time was that it had something to do with the World Health Organization, at which time Dr. Brock Chisholm was the head of that group. Does anybody remember anything about this absolutely fabulous drug?

Mr. CHAPMAN: Might I ask Mr. Hammond if he knows anything about this product?

The CHAIRMAN: For those who do not know Mr. Hammond, he is head of the narcotics branch of the Food and Drug Directorate.

Mr. ENNS: Mr. Chairman I am quite interested in hearing the answer but I question its application to vote 35.

The CHAIRMAN: It does come under the Food and Drug Directorate.

Mr. BRAND: They were never selling it; this is the point.

Mr. R. C. HAMMOND: (*Chief, Division of Narcotic Control*): Mr. Chairman, I think from the reference the doctor has made to the number, and purely from memory, the drug involved was a synthetic narcotic known as keto-bemidone and it was brought into Canada in a small quantity for chemical evaluation. About that time, sir, the World Health Organization, in conjunction with the United Nations Narcotic Commission, which is an international body, ruled that keto-bemidone, because of its addiction properties potential, should not be made available. As a consequence, it was not imported into Canada.

Mr. BRAND: If I could ask you sir, did they have any evidence of its addiction properties?

Mr. HAMMOND: I can only answer that question by saying that evaluation was made of this drug in two countries in Europe and, from that information, I understand the World Health Organization reached their decision.

Mr. BRAND: Without regard to the obvious efficacy of this drug and with more regard to the addiction properties, is that right?

Mr. HAMMOND: That may be the case sir, I cannot comment on it.

The CHAIRMAN: I was going to suggest that, as a long time has gone by, perhaps you could look up your files on this and provide more information to Dr. Brand, perhaps privately, if he wishes to have it.

Mr. HAMMOND: I would be very glad to.

Mr. BRAND: I would appreciate this because as one of those who did the clinical evaluation I can state, quite unequivocally, that this drug is so superior to any other narcotic we have on the market today that, in my opinion, it was catastrophic to prevent its sale and distribution. Although, one of the understandings I had at that time was that it was an extremely easy compound for any bio-chemist to make, the inference being that if it was available people could, in their little backyard chemist shops, drum up great quantities of this and then use it for, as you say, addiction purposes. But I was not aware of this at that time and I would be interested in seeing your figures on this regarding whether or not this drug had been shown to have addictive properties because, frankly, I doubt this very much.

Mr. HAMMOND: I would be very pleased to supply that information, Mr. Chairman.

Mr. STANBURY: Mr. Chairman, I am interested in addiction also. I wonder if Dr. Chapman would like to comment, generally, on the present state of affairs in Canada with respect to drug addiction, whether or not this is a growing problem and, if so, in what areas and in what dimensions?

Mr. CHAPMAN: Geographical areas?

Mr. STANBURY: Not only geographical but in terms of young people or other groups within the community.

Mr. CHAPMAN: Again, Mr. Chairman, if I might, I would like to ask Mr. Hammond to comment on this. Mr. Hammond is responsible for keeping the records of all drug addicts in Canada and certainly he is in the best position to comment.

Mr. HAMMOND: Mr. Chairman, our statistics show that drug abuse in Canada is on the increase. But not narcotic addiction. In fact, narcotic addiction, addiction to the natural opiates and the new morphine-like synthetics is diminishing but there has been a rather sharp increase in the use and abuse of marijuana which is classified internationally as a narcotic. There is also a definite indication that there is an increase in the addiction to what we term control drugs: the hypnotics, the depressants, barbitutates and, in addition, the other side of the coin, the amphetamines, the stimulants. But youth, as such, other than with marijuana, is not involved.

Mr. STANBURY: This is reassuring. We do not seem to have the same problem as appears to be present in some parts of the United States, in the growing use by young people of drugs of one kind or another.

Mr. HAMMOND: Mr. Chairman, we are very fortunate in that regard. Definitely we are not faced with the same problem in Canada as exists in our neighbouring country.

Mr. O'KEEFE: How has the addiction increased geographically? In what parts of Canada is the addiction worse?

Mr. HAMMOND: Mr. Chairman, I would say that the increased addiction to the control drugs, the barbiturates and the amphetamines, is rather general

right across Canada. In so far as marijuana is concerned, it is centred solely in two if not three large cities: Vancouver, Toronto and Montreal.

Mr. ENNS: Would part of the reason for your very reassuring answer be that there are better and more workable controls of the whole drug industry or the application of the distribution of drugs? You said that in the country to the south of us, the U.S.A., there is seemingly a greater abuse of the drug. Do we have a better system of controls? This is my simple question.

Mr. HAMMOND: We think yes, very definitely. We believe there is no doubt about this. Plus the fact that we receive a great deal of spendid co-operation from those entrusted with drugs in Canada. I cannot speak too highly of the co-operation which we receive from the medical profession, pharmacists and the pharmaceutical manufacturers licenced to deal in these drugs.

Mr. STANBURY: This seems particularly a great problem among youth. Do you find that the increase in addiction is greater among women than men?

Mr. HAMMOND: This is correct in so far as control drugs are concerned.

Mr. STANBURY: Could you give us any idea of the dimensions of this problem now and how it has increased?

Mr. HAMMOND: Not in numbers. It is very difficult to count noses, so to speak, in this field. When is an addict an addict and when not? That is, in respect to control drugs, the barbiturates and amphetamines. We do have statistics on narcotics addiction.

Mr. STANBURY: Is there any distinction between the sexes in terms of narcotics records?

Mr. HAMMOND: Conversely to the statement I made in relation to the control drugs our statistics, in so far as narcotics are concerned, indicate there are approximately twice as many men as women involved with narcotics.

Mr. STANBURY: It might be the reverse for the others so this would be, perhaps, a logical figure. Would you care to comment on whether or not our criminal laws relating to drugs are in keeping with the kind of progress in this field that you would like to see? Do our criminal laws assist you in controlling this problem and improving the situation or do you have any suggestion on how our criminal laws might be changed to improve your opportunities to cut dwn drug addiction?

Mr. HAMMOND: Mr. Chairman, in answer to this question, there are two types of legislation involved. One is the Narcotic Control Act and the other is Part III of the Food and Drugs Act. There are penalties for offences committed under both types of legislation. Definitely, in the development of addiction in so far as narcotics are concerned, availability of the drug is a definite factor and because there is good legislation relating to the illegal possession of narcotics, we definitely feel the legislation has been a great asset in controlling the situation in Canada.

Mr. STANBURY: You have no suggestions to make regarding changes in this legislation?

Mr. HAMMOND: Not particularly, no.

Mr. BROWN: Mr. Chairman, while the witness is still in front of us, I would like to say that on a couple of occasions recently I read in newspapers and heard of the air discussions about marijuana to the effect that users of it did not become addicted; that it was not an addiction. Now I definitely understood that the use of marijuana becomes an addiction, is that right?

Mr. HAMMOND: There is a great deal of misunderstanding with respect to marijuana. Marijuana does not create physical dependence as do the natural opiates, that is, morphine, heroin and the synthetic narcotics such as pipadine and demerol but it does create psychological dependence of a very definite type and extent. Because of this and because of the problems that marijuana has created throughout the world in other countries, the United Nations Narcotic Commission has seen fit to unanimously support the inclusion of marijuana as a narcotic.

Mr. BROWN: Thank you very much, Mr. Hammond. Mr. Chairman, I had another question I wanted to ask a while ago during the discussion on the number of poisonings taking place in Canada. I think, Dr. Chapman, you mentioned a figure of 21,000. Were those from the use of drugs or altogether?

Mr. CHAPMAN: All types of poisoning.

Mr. BROWN: Over what period of time would that occur?

Mr. CHAPMAN: Over one year.

Mr. BROWN: Over one year?

Mr. CHAPMAN: Yes.

Mr. BROWN: That is, 21,000 cases.

Mr. ENNS: These are not deaths though?

Mr. CHAPMAN: No, 21,000 cases of poisonings which were admitted to hospitals and reported to us by the poison control centres in those hospitals.

The CHAIRMAN: Could you mention the number of deaths?

I was suggesting to Dr. Chapman to put everything in context. Out of those 21,000 there were 54 deaths. Are there any other questions for Mr. Hammond while he is here?

Mr. KNOWLES: Are you in a position to say whether addiction to control drugs and barbiturates is becoming a serious problem in Canada?

Mr. HAMMOND: No sir, I would not say it is a serious problem but it is a problem which needs to be considered objectively. I definitely believe it is on the increase and addiction to any extent, sir, cannot be treated lightly.

Mr. KNOWLES: Is the addiction more psychological than physiological?

Mr. HAMMOND: Not in respect to the barbiturates, particularly if they are short acting. Definitely, physical dependence develops causing the host, the individual, to become a liability to society.

Mr. KNOWLES: Your directorate is doing something about this, I suppose. Have you stepped up your control practices?

Mr. HAMMOND: Yes, sir, we have, to the extent of our staff. Controls in themselves, though, will not solve all the problems. I believe an educational

program as well, needs to play an important part in any type of addiction such as in alcoholism.

Mr. CHAPMAN: Mr. Chairman, just for Mr. Knowles' information, I might say we are planning a session on this problem with the Canadian Drug Advisory Committee which is meeting in September, in order to explore with that committee—and this is the committee which advises the department on problems relating to drugs—all aspects of this problem.

Mr. KNOWLES: Are medical men on that committee?

Mr. CHAPMAN: Yes. The Royal College of Physicians and Surgeons and the Canadian Medical Association are both represented.

Mrs. RIDEOUT: I just wanted to ask about LSD. I understand the department is taking steps in this regard?

Mr. HAMMOND: I am sorry, but this is out of my jurisdiction.

The CHAIRMAN: This is not a controlled drug.

Mr. HAMMOND: That is right.

The CHAIRMAN: LSD is on the prohibited list, schedule H.

Mr. COWAN: In answer to Mr. Stanbury you said there was an increase in drug addiction in the country at the present time?

Mr. HAMMOND: Over-all drug addiction, yes.

Mr. COWAN: I was surprised when you said that because under Vote 30 on page 306 where are shown legal fees, court costs and other services, you estimate for this year $100,000, and last year $125,000. Are lawyers lowering their fees? I have heard no report to that effect? Or do you not intend to prosecute in the future as you have in the past, particularly if drug addiction is increasing?

Mr. HAMMOND: Mr. Chairman, with regard to drug addiction, this legal vote is just half the picture. All the individuals who become addicted are not necessarily prosecuted. In Canada it is not an offence to be an addict.

• (11.00 a.m.)

Mr. COWAN: Well I am thinking of distributors. I know who you prosecute. I wondered why the decrease in the estimates?

Mr. HAMMOND: Well, another aspect of this is that the Department of Justice is now providing legal services in some cities.

The CHAIRMAN: They are supplying employees of the Justice Department.

Mr. CHAPMAN: I think this is probably the most important factor. They now have lawyers stationed in Montreal and Toronto.

Mr. COWAN: Is that charged up to you or charged up to the Department of Justice?

Mr. CHAPMAN: The Department of Justice.

Mr. COWAN: Will there be an increase in their estimates for legal fees, court costs and other services because of this increase in drug addiction to which you referred?

Mr. CHAPMAN: Well sir, the prosecution is now handled by lawyers on staff of the Department of Justice rather than by solicitors who are appointed.

Mr. COWAN: Is this the time to ask Dr. Chapman, about that drug Thalidomide which everybody took a spinner against because of some malformed children? Is there any research being done in Canada in trying to control cancer, because it is an established fact that Thalidomide stops cellular growth?

Mr. CHAPMAN: There is research being done, Mr. Cowan, I cannot give you the details of that research.

Mr. COWAN: In Canada?

Mr. CHAPMAN: Yes, in Canada. It is being done on experimental animals.

Mr. COWAN: I think I was the only man in Parliament—well I might share it with Dr. Rynard and the other medical men—who did not vote in the wild drive to ban Thalidomide. Is there much of it being brought into Canada for research or is it in very limited quantities?

Mr. CHAPMAN: I would say it was in limited quantities. But there is provision for the distribution for experimental purposes so therefore anyone who wishes to have the drug for that purpose can obtain it.

Mr. COWAN: Frankly, I am absolutely amazed at the effectiveness of that drug in killing cellular growth. Do you happen to know whether or not there is much research being done with it in the field of cancer? Would there be any of the big universities like McGill or Toronto doing anything in that field?

Mr. CHAPMAN: Frankly, sir, I cannot answer that. I do not know the exact investigations which are being carried out. Dr. Hardman, have you any information?

Mr. HARDMAN: I do not, right now.

The CHAIRMAN: Perhaps, if possible, Dr. Chapman could obtain this information for Mr. Cowan?

Mr. CHAPMAN: Certainly.

Mr. COWAN: The information is for the country, I could not care less, personally. When it kills the cellular growth in a foetus think of what it will do to the cellular growth of a cancer. I know the possibilities for it are tremendous and I sincerely hope there is no great limitation on its experimental and research uses here in Canada at the present time.

Mr. CHAPMAN: There is no limitation on its use on experimental animals and this, of course, is where the experimentation would start.

The CHAIRMAN: There are other people waiting to get into the room. If there are going to be a lot of questions I think we should postpone them until the next meeting.

I had to work out a timetable. We have another witness for the birth control committee, if you want to call it that, for the 30th of June but we seem to be taking a long time to get through these estimates. I think I had better postpone that meeting until at least the 5th of July.

Mr. COWAN: The fifth of August or September is all right with me.

Mr. RYNARD: Mr. Chairman there is one question that I wanted to ask. I wanted to ask Dr. Chapman if he has any figures on the morbidity caused by drugs such as tranquilizers, phenobarbs or barbiturates?

Mr. CHAPMAN: Yes sir, there were 2,628 cases of reported poisonings from central nervous system drugs including barbiturates, narcotics, tranquilizers and so on, in 1963.

Mr. RYNARD: Those are just the ones which were reported?

Mr. CHAPMAN: Yes, sir.

Mr. RYNARD: How many suicides?

Mr. CHAPMAN: I do not have that figure.

An hon. MEMBER: Can the item carry?

The CHAIRMAN: No, no. There are many questions on the other side, so I think we should stand vote 30 and ask Dr. Chapman to return with his department next Tuesday at 9.30 a.m.

TUESDAY, June 21, 1966.

The CHAIRMAN: Lady and gentlemen, as there were some outstanding questions that were brought up at our last meeting, I think it would be reasonable if we started the meeting now by going ahead with the information that has been provided by the department.

I think the first thing is in reply to a question by Dr. Brand on a drug called ketobemidone. I know that Dr. Brand has been provided with an answer to the question, but is it the wish of the Committee that the answer should be taken as read and put in today's answers, or does anyone actually want the statement read out?

I do not think we need a motion. We will just take it as read.

Mr. BRAND: Mr. Chairman, there is one paragraph that I would like an answer to very quickly, and that is the report there—

The CHAIRMAN: At the bottom of page 2?

Mr. BRAND: Yes; I believe it is page 2.

Mr. R. A. CHAPMAN (*Director of Food and Drug Directorate, Department of National Health and Welfare*): This is a March 1950 report of the W.H.O. expert committee on addicting drugs, and the following appeared:

> The committee wishes to emphasize its opinion that Ketobemidone is particularly dangerous from the standpoint of addiction liability. Therefore, the expert committee on drugs liable to produce addiction recommends that this opinion be notified again with the Secretary General of the United Nations.

The CHAIRMAN: Thank you, Dr. Chapman. We will include the whole statement in today's minutes.

Mr. BRAND: Mr. Chairman, there is the combination of the mono-amine—

The CHAIRMAN: Yes; did you want to discuss that?

Mr. CHAPMAN: Mr. Chairman, this relates to the drug Parnate, which Dr. Brand inquired about. We convened a committee to advise us about how this situation should be handled, and I think the significant paragraph in their report is as follows:

> (*b*) A mono-amine oxidase inhibitor should not be marketed in formulations containing other drugs. This is recommended to obviate their use in trivial disorders, to avoid obscuring their value in various situations, and to prevent the introduction of complicating factors or unexpected reactions. Physicians wishing to combine them with other drugs will still be free to do so by prescribing them separately in dosage combinations which may be more appropriate to the individual patient and which can be given in various time relationships with them.

Following this the two drugs were separated and are now marketed separately.

The CHAIRMAN: Is that satisfactory, Dr. Brand?

Are there any other questions for Dr. Chapman under Vote No. 30—Food and Drug Directorate?

Shall the vote carry?

Some hon. MEMBERS: Carried.

Item agreed to.

The CHAIRMAN: Vote No. 35, which is also under the Food and Drug Directorate, reads as follows:

> Construction or acquisition of equipment, $370,000.

Did you have anything you wished to say on this vote, Mr. Chapman?

Mr. CHAPMAN: Mr. Chairman, the only thing that I really need to say in regard to this vote is the fact this largely represents expenditures on laboratory equipment.

I might say that the tendency today is to move to instrumental analysis, and these instruments are permitting us to carry out analyses much more rapidly and with much greater precision and sensitivity than was possible with the older physical and chemical methods.

However, this equipment is expensive and in order to keep up with the advances in the food and drug industry it is necessary that we have the same type of equipment at least that they are using in their control laboratory.

Mr. HOWE (*Wellington-Huron*): Are there many firms in Canada specializing in this type of equipment, or do you have to get it from other countries?

Mr. CHAPMAN: There are certainly a number of firms in Canada which produce this type of equipment, but in some instances we have to go outside the country to get it.

The CHAIRMAN: May I ask you, Dr. Chapman, if it is the micro type of analysis that you use rather than the old method?

Mr. CHAPMAN: Yes, this is correct. I am thinking of things such as gas chromatography which is an extremely sensitive method and is used, particularly, in our laboratories for the detection of very small amounts of pesticide residues, for example.

The CHAIRMAN: Is that all?

Mr. HOWE (*Wellington-Huron*): Do you use the research laboratories of the National Research Council at all in any of this work that you do, doctor?

Mr. CHAPMAN: We consult the scientists and enquire as to the equipment they have. If we do not have the particular piece of equipment which we think might be useful in a particular determination we certainly check with the National Research Council and their scientists to see whether or not this equipment would be effective.

Mr. HOWE (*Wellington-Huron*): I suppose that would eliminate the occasion of buying equipment of your own?

Mr. CHAPMAN: Yes, sir, this has happened; and certainly we do not recommend the purchase of any equipment until it has been thoroughly checked and we know that it will do the job that we would like to use it for.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, do you use the facilities of the Department of Agriculture once in a while in the Department of National Health and Welfare?

Mr. CHAPMAN: We work closely with the Department of Agriculture. I think it is less frequently that we actually use their equipment for determinations, but it has also happened on occasion. If they have equipment we do not have, certainly we co-operate with them and ask them for assistance.

Mr. HOWE (*Wellington-Huron*): Do you find departmental co-operation quite easy to obtain within the government offices, or government departments?

Mr. CHAPMAN: Yes, sir.

Mr. BRAND: Do you use the facilities of the government of Ontario laboratories?

Mr. CHAPMAN: I cannot recall any instance when we actually used the facilities of the provincial government, but we have certainly consulted with them on many occasions.

Mr. BRAND: The only reason I ask that is that I have heard a rumour—and that is all it is, and I thought I would check it out with the experts—that laboratory had been set up by the government of the province of Ontario, which had been used by your department in checking out a lot of these compounds, because the federal government did not have the facilities. Is this correct?

Mr. CHAPMAN: Do you have any more information, Dr. Brand as to the—

Mr. BRAND: I have.

Mr. CHAPMAN: I am wondering if it is the Attorney General's laboratory. They have an excellent index of narcotics and controlled drugs. I know that our Toronto laboratory occasionally consults the Attorney General's laboratory with regard to the identification of a particular tablet that we may have received.

Mr. BRAND: I was thinking more of the general examination of various compounds.

Mr. CHAPMAN: Can any of my officers suggest any?

I wonder, Dr. Brand, if it is the control laboratory for drugs that has recently been established by the Ontario government under Dr. George Lucas? We have been co-operating with them, but so far as I know, we have not sent, any samples to that laboratory for examination.

The CHAIRMAN: Are there any other questions on this?

Mr. COWAN: Is this Vote No. 35?

The CHAIRMAN: Yes.

Mr. COWAN: I do not want to direct this question to the witness, but to the Chairman. This vote has to do with the acquisition of equipment. Have you any comments to make on the drug dispensing machines which certain hospitals have installed, where you punch a button and out comes a prescription? If you are not aware of what I am speaking about, you might speak to the Chairman.

Mr. CHAPMAN: I am aware of it, Mr. Chairman?

Mr. COWAN: What do you think of those machines? I am speaking to the witness now. That is all the answer I want, sir. That is all right.

The CHAIRMAN: For clarification Mr. Cowan is referring to a machine that a was—a Burroughs system dispensing machine—if you want to call it that—that was put in one of my local hospitals.

Mr. COWAN: Is that really paying?

The CHAIRMAN: Yes, it is.

Mr. COWAN: It has proved quite satisfactory?

The CHAIRMAN: I understand so.

Is there any other discussion on Vote No. 35?

Mr. COWAN: If you had not said that I would have asked the witness to answer.

The CHAIRMAN: I do not think it really comes within the competence of his department, as such.

Mr. COWAN: Is that not equipment?

The CHAIRMAN: No; this was not equipment used in his department.

Mr. CHAPMAN: That is correct. We are not responsible for purchase of such equipment.

The CHAIRMAN: His department does not dispense drugs.

Mr. COWAN: They allow the machines to do it, do they?

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, would not the department be asked to give approval of this type of machine and examine it with regard to its effectiveness and usefulness?

Mr. CHAPMAN: No; I would think not. It would appear to me that this would come under the provincial Hospitals Act or the provincial Pharmacy Act. But this is only my opinion.

The CHAIRMAN: I think this is done through the Ontario Hospital Services Commission.

Mr. HOWE (*Wellington-Huron*): And there is only one being used in Ontario?

The CHAIRMAN: No; I think they were placed in several hospitals at the time on a trial basis.

Shall vote No. 35 carry?

Mr. BRAND: Did I "boo-boo" here? I think I did. Is there any other vote on which we can bring Mr. Hammond back?

• (10.00 a.m.)

The CHAIRMAN: I suppose he could always be asked questions under Vote No. 1, but I think, with Mr. Hammond here, the easiest thing to do would be to allow you to ask the question.

Mr. BRAND: Mr. Hammond, with regard to narcotics control has any consideration been given by the department, to the setting up of narcotic clinics such as they use in the United Kingdom—a division of narcotics for known addicts rather than the completely exclusive procedures we now use?

Mr. R. C. HAMMOND (*Chief of Division, Narcotic Control, Department of National Health and Welfare*): Mr. Chairman, this question is in the area of medical treatment, the treatment of addiction. There is nothing under narcotic legislation to prevent an addict being medically treated in Canada. At the present time there are two centres, one in Toronto and one in Vancouver, providing treatment for narcotic addiction.

Mr. BRAND: I am not talking about the treatment of narcotic addiction, but the recognition of those who may require doses of drugs and who can obtain them legally through the centres available in London, so long as they are registered narcotics users.

Mr. HAMMOND: You are referring to London, England?

Mr. BRAND: Yes.

Mr. HAMMOND: I think there is a definite misunderstanding in that. Essentially our regulations and those pertaining to England are the same. It is not possible, according to my understanding, for an individual in England to obtain medication beyond the scope of medical treatment and supervision.

It is not a case of an individual going to a treatment station or a clinic—a dispensary—and demanding the medication he wants. This is not permitted.

Mr. BRAND: Are you familiar, Dr. Hammond, with the view that most of the difficulty that arises for the users of narcotics is their inability to obtain them and the consequent lengths to which they will go to obtain drugs; and that this is the main difficulty, and not the actual effect of the drug itself on the person when it is taken? That is what caused me to pose this question.

Mr. HAMMOND: Again, Mr. Chairman, our experience has been that addiction should be treated and corrected rather than supported and subsidized. If, from an administrative standpoint—and I am speaking from that standpoint —addicts who are furnished a dosage of drug demand more and more as dependence develops, and it is not possible to maintain them on a stabiliizng dose, they will forge prescriptions over and above the quantity being furnished under medical supervision, and, in fact, destroy themselves.

Mr. BRAND: Do you think this results in a breakdown of their physical health, with an increasing dependence upon morphine, for example?

Mr. HAMMOND: As their dosage increases, we, from our experience find that these individuals become parasites, and they cannot work.

Mr. BRAND: I am not talking about the mental but of the physical aspect. Is there any physical breakdown?

Mr. HAMMOND: This is a medical point which I would prefer that a physician would answer.

Mr. BRAND: This brings up another point. I believe that at the recent Canadian Medical Association convention in Banff there was a resolution passed—I noticed this in the press—regarding the use of marijuana, which was brought up at the last meeting of this Committee, in which they pointed out its non-addictive properties. Has this resolution recommending that it not be considered an addictive drug been communicated to the department?

Mr. HAMMOND: Mr. Chairman, as we indicated at the last session, marijuana does not create physical dependence: it does create psychological dependence; and because of the problems which have occurred throughout the world with the misuse of marijuana the international body has recommended that marijuana be classified as a narcotic, or come under narcotic control, irrespective of the fact that it does not have the same dependency-producing factors physically as natural opiates.

Another example of this is cocaine. Cocaine is classified as a narcotic and has been classified internationally for many years, but it does not create physical dependence; psychological dependence is associated with its use.

Mr. BRAND: Are we getting anywhere in the fight against narcotic users?

Mr. HAMMOND: Definitely; I think we are, as far as natural opiates are concerned. The addiction to heroin is diminishing in Canada; and addiction to the natural opiates like morphine and the synthetic narcotics, such as Demerol, is definitely diminishing.

Mr. BRAND: To what do you attribute this decrease?

Mr. HAMMOND: I would say, Mr. Chairman, that part of the reason is better medical facilities, a better understanding of the problems associated with addiction, and, last but not least, control over these drugs and co-operation with those people who are entrusted with supply.

Mr. BRAND: Of course, I am leading you down the garden path. You made the statement the other day that in the case of the barbiturates, for example, there are an increasing number who are addicted to them. Do you think this will lead in the future—and this is what I am leading up to—to control of

barbiturates and other similar compounds in the same way as the pure narcotics are controlled?

Mr. HAMMOND: Well, Mr. Chairman, essentially we do have control over the depressants and the stimulants. They are similar to narcotics except—

Mr. BRAND: Not so rigid.

Mr. HAMMOND: Not so rigid.

Mr. BRAND: Do you think the same rigid type of control is necessary?

Mr. HAMMOND: Not necessarily; we have made splendid progress with the control of these substances since the legislation became effective in 1961. There are several factors involved in this. Economic conditions are involved—the stress on humanity—and barbiturates are being used and prescribed quite extensively at the present time.

Mr. BRAND: That is exactly what I am getting at, of course. The fact remains that the addiction to barbiturates is increasing and I venture the opinion, with which I think you will agree, that there have been more deaths from barbiturate addiction then there have been from morphine or hereoin or other addictions in this country.

Mr. HAMMOND: I would support that view.

Mr. BRAND: There is more economic loss than in morphine or heroin addiction. In other words, it is a much more serious problem than morphine addiction has ever been in this country.

Mr. HAMMOND: Yes; this is correct, Mr. Chairman; but, by the same token, these two groups of drugs—the depressants and the stimulants—are more widely prescribed in the general practice of medicine than are narcotics—the need for prescribing them, perhaps.

Mr. CHAPMAN: I might say, Mr. Chairman, that we have this whole question under study at the present time, and we have set aside one half day at the next session of our Canadian drug advisory committee to advise us, first of all, on how serious this situation is; what action, if any, should be taken to correct the situation; and what criteria should be developed to determine when a drug, for example, should be put on the schedule of controlled drugs. I think these are the sorts of answers that you are looking for, and these are the sorts of answers that we are looking for as well, and we are going to our Canadian drug advisory committee to see if they can assist us in this area.

Mr. BRAND: This is the reason I brought this up, Mr. Chairman, because in my opinion certainly, and in my experience, this has become an extremely serious problem—much more than it has ever been with the natural narcotics. Frankly, I am very happy to hear that you are going to look into the matter a little more because I think there is a serious problem here.

I noticed, that Mr. Hammond in his statement the other day regarding addiction, mentioned that youth was not involved. This has certainly not been our experience in our part of the country, where it has become a very serious problem among young people—the use of barbiturates.

Mr. HAMMOND: Mr. Chairman, my statement that youth was not involved pertained to narcotic addiction.

Mr. BRAND: In your experience, then, this would not hold true for barbiturate—

Mr. HAMMOND: Youth is involved in the controlled drug group, very definitely.

Mr. BRAND: Is it a serious problem among the youth of our country now?

Mr. HAMMOND: I would not say that it was a serious problem, but it is a problem that should definitely be recognized.

Mr. BRAND: Thank you very much.

Mr. STANBURY: Mr. Chairman, in answer to Dr. Brand's questions there was some reference to control of the depressants and stimulants. I am more concerned about information and education in this field, in which, from all that has been said, there seems to be indicated at least as great a need for control, considering the psychological roots of the use of these drugs. Is there any substantial program of education, not only for young people, who seem to be particularly attracted to these drugs, but also for the public generally, to explain the dangers of these drugs, in somewhat the same way as there has long been an educational assault against alcoholism, and perhaps against the more traditional drugs.

Mr. CHAPMAN: Certainly, Mr. Chairman, this would be one of the aspects which we will be exploring at the meeting in September. We have on the Canadian drug advisory committee representatives of the Canadian Medical Association and the Royal College of Physicians and Surgeons, the Canadian Pharmacological Society, and they may very well be making some recommendations in the area of education as well.

I wonder, Dr. Hardman, if you would care to comment from the point of view of your bureau? We had discussed this matter, although on the federal level we have no program under way at the present time.

Dr. A. C. HARDMAN (*Director, Bureau of Scientific Advisory Services, Department of National Health and Welfare*): Mr. Chairman, the educational program in the field of control of drugs, we believe, should be initially directed to the physicians. One of the problems which occurs is that an individual may attend one or more physicians and obtain legitimate prescriptions for controlled drugs of either the stimulant or depressant type.

There has recently been enacted into legislation a requirement for physicians who are prescribing more than three days' supply of such drugs to maintain a record, and we are having, through Mr. Hammond's group, a continuing education program with physicians to be on the look out for strange patients who are not regular members of the doctor's practice, who may be seeking these types of drugs.

With respect to the education of the general public, the consumers' division has been directing its activity to the over-all picture of drug use and abuse rather than specifically to the stimulants and depressants.

Mr. STANBURY: Mr. Chairman, it strikes me that the stimulants and depressants have become, as has been mentioned, almost a way of life, and people do not associate them with the age old injunctions against the use of drugs.

It seems to me, considering this and considering the psychological basis for the use of them, that education would be the prime weapon against their use. I would hope that some special educational program would be directed against the injudicious use of these drugs, particularly, because that seems to be where the problem now lies and probably where the general public does not appreciate that it exists.

Mr. CHAPMAN: Mr. Chairman, I might say, in that regard, that our Consumers' Division of the Directorate has been quite active over the past year in this area, and have just prepared an educational kit, called "Drugs and You" which contains a number of pamphlets in lay language. We are sending these out to key people in women's organizations across Canada, with the hope that they can get this across to the general public.

Mr. STANBURY: Is there any distribution of similar material to schools.

Mr. CHAPMAN: This can be made available to any groups which use this material.

Mr. STANBURY: It seems to me that if the problem is of the dimensions that have been mentioned, there should be some aggressive campaign to get this material into the hands of the people who are most likely to be using those drugs.

Mr. CHAPMAN: We are doing our best to do that, Mr. Chairman.

I might say that the response to this folder has been excellent. We have had many, many requests.

The CHAIRMAN: Shall Vote No. 35 carry?

Mr. HOWE (*Wellington-Huron*): I would appreciate having one of those folders if they are available. I have no doubt that a lot of the members might be interested.

The CHAIRMAN: I am sure that the department will be pleased to send every member of the committee one, and perhaps they should also ask their drug advisory committee whether they should contemplate sending one of these out to every school as an educational weapon.

Shall Vote No. 35 carry?

Some hon. MEMBERS: Carried.

Item agreed to.

The CHAIRMAN: In keeping with the previous understanding we will now revert to health services for a discussion of Votes Nos. 5, 10 and 15.

Thank you very much, Dr. Chapman, for bringing your staff along and for coming yourself.

Mr. CHAPMAN: Thank you very much, Mr. Chairman, and members of the Committee.

Mr. BRAND: I have been very impressed with the evidence given by the members of the department, and I thank them very much.

The CHAIRMAN: Did you wish to make a statement, Dr. Crawford, at the beginning of this Vote?

Dr. J. N. CRAWFORD (*Deputy Minister of National Health, Department of National Health and Welfare*): Mainly, Mr. Chairman, if I may, I would repeat what I explained at the previous meeting, that the vote as shown in the blue book for health services covers the directorate as it was constituted last year at the time the estimates were prepared.

The change which has taken place is, as I described, one which has divided the directorate into two, the one dealing with the supportive services which we provide to provinces, which is under the direction now of Dr. Watkinson, and the other, the financial programs which support the provinces, which is under the direction of Dr. Lossing.

I propose, Mr. Chairman, that you can quite satisfactorily carry on with the items as they are listed in the printed estimates. In fact, the two directors-general will be picking up the pieces which belong properly to them under the new organization.

The CHAIRMAN: Thank you, Dr. Crawford.

Did you wish Dr. Watkinson or Dr. Lossing to make a statement on this at all?

Dr. E. A. WATKINSON (*Assistant Director, Health Services Directorate, Department of National Health and Welfare*): Mr. Chairman and members of the Committee, we are passing out a listing of the various units and programs under the three votes and statutory items under health services estimates for 1966 and 1967.

If I may, Mr. Chairman, perhaps I could introduce this discussion with a general statement to assist in the understanding of the activities of these various units and programs.

Under Vote No. 5—Health Services Branch—Contrasting this with health insurance and resources branch which is the new branch mentioned by Dr. Crawford, the responsibilities of the health services branch cover a number of broad areas, and, briefly, these relate first of all to matters relating to the provision of technical and consultant assistance to the provinces in the development of their health services. This is one of the responsibilities provided by the Department of National Health and Welfare Act. In part this is achieved through the twice-yearly meeting of the dominion council of health which is made up of the deputy ministers of health, who come to Ottawa, and, under the chairmanship of the deputy minister of national health, review the provincial and national activities in the health field.

Another responsibility of the health services branch covers duties under various statutes and arising from the provisions of legislation such as the Public Works Health Act, the Atomic Energy Control Act, the Blind Persons Act, and the civil emergency measures planning order, as it applies to the health organization of the Department of National Health and Welfare. There is also the provision for the co-ordination of extramural and intramural health research activities, and again, this is a responsibility of the Department provided by the Act setting up the department.

Health services also provides assistance and consultant services to other sections of the Department of National Health and Welfare, as well as to other departments of the federal government. Of course, this is in the health field.

There are certain obligations related to the international health field, involving participation in the activities of such agencies as the International Joint Commission, Food and Agriculture Organization, the International Labour Organization, the World Health Organization, the International Atomic Energy Agency, and so forth.

I would draw particular attention to the way in which the organization of health services is set up. You will note that under administration we have planning and evaluation consultants—two consultants; there is a health research development unit; there is the smoking and health program; there is a health education consultant; and a consultant in aero-space medicine and safety.

Then, under consultant and advisory services, which is another section of Vote No. 5, we have the consultant and advisory divisions; child and maternal health; dental health; epidemiology; medical rehabilitation, which also provides for the prosthetic services which were transferred from the Department of Veterans Affairs last year; disabled persons allowances; and blindness allowances. This refers to the health aspects of these programs. There is a mental health division, a nursing advisory service and a nutrition division.

We have four large laboratory divisions and programs. The laboratory of hygiene; radiation protection, which provides for the monitoring of fall-out; the occupational health division, which provides also for air pollution; and the public health engineering division, which covers water pollution in addition to other usual public health sanitary activities.

These laboratory services represent about half the personnel of the health services branch. There are approximately 400 members engaged in the laboratory activities.

The final major item under Vote No. 5 is emergency health services which provides also for the medical stockpile for both wartime and peacetime emergency purposes.

Mr. Chairman, I might call now on Dr. Lossing, unless, of course, you want to consider Vote No. 5 separately before you turn to the full picture that we have provided for this current year for health services.

The CHAIRMAN: I think it would be reasonable to stop now and consider what you have said under the separate Vote No. 5. Does that seem reasonable to everyone?

When we come to Vote No. 10, perhaps, Dr. Lossing will make a statement.

The meeting is open for questions on Vote No. 5, the services listed by Dr. Watkinson under the health services branch.

Mr. STANBURY: Mr. Chairman, are we making any more progress in the battle against smoking than Dr. Brand is personally?

• (10.30 a.m.)

Mr. WATKINSON: Mr. Chairman, we are not unduly concerned about pipe smoking. We wish all cigarette smokers were pipe smokers.

Mr. STANBURY: He is deceiving you at the moment!

Mr. BRAND: I would feel embarassed if it were otherwise in the presence of such distinguished company.

Mr. WATKINSON: I would like to say, Mr. Chairman, that the members of the department closely concerned with the development of this program—and I do not think we are under any illusion that this is a short-term program—are working closely with the many provincial members and members of voluntary agencies and other groups interested, and we believe we are making headway.

It may seem to you that there has not as yet been a great fanfare directed to the public at large. This is true so far as the program is concerned. We believe that this is one of the soundest programs we have developed within the department.

We set out at the beginning—two and a half years ago—knowing very clearly what our objectives were, and we set down the program of activity certainly over the first five years. We are working steadily towards those objectives. We believe that the first aim, which was to inform the public, has been largely achieved. I doubt that there are very many people in Canada who do not know that there is a concern about cigarette-smoking, despite what we continue to see.

On the basis of our own surveys carried out about a year ago we found that 90 per cent of the people of Canada apparently are aware of the concern of health authorities respecting the effects on health. We also learned that only 60 per cent actually accept the information; and, of course, we are aware that a much smaller number have taken it to heart and have done something about it.

We do feel, however, that we are making our major inroads in the age group of, perhaps, 15 to 19 years of age. There seems to be some evidence, from the surveys we have carried out, that at least the numbers smoking in this group appear to be very slightly decreased, and we feel, perhaps that we are at least holding our own. This may apply to the full program.

In other words, we do not believe that the rate of cigarette-smoking and the addition of new smokers is increasing today at the same rate that it might have if the concern regarding the effect of smoking on health had not been clearly placed before the public.

Mr. STANBURY: You consider cigarette smoking to be a major health hazard, though, do you?

Mr. WATKINSON: I have no doubt about it, personally, sir, and that view, I know, is certainly shared by most of the professional health bodies who have come out clearly and have stated their support for that view and are supporting the program. They are undertaking their own programs. All the evidence that is coming to hand strengthens what we believed we were noticing a number of years ago, at the time when the department's program started when, of course, we had brought together a great deal of evidence, and this was further supported at that time by the reports of the Surgeon-General of the United States on the basis of the findings of his advisory committee.

Mr. STANBURY: Have your studies indicated whether the problem in the area of cigarette-smoking is more one of a physical dependency or a psychological dependency, to go gack to the discussion on drugs?

Mr. WATKINSON: Right from the beginning we reviewed the evidence of whether it was an habituation or an addiction. In other words, was it an habituation—a habit—as against an addiction, perhaps, with some evidence of

true addiction as you would find with narcotics, and a certain physical dependence on the elements in the smoke itself. The view, I think, of the majority is that the smoking habit, for most people, is a habituation; it is a habit. It is habit-forming, it is supported by social customs, by acceptance, by permissiveness which has been widespread over many years; it is supported by the massive tobacco industry advertising, and by many other things. We do believe there is a small percentage who perhaps have a true addiction—it would seem to be that—and when they try to give up smoking they go through the withdrawal symptoms and generally show the same kind of symptoms as someone who is trying to withdraw from other types of addiction.

Mr. STANBURY: In fact, is there any less habituation than in the case of marijuana?

Mr. WATKINSON: I am afraid I do not have the same kind of background of knowledge of marijuana and its characteristics—that I have of smoking, but we think that, by and large, most cigarette smokers, if they really put their minds to it, ought to be able to give it up because we believe it is an habituation; although we recognize, as I say, that for a certain small percentage—and we do not know who they are—it is rather in the nature of an addiction.

Mr. STANBURY: Apart from the fact that smoking cigarettes has not been forbidden, and, therefore, there has been no illicit traffic in cigarettes, the smoking of cigarettes has every bit as much physical danger attached to it as the smoking of marijuana?

Mr. WATKINSON: Looking at the numbers who die in this country from heart disease, disease of the arteries, bronchitis, emphysema, lung cancer. I think from this point of view we are dealing with a major hazard and, perhaps, a greater one than the one you speak of.

Mr. STANBURY: Are most adult Canadians who are smokers beyond hope in terms of redemption from this habit?

Mr. WATKINSON: We do not think so, sir. We know that many try and do not succeed. We also know that many try and do succeed.

If you go into most meetings, certainly if you go into professional groups, medical meetings, or gatherings such as we have here this morning, I think the evidence speaks for itself. There has been a vast improvement within five years. When you realize that this has been an ingrained and widespread social custom I think our achievement is surprising.

Mr. STANBURY: What disturbs me is to find even medical doctors with a very strong will, not excluding present company, who find it most difficult to break the habit. It strikes me that you may be fighting a losing battle in dealing with adult habituees of cigarettes, and that you are directing your attention in the right place if you concentrate particularly on young people, as I think you are doing. I think this is the place where there is most promise of some success.

Mr. WATKINSON: We agree, sir; and this was the view when we brought together the members of the advisory committee in the department. Right at the beginning, this was the first step taken, and in setting up the program it was evident where the initial effort and the successive and supporting efforts should go. We feel that initially it is important that all the health people in Canada should be clearly aware of the information, and that they have all the

supporting evidence at hand. We provided that. That took up many months of the initial program, and it is in the hands of every physician in Canada, as far as we can determine. We put out this reference book which provided the summary of all the major studies in the world.

We follow this up each year by providing the recent graduates in medicine with the same book. We know that this is widely used, certainly by those who are sincere about it, and by those who are setting an example, and we feel that the health people of course should set the primary example; and parents, perhaps, are even more important than health people. This is part of what we are endeavouring to put across to the public at large.

Mr. STANBURY: You referred to a book. Perhaps, for the record, you would like to menton the name of it.

The CHAIRMAN: I was going to suggest to Dr. Crawford that when the other book on education and drugs is sent around perhaps a copy of this could also be sent to the members because there are some members in this Committee who were not here at the time this book was published and this would make it available to every member.

Mr. STANBURY: Mr. Chairman, I had one or two other questions, but there may be others about this and I think I will pass for the time being.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, recently I noticed an article in the press indicating that a committee such as this, one has been operating in the United States. They were quite critical of the manufacturers of cigarettes, that they had not been able to find some ways and means of producing a cigarette which did not contain the drug nicotine, or whatever it was that it was felt created the addiction or the desire, or was injurious to the health of people.

Would you care to comment on that.

Mr. WATKINSON: Mr. Chairman, I know that health people concerned with this particular health problem in Canada would certainly like to see a cigarette with the lowest tar-content possible. In other words, we would certainly like to see a great deal more effort on the part, if it is appropriate, of the tobacco people, because of the knowledge they have of the contents. After all, they know a great deal more about tobacco and cigarettes, and cigarette burning, and temperatures, and all this sort of thing.

Certainly, as far as the health people are concerned we think that one of the most important things that might be done is to attempt to reduce the tar-content and the carcinogenic properties to the minimum. I think this would do a great deal. I think this view is shared by health people generally.

Mr. HOWE (*Wellington-Huron*): Do you feel that the tobacco manufacturers are making a sincere effort to do this. I have not seen anybody advertising a cigarette and saying that all these types of things—nicotine, tar, et cetera—have been eliminated as far as it is possible to do so. I wonder why the companies have not done this?

Mr. WATKINSON: This I do not know, sir, and do not know whether they have done all that they can do; but I would like to be assured that they are doing all that is possible. I think this would do a great deal of good—I think this is one of the things that should be done. People who smoke more are certainly taking in more of the tars and the constituent parts which might contribute to

the associated diseases. To reduce these is, perhaps, one of the important steps that can be taken to combat the hazard.

Mr. HOWE (*Wellington-Huron*): In other words, the statement which you made about them being habit forming would be eliminated, because there would not be the desire.

Mr. WATKINSON: This is related, I understand, perhaps, to the nicotine, as one of the important constituents. Whether a cigarette would be a cigarette without it, I do not know. I do not know enough about the manufacture of cigarettes to know about that. But these are all aspects that certainly, perhaps, lend themselves to a great deal of additional investigation.

I cannot say at the moment how far the tobacco companies in this country and other countries have actually gone at this stage, but, as I say, as health people, we would like to be assured that they are doing all they can do, and certainly we would be glad to assist in any way we can by producing the evidence.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, have any of the tobacco companies approached the department and asked them to examine, or experiment with, the types of filter tips to find out how much of these drugs is eliminated by the use of filters? Have any of the tobacco companies approached the department in this regard?

Mr. WATKINSON: Not to my knowledge, specifically with respect to that question. I know that there has been recent reference in the newspapers to the fact that in the United States the public health service is proposing to do this in the period of a month from now.

I do not know whether or not the department of health itself is prepared to engage in this kind of exercise.

Perhaps Dr. Crawford, is in a better position to—

Mr. CRAWFORD: Mr. Chairman, we are so concerned about the impact of cigarette smoking on the health of the population that we would be prepared to do almost anything to assist in the elimination of this problem, whether or not it was, strictly speaking, within our jurisdiction to do it. Now, I think that this is the sort of situation where one would very happily give the widest interpretation to jurisdiction and to co-operate in any way that we could.

Mr. BRAND: Mr. Chairman, I would like to ask this question: There is a pamphlet put out by the British Medical Association on the hazards of smoking, which is considerably more horrendous and scaring than that particular pamphlet you show there. Do you have copies of that available as well—particularly for those weak-kneed members of the Committee!

Mr. WATKINSON: I am wondering if you are referring, Dr. Brand, to the one they put out about three years ago? We have copies of most of these publications.

Mr. BRAND: It was a study, I believe.

Mr. WATKINSON: Yes. As a matter of fact, we have provided a summary of all the major reports, including the one of the Royal College in London.

Mr. CRAWFORD: I think, Mr. Chairman, I might just interject here and pick up a point which Mr. Stanbury raised, and which Dr. Brand is raising again.

The medical profession in this country actually serves as a very interesting control group, because whatever individual backsliders among the profession may do, the profession as a whole has got this message, and they are aware of the dangers of cigarette-smoking, and are, as a group, doing a great deal about it.

I have had the opportunity over the years of attending regular meetings of the council of the Canadian Medical Association, a group of 200 or 300 people sitting in a room, usually badly ventilated. Five years ago the air was absolutely blue with cigarette smoke, to the point that you could scarcely see the speaker at the front; and the ash trays in front of every member of council were filled with cigarette butts. This was five years ago. Now you will not find more than two or three people smoking cigarettes in that whole meeting. They are smoking cigars and they are smoking pipes, but they are not smoking cigarettes. The message has got through to the medical profession.

Interestingly enough—and I am open to correction, on this—but I understand that if one plots by occupational groups the incidence of, let us say, lung cancer, which is a fine example, the medical profession is showing a decrease in the incidence of lung cancer, and that this is the only occupational group in which this is true. If this is so, it is some positive evidence of the effect of stopping smoking cigarettes.

Mr. COWAN: You say it is the only occupational group which shows a decrease?

Mr. CRAWFORD: As far as I know, Mr. Cowan.

Mr. BRAND: If I may continue, Mr. Chairman, vis-à-vis this question of smoking and lung cancer. In a lot of these studies which I, along with a lot of physicians, have read, I have noticed that there seems to be much better documented evidence on the effect of smoking on the cardio-vascular system than there is on the incidence of lung cancer. There seems to be a much greater hazard in view of the tremendously high incidence of cardio-vascular disease such as coronary occlusion and such. This seems to have been played down to a certain degree by a lot of the advertising which has mainly to do with lung cancer.

I wonder what your opinion is on this, in view of your extensive studies on the effect on the cardio-vascular system, and whether or not this is even a much more important health hazard than that of lung cancer which, despite its increasing frequency, is still not a common disease in this country.

Mr. WATKINSON: Mr. Chairman, we entirely agree with Dr. Brand that the emphasis today should be placed on the relationship to heart and diseases of the arteries.

In fact, we produced a pamphlet two years ago to accompany an exhibit which was being shown, I think, to the Canadian Medical Association. We are at the present time revising this pamphlet. As most programs were at that time, we were emphasizing the relationship to lung cancer.

Under "specific diseases" I would just quote briefly here that we have now revised this to read as follows:

> The greatest risk of cigarette smoking is death from diseases from the heart and arteries. In one group of men fatal heart attacks were three times more common among cigarette smokers than non-smokers in the

age range 40-49, and twice as common between 50 and 59. Lung cancer is second as a risk of cigarette smoking. The death rate from chronic bronchitis and emphysema is also very much higher among cigarette smokers.

We would agree that the emphasis today should be placed primarily on the association with diseases of the heart and arteries.

Mr. BRAND: On the same thing—because of the sanctimonious member from York-Scarborough—I wonder if perhaps you have read the articles which have to do with the drinking of coffee to the effect that a maximum of six cups a day would produce the same effects as that of the chronic smoker on the cardio-vascular system.

I think there was a rather interesting series written about two or three years ago.

Mr. WATKINSON: I have seen reference to this article very recently, sir. We do not have a program on coffee drinking as related to health, but this has been noted. Whether it is true or not is something that we have not looked at in the way that we have looked at the smoking problem.

An hon. MEMBER: Is there any hope for us at all?

Mr. WATKINSON: Oh, I think so, sir. I think that a measure of luck and a certain amount of reasonable living will see us all through and make it possible to enjoy life to the full!

Mr. HOWE (*Wellington-Huron*): In the same connection—pollution of all kinds—the question comes to mind about the smog and the air pollution that we have in all our cities and towns these days.

We all probably remember the situation which developed around Windsor a few years ago when they had quite an incidence of child mortality because of smog which developed in the area for a week or so.

What is the department doing in connection with this, particularly with regard to automobiles? Are you making checks of these new devices which are being used in some parts of the United States to equip automobiles so as to eliminate some of those noxious gases which are being spewed out into our atmosphere by modern cars, buses and trucks?

Mr. WATKINSON: Mr. Chairman, I think this question really ought to be broken down into two or three parts.

First of all, it was mentioned that the smog, or pollution situation in Windsor, apparently had an effect on the health of infants. I must say that I have not seen any evidence to back this up.

I was involved in the early '50s with a study of the International Joint Commission in Windsor and Detroit, related to the effects on health of pollution in those two cities over a period of many months. On the basis of direct and personal visits to members of households, and keeping a daily record of all illness, at the end of this we could not show any significant effect on health even though the pollution levels at certain times of the year, particularly in the fall,

were getting pretty close to what we regard as the limit for good health. Despite that, we could not show this, and I have not seen any good evidence since then in Canada, which would clearly determine this.

With regard specifically to the devices about which that we have been reading in the newspapers, and the proposed laws in the United States concerning the provision of these on all new cars as of 1968, in the United States, we have looked into this. We have talked with certain automobile people in Canada, and, to my knowledge, there is no assurance that the benefits which would be conferred on the United States through the attachment of these to U.S. cars will necessarily affect us in a similar way.

To be realistic, there are relatively few cities in Canada where pollution is really of a nature or of an extent and degree that could be regarded as harmful. Certainly at times we are all aware that it is a nuisance. Even in Ottawa there are obnoxious smells from time to time, but these are not necessarily harmful.

I do not think that in any large city, except for relatively few days in a whole year, are we approaching levels at which we can be seriously concerned about health.

There is a national network and a 24-hour monitoring of air in some of these major cities. There are programs which the provinces have set up and with which we are co-operating closely through our own occupational health division and the consultant services we provide. We provide training for people to monitor, to man this equipment. We provide people to interpret the results, and we consult with persons elsewhere who have, perhaps, worse pollution situations than we have.

We are trying to bring to bear all the medical evidence which is available to be ahead in Canada of what the pollution situation is. I am not trying to say that it could not be improved; certainly it can be improved; but it is going to be a continuous effort to keep abreast of the pollution we are creating, both in air and water.

Mr. HOWE (*Wellington-Huron*): One further question: Do you feel that air-pollution does have an effect on the lungs relative to lung cancer? It is probably not as dangerous as cigarette-smoking, but could it be a health hazard in that area?

Mr. WATKINSON: If you are coupling cigarette smoking and air pollution. In our minds what we are dealing with is cigarette smoking, not air-pollution. It may make a contribution; this cannot be denied. We feel that it is a relatively small one in this country.

• (11.01 a.m.)

The CHAIRMAN: Before you gentlemen and lady leave, we have a problem. Because there are so many committees meeting this Thursday in the morning we have been unable to get a room at any time.

I have already spoken to the department and they are quite willing, if it would be possible, to consider meeting, perhaps, on Thursday between one

o'clock and 2.30. This is a time when all sorts of rooms are available. The department officials will make themselves available. Normally we could meet on Friday, but it is a holiday this week.

Is that agreed?

Some hon. MEMBERS: Agreed.

The CHAIRMAN: All right. We will adjourn until one o'clock on Thursday.

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

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LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament
1966

STANDING COMMITTEE
ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 16

THURSDAY, JUNE 23, 1966
TUESDAY, JUNE 28, 1966

Respecting
Main Estimates for 1966-67, relating to the Department of National Health and Welfare.

WITNESSES:

From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. E. A. Watkinson, Director General of the Health Services Directorate; Dr. P. M. Bird, Chief of Radiation Protection Division; Dr. H. A. Proctor, Director of Medical Services Directorate; Dr. W. S. Hacon, Chief of the Emergency Health Services Division; Dr. E. T. Bynoe, Director Laboratory of Hygiene; Dr. E. H. Lossing, Principal Medical Officer, Health Services Directorate; Dr. Gordon Wride, Director Health Grants.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24634—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 10)

Gabrielle Savard,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, June 23, 1966.
(18)

The Standing Committee on Health and Welfare met this day at 1.15 p.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. Rideout and Messrs. Brand, Cowan, Forrestall, Harley, Howe (*Wellington-Huron*), Knowles, Orange, Rochon, Rock, Stanbury (11).

In attendance: From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. E. A. Watkinson, Director General of the Health Services Directorate; Dr. P. M. Bird, Chief of Radiation Protection Division; Dr. H. A. Procter, Director of Medical Services Directorate; Dr. W. S. Hacon, Chief of the Emergency Health Services Division; and Dr. E. T. Bynoe, Director of Laboratory of Hygiene, and several departmental officials.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 5—Health Services, Administration, Operation and Maintenance, etc....$9,309,200, was called.

Dr. Watkinson, Dr. Bird, Dr. Procter, Dr. Hacon and Dr. Bynoe supplied information to the Members.

Vote No. 5 was carried.

At 2.30 p.m., the Committee adjourned to Tuesday, June 28, for the consideration of Votes Nos. 10 and 15.

TUESDAY, June 28, 1966.
(19)

The Standing Committee on Health and Welfare met this day at 9.50 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout, and Messrs. Brand, Brown, Harley, Howe (*Wellington-Huron*), Isabelle, Knowles, O'Keefe, Pascoe, Rochon, Stanbury (12).

In attendance: From the Department of National Health and Welfare: Dr. J. N. Crawford, Deputy Minister of National Health; Dr. E. H. Lossing, Principal Medical Officer, Health Services Directorate; Dr. Gordon Wride, Director Health Grants, and several departmental officials.

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The Committee discussed the presentation of a report to the House on its order of reference respecting the subject-matter of Bills on birth control and family planning.

Agreed,—That the two groups who have already indicated that they wish to present submissions be asked to send their representations in writing before the end of July; that these groups be heard as soon as the House reconvenes in the Fall so that the Committee can submit its report soon thereafter.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 10—General Health Grants, $32,794,000, was called.

Dr. Crawford made a general statement and gave further information to the Members. He was asisted by Dr. Lossing, and Dr. Wride.

Dr. Wride tabled a document respecting General Health Grants and Hospital Construction, (Votes Nos. 10 and 15) copies of which were distributed to the Members.

Agreed,—That this document be printed as part of today's record. (*See Appendix "A"*).

Dr. Wride was further questioned.

Vote No. 10 was carried.

Vote No. 15—Hospital Construction Grants, $20,000,000, was called.

Dr. Crawford made a short statement and was examined. He was assisted by Dr. Wride and Dr. Lossing.

Vote No. 15 carried.

At 11.05 a.m. the Committee adjourned to 9.30 a.m. Thursday, June 30th.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

(Recorded by Electronic Apparatus)

THURSDAY, June 23, 1966.

• (1.15 p.m.)

The CHAIRMAN: Ladies and gentlemen, when the committee adjourned last day we were on discussion of vote 5 which is health services. Are there any further questions on this section?

Mr. FORRESTALL: Mr. Chairman, just to deal very briefly with one or two items here, the first being aerospace medicine and safety, I wonder if the good doctor would, first of all, briefly tell the committee what areas of endeavour are being pursued by his particular branch in this regard.

Dr. E. A. WATKINSON (*Director General of the Health Services Directorate, Department of National Health and Welfare*): Yes, Mr. Chairman. The division of aerospace medicine is a relatively new development in the health services branch. We brought over the consultant in civil aviation from the civil aviation division of medical services and set up this particular consultant role for him in aerospace medicine. Now, primarily it deals with the problems of civil aviation relating to the health, comfort and safety of the air traveller, of their crew and also of certain ground crew. I am thinking particularly about the air traffic controllers. We did this because we felt that the developments in this particular field warranted particular concern on the part of health authorities within the department, the health personnel and also the Department of Transport were asking for assistance with regard to the human element in the investigation of accidents. This, in fact, is one of the primary responsibilities of this particular consultant and working with our regional members of the medical services branch, located across the whole of Canada, it is possible to provide this kind of health or medical competence to take a look at the human element and to work locally with pathologists and others who have a direct interest. This consultant is also concerned with keeping abreast of standards for air crew and the findings are passed to the consultant in the civil aviation division of medical services. He also is concerned with education, indoctrination of the medical officers in other branches with regard to the problems of aerospace medicine today and, generally, he is supposed to keep on top of all matters relating to the health, as I say, of air crew, passengers and ground crew related to air traffic control and other functions. He is supposed to pass his findings on and to keep the other consultants of the department and other departments aware of new findings and new proposals, whether it be research, training and so on. He also maintains close liaison with the DRB establishment, the National Defence establishment in Toronto at Downsview and also with his counterparts in Washington and elsewhere where there is a great deal of development and research taking place.

Mr. FORRESTALL: He is a cohesive influence then as opposed to a consultant who is initiating any studies or any programs of investigation into any of the aspect of air medicine.

Mr. WATKINSON: This, too, as it relates to the interests of the department.

Mr. FORRESTALL: How large a staff would the consultant have?

Mr. WATKINSON: For the moment we have only one consultant and he has a supporting staff of non-technical people alone. But he is able to turn, as I say, because of his now 15 or more years of experience in this field, to those in the universities, for example, in the field of opthalmology where there may be a concern about vision. We do not hesitate to turn to any consultant in any agency if we can bring to bear the best that we have in Canada on any particular subject in this field.

Mr. FORRESTALL: He is then, as I suggested, a co-ordinator, one particular person within your department.

Mr. WATKINSON: That is correct.

Mr. FORRESTALL: And within government to whom any other branches of government might turn to for advice, direction and a better understanding of what is being done. Would I be correct in assuming maybe the air force, the navy or the air lines might refer to him specific problems on which he then might advise whether or not there is a study being conducted in this particular area or who could advise them in turn of the outcome or results of studies that have already been launched elsewhere, in the United States for example?

Mr. WATKINSON: That is exactly the case. In carrying out this function he, of course, can call upon any of the other resources of the department in the health branch itself. We have the environmental health divisions which are able to provide a great deal of information about environmental problems and radiation. He, of course, would turn also to the air force or to the civil aviation agencies. There is a great deal of coming and going and exchange of information. This is the way we try to maintain our health interest in this important field.

Mr. FORRESTALL: This in no way suggests that the government is intending to set up an aerospace medicine centre or anything of that nature at all?

Mr. WATKINSON: Not to my knowledge.

Mr. FORRESTALL: The same too, then, I suspect, would hold true with regard to the word safety which is also included in here. This, again, would be exactly the same pattern with regard to safety measures and devices, physical and medical safety factors as well as other safety factors?

Mr. WATKINSON: Yes, I do not think we can place any limit on this but it is limited because of the fact that we have only one experienced consultant at the moment.

Mr. FORRESTALL: Would it be desirable to increase this staff?

Mr. WATKINSON: At the moment we already see need for an assistant to him and I think this is the sort of thing that grows and that you try to keep on top of; but for the moment we feel that we are handling these questions that do come directly to the department relating to health.

Mr. FORRESTALL: I raised this question because I am very concerned about the problems that are going to affect us as communities and particularly those people who live in communities near larger air ports as we move into the larger type aircraft. I am thinking in terms of noise problems psychological effects and other effects of noise and so on. I think this is generally the area they will be working in and co-ordinating.

Mr. WATKINSON: Yes, this is one of the areas because in our environmental health centre under the direct concern of the occupational health division we have other consultants who are particularly concerned about noise. They have carried out noise studies in many centres in Canada and in industry. They are concerned about the effects of noise on hearing and on health generally. This is the way we tie up the results within the department through these individual consultants.

Mr. FORRESTALL: Thank you very much, doctor.

Mr. KNOWLES: Is there anything on the effects of supersonic travel on the health of travellers?

Mr. WATKINSON: With regard to supersonic travel and aircraft, the aircraft now that are more than on the drawing boards, this has been a matter which has been of concern to us almost from the first time we heard of the proposal for supersonic types of travel of this kind particularly as related to the effects of radiation. I recall that three or four years ago there was a meeting of air lines in Montreal and we provided one or two of our senior people to attend this particular meeting. They were people who since 1956 had attended the meetings of the United Nations committee on the effects of atomic radiation. This was a subject which had been discussed both formally and informally and we probably had as good a knowledge as anyone at that time. I cannot tell you as of today, however, what the final view is regarding the particular hazard of radiation. But we were concerned, for example, about the effects on crew members because passengers might get only one exposure to a substantial amount of radiation and they could recover. With crew members who might get this more than once within a relatively short time, the problem would be different. But these are the kinds of problems we have been concerned about and are trying to keep on top of, be aware of and know the answers. Now, Dr. Bird, who is the chief of our radiation section, may know more about it. Have you anything to add to this?

Dr. P. M. BIRD (*Chief of Radiation Protection Division*): Mr. Chairman, I do not believe these issues have been settled by any means. The current concern about radiation and supersonic flight is settling more on the problem of solar flares from cosmic radiation. These happen infrequently but when they do happen the intensity of the radiation is very high; I believe they are currently trying to look at the problem and see if there is a pattern which can be developed which would allow the flight to be re-routed in the event of an advance warning of a solar flare or the time when it is taking place so they can skirt the area in which the radiation intensity is the highest. This is the extent of my knowledge at the present time.

Mr. KNOWLES: Perhaps if I read more science fiction I would not ask such silly questions, but does the danger from radiation arise from the speed of flight or from the heights of it?

Mr. BIRD: It is from the height. The cosmic radiation intensity increases with the altitude. The higher you go, the higher the intensity because there is less earth atmosphere to reduce or attenuate the radiation intensity. But, on top of this there is what you might call a background level of cosmic radiation which increases with altitude and then you get these eruptions, solar flares as they are sometimes called, in which you get a sudden high intensity, an additional amount of radiation exposure over a localized area. This, I believe, is of the greatest concern at the present time.

Mr. KNOWLES: The greater speed does not present any health problem.

Mr. BIRD: Well, that is a different problem. I would think this would be more a problem of psychological adjustment perhaps to the business of getting from point A to point B that much quicker. Perhaps you would be there before you left, sort of idea. But this is not a radiation problem.

Mr. KNOWLES: What about the moment of going through the sound barrier? Does this create any health problems?

Mr. BIRD: This is something which I certainly do not have any knowledge of.

Mr. WATKINSON: Well, it is nevertheless, a problem in which we would want to involve the physicists, including Dr. Bird. But when we are dealing with the particular problems of aerospace medicine today we try to bring together both the medical and other disciplines. I cannot answer that question directly, but it is the type of problem that is very much before those members of the department who are involved. I am not aware from current discussions that this is a problem which is of concern in the same way as the one, perhaps, that Mr. Bird spoke of but, nevertheless, it is the type of problem for which we have set up this particular unit. While we are not likely to find the answers within our own activities nevertheless, I think we do have the liaison with the best laboratories and those who have carried out and are keeping abreast of current studies. This involves a type of research that is very costly. It requires practical work. You have to have the situation where you really have these conditions. We have them in Canada, of course and I know that a certain amount of this kind of work is being done. But I do think this is the kind of problem from the point of view, if you like, of the health of the people of Canada who will travel in these aircrafts we should be on top of at all stages.

Mr. KNOWLES: Mr. Bird, you spoke of the psychological problems that arise out of getting somewhere before you started. I think most of us have been through this kind of thing, having to fly east or west, and be alert enough to make a speech when you have not got over it. Is it a fact or have I just read something in a magazine section, that this does not arise when one flies north and south; in other words when you stay in the same time zone.

Mr. BIRD: Mr. Chairman, I am certainly no authority on this. I think I read the same newspaper report, perhaps, that you did. At that particular time I had just returned from flying through about five different time zones and was feeling the effects of the east to west type of transition. I have not had the experience of flying north to south in the same length of time so I have not personal knowledge. I am afraid I do not know the answer to your question, although I have seen this report.

Mr. BRAND: I would ask Mr. Bird, perhaps, how much liaison is going on between the departments in Canada and the United States aerospace medical program, and whether we have access to any of the multitudinous amount of information they are developing as a result of the aerospace program in the United States?

Mr. WATKINSON: Perhaps, Mr. Chairman, if I might speak because this is something I might deal with, as a matter of fact, the answer is yes and we are depending with regard to some of our research findings on the studies which were initiated two or three years ago with particular regard to the effects on crew and on passengers. In this regard we have been endeavouring over a number of years to provide the Department of Transport, the civil aviation branch, with up to date information with respect to the effects of any of the problems of aerospace medicine today as it would relate to the health of passengers and crew. We have a standing joint committee with the Department of Transport. Their experts bring the problems to us. They recently had a particular problem with regard to some of these aspects and thought it might be desirable to undertake Canadian research in this area. However, because of the close liaison with our United States counterparts in Washington we were able to say that some of these studies were already under way. We had already been given assurance that we would receive all progress reports, that we would be able to visit and to consult, as we are doing, and that at the end of the three, five or later period, complete reports and other information would be available to us. As a result, whenever it seems perhaps impractical for us to undertake or to duplicate research of a very costly kind we are satisfied that we can derive the benefits from work that is already at hand in bigger establishments, with larger investments in research. We have not found that this is necessarily a detriment to our being able to provide, for example, consultants in the Department of Transport with information which may be coming forward in the health area. We do not consult with only the United States; but with many countries.

Mr. BRAND: The Soviet Union?

Mr. WATKINSON: Wherever we can, we do not question necessarily how we get the information but if it is available we are happy to look at it.

Mr. BRAND: For example, do you have any rapport with the Soviet Academy of Medicine?

Mr. WATKINSON: Not that I am aware of, sir.

Mr. BRAND: Dr. Watkinson, with regard to your joint committee with the Department of Transport, do you have anything to do with the doctors who are chosen for the purpose of examining civilian pilots?

Mr. WATKINSON: Indirectly, as I believe Dr. Procter and Dr. Davey indicated to you, that function is within medical services but, as I said a little earlier, with respect to the development of standards, proposals from our people will be made to the appropriate consultant in the medical services branch.

Mr. BRAND: Has there ever been a proposal that the doctors who so examine should obtain either at their own or at department expense a course in the examination of aerospace problems at the University of Toronto or whichever centre happens to have such a centre.

Mr. WATKINSON: Mr. Chairman, I am getting into Dr. Procter's area and he might well have the answers at his fingertips. Would that be all right?

The CHAIRMAN: Dr. Procter would you like to comment on this?

Dr. H. A. PROCTER (*Director of Medical Services Directorate*): Over the years the examiners, who are actually appointed by the Department of Transport, have been called together irregularly to be instructed on the technique of examination and the standards that were being applied to these people. This has not been done for the past year but, in February we had a two-week solid course of our own officers, who are particularly engaged in this, in Toronto, using the facilities of the school of aviation medicine, among other things; they went over in as great depth, as seemed appropriate for these fellows, the matters of civil aviation medicine, aerospace medicine and crash investigation.

Mr. BRAND: The only reason I brought that up was to find out if in an advisory capacity your department did not feel it would be of great benefit to the doctors themselves who did the actual examination of these pilots to have the benefit of such additional experience which is normally outside their normal medical field, if you put it that way, so they would be better able to render a judicious decision whether someone was capable of flying an aircraft.

Mr. WATKINSON: I think I can assure you, Dr. Brand, that information of a kind that would provide them with exactly that kind of assistance is made freely available to them. This regard this as one of our functions when we are dealing with consultants regionally to provide them with the same kind of information available to us, to keep them abreast of all new information and to give them every assistance so they can carry out their responsibilities to the best of their ability and in the interests, particularly, of those being examined.

Mr. BRAND: I agree with this and I agree that you probably do this, but what I have suggested is perhaps a little different. There is a considerable difference between receiving a pamphlet and reading it or not reading it, as the case may be, and being exposed to a program—the phrase "crash program" is being used tremendously these days—on examinations and on the problems associated with aviation medicine and this is why I asked.

Mr. WATKINSON: I think I would accept, sir, that one of the responsibilities of this aerospace medicine consultant is to assist in setting up these courses, I am not aware of any recent courses arranged at any particular centre, apart from the course mentioned by Mr. Procter but I would accept that this is one of the areas that should be developed and probably will be developed. I should mention though that it is not simply a matter of receiving pamphlets because the members of the department who are concerned with this medical examination constantly visit these physicians in their own settings for the purpose of sitting down with them, discussing problems and trying to bring them up to date on new developments and to do a certain amount of indoctrination of this kind. I do not think we, for a moment, would disagree with the desirability of setting up these kinds of courses from time to time. It is a matter of bringing busy practitioners to centres, and I think it would be a good thing.

Mr. FORRESTALL: Just along that line, doctor, it has been my experience in aviation over the past few years that most doctors involved with it, either through their association with the Department of Transport or their duties from

time to time of giving individuals medical examinations for purposes of determining the validity of their licence and their various classes of licences, have had an aviation background. A lot of them came out of the services. Many of them at the university level had been sufficiently interested because of their background, either on their own or otherwise have delved into some of the more specialized fields. Are we now perhaps getting into a position in Canada where many of these people now or very shortly be in the position where their more active careers will be tending to phase out and we will be replacing these doctors with medical people who have not had the advantage of at least an aviation background, accidental as it may have been, and in that light has this suggestion of Mr. Brand have any extended merit in view of what is now the situation or will be very shortly in the next few years?

Mr. WATKINSON: I would agree with you, sir, that if this is the case, if these experienced doctors are being phased out the desirable thing, if we are bringing in newer and less experienced people, would be to provide this kind of current indoctrination, by all means. But this is something to discuss with Dr. Proctor because it would come more directly under that branch.

Mr. BRAND: The reason I brought this up is I know a few doctors who are doing this who have not had the experience or this training and I am a little curious. I think they should have it. I would like to go on, if I may, Mr. Chairman, under Vote 5, to emergency health services. Just what exactly do you mean by this?

Mr. WATKINSON: There are two main phases and I am going to ask Dr. Hacon to take this up in a moment but, briefly this is the program that provides the direct assistance to the provinces in the development of their own emergency health services—that is, formerly civil defence developments primarily concerned with emergency health. The other important aspect of the responsibilities of that division relates to the continuity of government in time of national emergency, such as war. Would you like to answer that Dr. Hacon? Dr. Hacon is the chief of the emergency health division which is responsible for the building up of the medical stockpile which I neglected to mention when drawing attention to the other two important responsibilities.

Dr. W. S. HACON (*Chief of the Emergency Health Services Division*): Shall I, Mr. Chairman, give the purpose of the emergency health services. I may repeat Dr. Watkinson's statement, the purpose is to prepare the health services of the country to meet the problems of war. This is our primary purpose. We do also have a responsibility to help the health services of the country face up to the problems of a peacetime disaster. We have to ensure that our own department is capable of continuing to function in time of emergency and we offer advice to the provinces; we offer assistance to the provinces, quite substantial assistance in the form of equipment. We have a large stockpile of equipment. That is a very simple statement of purpose. Our role is to prepare ourselves for disaster and to help the provinces prepare for disaster.

Mr. BRAND: Now, sir, would that work into the disaster plans that are set up under EMO in the various hospitals across the country?

Mr. HACON: The relationship between EMO and EHS was determined in 1959 by agreement between the federal government and provinces, when each agency responsible for a function in peacetime was required to prepare itself to

continue to perform that same function in time of emergency. Since 1959 the EHS, the emergency health services, have been responsible for emergency health planning. Now EMO was created at that time and is responsible for co-ordinating the activities of all government agencies, it also picks up certain functions which are not normally covered in peacetime by any agency. Anything in the hospital field or the health unit field in the way of emergency planning would come within our area of responsibility.

Mr. BRAND: You mentioned the stockpiling of drugs. I trust this is not information which is considered privileged or anything of that nature; if it is you may refuse to answer. Do you still stockpile these drugs in various areas across the country?

Mr. HACON: Yes sir.

Mr. BRAND: Are they still drugs which were purchased about 15 years ago or are they being replenished?

Mr. HACON: Well we have quite an active quality control program to be quite certain that the stocks do not deteriorate. The only drugs we have had in stock for any length of time now, to my memory, is dextran, which has stood up very well to the storage in Canada.

Mr. BRAND: I am glad you mentioned that because that is the one I wanted to bring up and I do not agree with you at all. You say your dextran has stood up very well. Agout two years ago now we set up a plan in the St. Paul's hospital in Saskatoon which I was in charge of at the time; it was a disaster plan. Having met all the requirements of the various departments, EMO and EHS and everyone else, they sent us medical supplies and supplies of dextran which our pharmacy staff and one of our universities felt were completely unusable, were indeed dangerous and, in correspondence with the department, we kept getting back a long list of platitudes about this. It caused me a great deal of concern that this sort of stuff is being kept in stock and being sent out to hospitals and is not in fact useable in case of an emergency. And, when you mentioned dextran, which is the actual item I was thinking of, I would like to hear your explanation of why you think this has stood up very well. These stocks you know, are dated 1946 and 1948—

Mr. KNOWLES: Mr. Orange and Mr. Stanbury would both like to know what dextran is?

Mr. BRAND: It is a plasma expander which is a method used where you do not have blood available, in cases of shock. It is one of these artificial ones that the Jehovah Witnesses like so well.

Mr. HACON: Mr. Chairman, there was a small stock of dextran purchased way back in 1952-53 and, to some extent, this stock is still with us. It was included in the original hospital disaster kits released to existing hospitals in peacetime. Now, this stock, according to the food and drug experts, is still a safe material to use. However, there have been some colour changes and we have regarded these, as you might say, socially unacceptable and we have replaced these stocks in the individual hospitals with fresh dextran. Now we still do hold this old dextran because we cannot get a condemnation of it. It is still physiologically safe to give. It just has a little colour change. We would not wish to use it, perhaps, unless in dire emergency. We do have a fairly large stock of fresher dextran available.

Mr. BRAND: I take it then that the particular hospital I am referring to could now get this old stock changed. However, I am not talking about colour changes; I am talking particulate deposits in this, actual solids which have appeared within this and which are considered hazardous by the medical staff who have examined this substance. It is not just colour change but actual deposits and solidifications, if you want to call it, in the plasma itself. I will hazard a guess, doctor, that you would not like to use it on yourself. We certainly will not use it on any of our patients.

Mr. HACON: Mr. Chairman, we have been perhaps fortunate in this regard. The Americans have had a very sad experience with their dextran. We have had very few reports of this except in rare cases where the dextran has been frozen. We are very conscious of the possibility of particulate deposits appearing and we are watching but we have had very, very few reports of this particular type of destran so changing.

Mr. BRAND: Despite the fact that you have received notification of the changes nothing has been done to change it. This is what bothers me. You say there has been a regular turnover. I cannot agree with this.

Mr. HACON: We had rotated all the dextran in the hospital disaster supplies units within the past nine months.

Mr. BRAND: Well you had not in Saskatoon as of two months ago.

Mr. HACON: Well, I am very sorry, Mr. Chairman, by arrangement with the provinces we are working through the provinces. Let us say that we have supplied to the provinces for this purpose the new dextran. If an individual province has not rotated in an individual hospital this is an exception, if I may say so.

Mr. BRAND: Thank you. That is precisely one of the points I wanted to find out. Now in this rotation you carry out with these drugs which, I presume would include antibiotics and things of this nature, sterile bandages, shell dressings and all this jazz. How often, in rotating these, do you take due regard for the sterility of these? When are they re-sterilized? Is this done once a year or every two years or what?

Mr. HACON: We examined dressings and those we have examined are still sterile.

Mr. BRAND: You would agree, doctor, this is not accepted as common hospital practice and that after a certain period of time in most hospitals must be re-sterilized. You do not think this is necessary under emergency health services?

Mr. HACON: I personally have seen no evidence that this has been called for. Now, if we do get this evidence we will certainly make arrangements so to do.

Mr. BRAND: So far as the drugs are concerned, do you still have your stocks of aureomycin?

Mr. HACON: No, I do not think we have. We have gone in more for tetracyclines and penicillins.

Mr. BRAND: How do you purchase these drugs? This is the last point I wanted to bring up.

Mr. HACON: Through the Department of Defence Production. We procure through the Surgeon General and he goes to DDP.

Mr. BRAND: Then this is a recent development?

Mr. HACON: No; to my knowledge this has been going on for some time.

Mr. BRAND: Are you familiar with the methods they use there to purchase these? Are they done on tender? Are they bought on price alone or are they bought on price and quality?

Mr. HACON: Mainly on tender. I think our qualities are pretty good. I am not familiar with the details of the purchasing.

Mr. BRAND: You have had no difficulty with any of these drugs becoming unusable or in such a way that it would not be possible to use them medically?

Mr. HACON: Not yet. This will arise more as the stockpile gets older and is more widely distributed. At the moment it is mainly in large depots and they are rotating and consuming—Well, we are not consuming but Department of National Defence and Veterans Affairs are consuming our penicillin and related drugs as fast as they can and we are putting fresh stocks in behind.

Mr. BRAND: Fine, thank you very much.

Mr. STANBURY: Mr. Chairman, following along with emergency health services I am curious, as a layman, about something with which Mr. Brand may be very familiar, the question of whether or not in the stockpiling for emergencies there is provision for blood apart from the substitutes of the kind Mr. Brand mentioned. Do we have stocks of blood in this country for emergency use?

Mr. HACON: Mr. Chairman, no. Blood will only keep at present 21 days unless it is deep frozen and the technical difficulties are so vast that we cannot yet get into deep frozen blood storage. We do have, however, quite a number of facilities ready in case of emergency. We are packaging now. We have completed procurement and we are packaging now the equipment for emergency blood shadow depots which will provide facilities for bleeding over 10,000 donors each. These depots will replace the existing Red Cross depots which are downtown in cities. The Red Cross has agreed to provide the technicians and we are providing the equipment to bleed large numbers of donors in an emergency. In addition to that we are placing in our existing hospitals and in our emergency hospitals packs of equipment for bleeding 100 donors locally. So, for immediate use each hospital outside a target city will have equipment for bleeding 100 donors and this will fill them in for that short period before the flow of blood comes in from the emergency depots.

Mr. FORRESTALL: Doctor, could you use some other term rather than bleeding patients?

The CHAIRMAN: For blood donors.

Mr. HACON: Sorry.

Mr. KNOWLES: Sounds like the Department of National Revenue.

Mr. STANBURY: Sounds like some sort of Socialist scheme to me.

Mr. KNOWLES: We are all brothers under the skin.

Mr. STANBURY: What happens to a person's blood when they have been exposed to radiation in terms of usability of that blood for others?

Mr. HACON: It is less valuable. We would not wish to bleed one who has been exposed to radiation.

Mr. STANBURY: Well it strikes me that the kind of war emergency that this country might experience would involve a somewhat attenuated supply of blood donors. If you are going to rely on facilities for a larger number of people to give blood than you have at present might this not be rather unrealistic in an atomic attack where a large percentage of the population might be affected to some degree by radiation?

Mr. HACON: This is possibly quite true. We may not get all the blood we need. We have alternatives. We have a number of other solutions stockpiled for the emergency hospitals.

Mr. STANBURY: Blood substitutes?

Mr. HACON: Yes, blood substitutes. We have lots of dextran. We have crystalline solutions.

Mr. STANBURY: There are things in it.

Mr. HACON: No, I do not think so.

Mr. BRAND: Mr. Chairman, since I launched my own attack on the doctor perhaps I can bail him out this time by mentioning that the original plan, and I do not think it has changed, was to have reception areas which are presumably not target areas. If they blasted the whole country you do not have to worry about who gets it. But, in a reception area those who have been damaged or subject to radiation are brought to those areas which presumably have not been subject to radiation, where you will have those donor clinics set up as described.

Mr. HACON: We expect there will be quite enough Canadians left who have not been irradiated to provide blood.

Mr. STANBURY: Well that is a very cheerful assumption but it strikes me that the quantities of people who might be needed as donors would be in the areas very likely to be affected by radiation. Do you feel that blood substitutes are an adequate answer to this potential problem?

Mr. HACON: We are providing substitutes. We are providing facilities for drawing blood.

Mr. STANBURY: You have large stockpiles of blood substitutes; in other words you anticipate this problem of all the bleeding facilities in the world not doing you much good if there are not very many people whose blood is usable?

Mr. HACON: We could provide fairer medical care with the blood substitutes, yes.

Mr. KNOWLES: This problem sometimes presents itself in cities now where there is not sufficient blood for ordinary operations.

Mr. HACON: On occasion, I believe, yes.

Mr. STANBURY: It seems bad enough now and in an emergency the prospect is somewhat frightening. I wanted to ask about the epidemiology service under consultant and advisory services.

The CHAIRMAN: Could we finish off this area first.

Mr. STANBURY: Well, Mr. Brand seems to have skipped all over.

The CHAIRMAN: I think Mr. Howe had a question dealing with emergency health services.

Mr. STANBURY: He went from aerospace down to emergency health services so I thought we were dealing with all these together now.

The CHAIRMAN: Well we really are but I wonder if perhaps we could finish off. You have a question on that Mr. Howe?

Mr. HOWE (*Wellington-Huron*): Well I was just wondering if there had been any recent demands in Canada on your emergency services or any of your drug stockpiles?

Mr. HACON: There was last month, Mr. Chairman, when the hospital in Yellowknife burned down; within 24 hours we were able to have another hospital deliver it to Yellowknife and this is the first occasion on which one of these hospitals was used.

The CHAIRMAN: You mean under canvas?

Mr. HACON: No, the package units we have are designed to go into existing accommodation. We are not attempting to go into tents.

Mr. BRAND: Do you still have available the complete truck unit?

Mr. HACON: The whole hospital can go into two tractor trailers and we have 200 of these hospitals, or will have by the end of the year.

Mr. FORRESTALL: Are these strategically located throughout Canada?

Mr. HACON: Yes, Mr. Chairman. They are presently in depots right across from British Columbia to Nova Scotia.

Mr. FORRESTALL: Not in Newfoundland?

Mr. HACON: They have recently taken an active interest in this and we are hoping to get some to Newfoundland very soon.

Mr. FORRESTALL: Is most of your stockpilling at Debert, Nova Scotia, for example?

Mr. HACON: We have about 8,000 square feet in Debert. It is not a big depot. We have bigger depots across the country.

Mr. FORRESTALL: But not in Nova Scotia.

Mr. HACON: The one in Debert.

Mr. FORRESTALL: Yes, but is is just the one in Nova Scotia.

Mr. HACON: One federal, but we are hoping to release these units to the provinces. Now, in Nova Scotia they have received a number of units from us which are prepositioned, we say, in the communities. They have taken a number of advance treatment centres and we hope they will take a hospital or two this year.

Mr. HOWE (*Wellington Huron*): Mr. Chairman, we probably are more fortunate than a lot of countries because we do not have earthquakes or flooding disasters of major proportions. I wonder if, on occasion, through the Department of External Affairs, there are requests made to your organization for assistance through the World Health Organization for some of these areas that need assistance?

Mr. WATKINSON: Mr. Chairman, there have been instances in the past of this kind. I am thinking of the earthquake situation in North Africa several years ago. With regard to the Chilean earthquakes, I believe through emergency health services, hospital beds and medical supplies were made readily available and sent on their way through this source. Of course they were replaced in order to keep the stockpile at the constant level we feel it should be.

While I am speaking, I feel we ought to give a little assurance to one or two who may feel that these procedures and plans perhaps are not likely to be as effective as they are intended to be, and in this regard I think it is useful perhaps to mention that all the decisions which have been taken have certainly not been taken lightly nor necessarily by the staff within the department. In each case all these important decisions, particularly with regard to the stockpile and, in fact, any of the phases of the program, have been decided upon only after bringing together the most competent and the best people we could bring together in this country who would concern themselves not only with the practical effectiveness but the influence, perhaps, of such things as substantial exposure to radiation, and the decisions which have been made were made in the light of all these factors. As I say, the people who are closely involved and have been throughout the development, of the program do not share the same qualms; they feel that in the light of all these circumstances, this represents the best decision that can be reached and we have gone ahead on that basis. Furthermore, these plans are re-examined from time to time and decisions are, revised if necessary in the light of new knowledge, findings or inadequacies and they are immediately put right or changed in such a way that they are likely to be most effective in the light of this new knowledge. We have no way of knowing whether they are going to be 100 per cent effective in the time of need but, certainly, the decision which was taken to build up this kind of program, we do believe, was made on the best basis possible and by those who are, perhaps, most competent in this country. Of course, we have information available from Britain and the United States and other countries which have built up similar stockpiles and are going ahead with similar kinds of plans. I do hope you do not leave with any feeling that you are not going to be adequately taken care of in the event of need.

Mr. FORRESTALL: Not at all, doctor, it is just this bleeding business.

The CHAIRMAN: Do you wish to move to another area, Mr. Stanbury?

Mr. KNOWLES: I wonder if I could ask Mr. Hacon if he can give any other examples of the use of the functions of his branch in recent years. I gather that the Yellowknife one was a case where you moved in a whole hospital? Have there been any other emergencies of a civil nature in recent years where you have moved into the breach.

Mr. HOWE (*Wellington-Huron*): Was it used for the Red River flood of a few years ago?

Mr. HACON: The material was not available then. We were ready in the Manitoba floods to help Winnipeg. They were preparing to evacuate all their hospitals and we had standby equipment ready to help them. The equipment has only become available within the past year or 18 months for release to communities. We have yet to build up an experience of its usage. We anticipate it will be used and this is why we want to get it out now for use in peacetime as well as in wartime.

Mr. KNOWLES: I am sorry we did not give you the opportunity.

Mr. BRAND: May I say, Mr. Chairman, that the committee had an opportunity to see the setting up of one of these hospitals which I had some years ago. It is a most impressive sight, it really is. Perhaps Mr. Harley is familiar with it. It is a most impressive sight and a beautifully designed thing, a whole hospital being set up in a matter of a few hours from the time it arrives on the site.

Mr. HACON: Yes, it can be.

The CHAIRMAN: Did you wish to make a comment on this, Mr. Orange?

Mr. ORANGE: I would like to make a comment with regard to the Yellowknife Hospital, Mr. Chairman This was a magnificent operation and certainly impressed the people of Yellowknife. It not only impressed them but it provided medical services within 24 hours in the community. All the materials had to be flown from Edmonton by RCAF aircraft and the hospital was set up in the Elks Hall in Yellowknife which was, I would say, quite adequate for the purpose. I know I speak for the people in the community of Yellowknife in expressing our appreciation and gratitude to the organization for their very fine work.

Mr. FORRESTALL: Are these Canadian units of Canadian manufacture or do we import them from the United States? I gather these hospital units are prefabricated assemblies.

Mr. HACON: Mr. Chairman, we package these ourselves. We buy the individual items from all over the world. We buy quite a lot from the States but some of the equipment is designed by our people and is sent out to order.

Mr. BRAND: I thought the bed itself was a Canadian design?

Mr. HACON: The bed is a Canadian design. It is being built by the penitentiary service. The anesthetic machine is specially designed. We package it ourselves. We have our packaging depot and it is packaged for long term storage in functional packaging so it will be very quickly ready for use.

Mr. WATKINSON: In this regard, Mr. Chairman, I am sure Mr. Hacon would welcome a visit by any members of the committee to the depot where the stockpile is in the process of being packaged and where there is a great deal of stock on hand. Do you still have the exhibit of the component parts? It is truly an impressive sight to see the amount of materials and the way in which they are handled and prepared for storage over a period of years in case of need.

An hon. MEMBER: Is that here in Ottawa?

Mr. HACON: The depot is in Ottawa.

Mr. STANBURY: Just before moving on to another part I want to reassure the doctor that I admire the emergency health services of the department and I think they have served as great ambassadors for Canada in what they have been doing in other countries as well as on behalf of the federal government in all parts of Canada. I am sure he understands that we feel some responsibility to know what it is all about and it is not in a spirit of criticism.

Now, as a layman, I presume that epidemiology deals with epidemics. Is this correct?

The CHAIRMAN: No, it is not true.

Mr. STANBURY: It does not deal with epidemics.

The CHAIRMAN: No.

Mr. STANBURY: I am only a simple lawyer. What is it doctor?

The CHAIRMAN: On what page of the estimates are you?

Mr. STANBURY: Well I am on the summary which I thought we were following until Mr. Brand got down to the bottom of it from the fourth or fifth item from the top.

Mr. WATKINSON: Mr. Chairman, this is one of the divisions made up of a number of consultants within the consultant advisory service of health services branch.

Mr. STANBURY: Yes, but what does it mean?

Mr. WATKINSON: Well, let us put it in terms of what they do. They have the responsibility for keeping abreast of diseases, the disease pattern in this country, for example, the nature and extent of particular diseases. If we have a concern about smallpox, for example, this is one of the divisions that is immediately concerned with working together with the provinces. They want to know immediately the whole nature of how a particular case or cases arose. Did these cases come into Canada, did they arise in Canada, and so on.

Mr. STANBURY: It does have to do with epidemics then?

Mr. WATKINSON: It can, but not wholly or inclusively or exclusively. Probably the derivation of the word came from epidemics.

Mr. STANBURY: That is reassuring.

Mr. WATKINSON: It is the one division that, if you like, is in the nature of a health intelligence section.

Mr. STANBURY: What I really want to know is whether we have had recently in Canada or whether there is any real hazard of epidemics of the nature we use to see. There does not seem to be the same problem of epidemic disease in Canada in recent years, or is there?

Mr. WATKINSON: Well, there is a certain threat all the time, a risk of a certain kind. However, I think the person who can give us the best answer is Dr. Bynoe who heads up our laboratory of hygiene which provides for the bacteriological and the virus services of the department. I think Dr. Bynoe can probably give us the most direct answer to this question.

Mr. KNOWLES: Did he bring any samples?

Dr. E. T. BYNOE (*Director Laboratory of Hygiene*): Mr. Chairman, we have a continuing amount of disease in this country and at various times of the year the incidence of these diseases might rise and at other times of the year they decline. We have not had the kind of epidemics that possibly you are thinking of that we had 50 or 100 years ago where the whole country would be swept with an outbreak of cholera or one of these more exotic diseases. However, there is always, as you know, a continuing incidence of measles, mumps, chickenpox and a host of diseases that we all suffer from, from time to time. The purpose really of this epidemiology division, as Mr. Watkinson said, is to keep our eye on these diseases, on all of them, and note whether they rise. For example, there has been much interest in recent years in venereal disease. We have been concerned about the increase, which we can get from the bureau of statistics figures. The increase in both syphillis and gonorrhea is the sort of thing that the epidemiology division would pay special attention to, and our own laboratory would get interested in attempts to try to see what we might do to control it.

Mr. STANBURY: Is this the major form of epidemic in Canada today?

Mr. BYNOE: The major form?

Mr. STANBURY: Yes, it was the one you mentioned first, apart from measles, mumps and chickenpox which I suppose will always be with us and do not seem to be too serious in their effects.

Mr. BYNOE: Well, no, I would not say that venereal disease is the most important. There are many diseases in this country of which the incidence, the actual morbidity is higher than venereal disease. But, the point is that we are concerned because the incidence has apparently gone up instead of coming down with the use of our antibiotics and we thought that we would be able to reduce markedly the incidence of such things as venereal disease.

Mr. STANBURY: This is not true of other diseases which reach epidemic proportions?

Mr. BYNOE: No, it would not be at all true of any of our viral diseases because while we have prophylactics today which, as you know, practically eliminated poliomyelitis in this country, we still do not have any therapeutic agents, any drugs that we can treat virus diseases with. We have agents that we can protect against virus disease but we still have no good drug that is of any use in a virus disease. So that until such drugs are devised, our best protection in these viral diseases is to protect the people from ever getting them, which we are doing today quite remarkably with the introduction of these new vaccines, polio, measles and we hope, very soon rubella.

Mr. STANBURY: We do not have anything more than fairly limited regional epidemics of these diseases in Canada?

Mr. BYNOE: Well, perhaps an exception would be something like influenza and you may recall that earlier this year there was a fair amount of influenza in this country. The incidence viral influenza was not as disturbing as it was in the old country; it was not as great, but that sort of thing can still happen today and it will, I think, continue to happen. Because of the nature of influenza we are not able to get a vaccine which is entirely protective. The agents that cause

influenza seem to vary from year to year. You prepare a vaccine this year; it is good against the strain that is causing disease this year but next year you may be hit by an entirely different one. Some of these respiratory diseases you might consider, sir, as sort of an epidemic thing which might hit the country from time to time.

Mr. STANBURY: Are you constantly studying ways to prevent epidemics in all these fields? Have you your own research facilities?

Mr. BYNOE: Well, yes, it is the concern of the laboratory of hygiene as much as anything to try, if possible, to improve on the vaccines that exist, certainly to control the ones that exist. But we still have to depend and we shall still rely almost solely on our commercial organizations, the large research houses for the development of improved vaccines. In a limited way, we are working and we have what we think are improved vaccines for several disease conditions. We have an improved staphylococcus vaccine. We have an improved memingococcus vaccine which we hope to go on trial under the auspices of World Health Organization in Africa in the Haute Volta region where memingococcus meningitis is quite a serious condition. We have prepared this; this is a new vaccine developed by our laboratory which we hope to put into clinical trial in the field. Of course, this is the final test as to whether the vaccine is any good. It can be excellent in our lab tests and on our small animals but the final test is how good is it under field conditions in man and that we will not know until we have these trials.

Mr. STANBURY: Will it fall within your area of responsibility to study the means of coping with possible germ warfare?

Mr. BYNOE: In an indirect way. For example, I personnally happen to be a member of the committee of the defence research board which is concerned with biological warfare. Our laboratory as such is not actually doing any work on biological warfare as such but we would expect that our laboratory, in the event of a war in which a biological agent was used, would be expected to give a certain amount of guidance and assistance because we are informed now, through my being on this committee, of the organisms that are likely to be used and the methods that are likely to be used for both their spread and their detection.

Mr. STANBURY: This is being studied actively by the defence research board?

Mr. BYNOE: Well sir, I do not know whether I am speaking out of turn or not, but there is a biological warfare committee of the defence research board and this, of course, is a secret. Their purpose is really defence against biological warfare.

Mr. STANBURY: Well you are very actively associated with it so there will be liaison with your department and your department will be able to use the information if it is ever called upon to do so. Thank you.

Mr. KNOWLES: Do you regard the common cold in the category of epidemics?

Mr. BYNOE: Well I would think that you would, sir. The common cold certainly can reach epidemic proportions in the incidences of common colds that we have in this country. Again, unfortunately, the common cold has no one

single cause. There are at least a hundred different viruses that have been isolated and associated with the common cold. Some of them, of course, are more commonly found than others. We hope that at some time we may be able to select a group, maybe four or five of the agents which are most commonly found to prepare a vaccine which would protect people from, let us say, 50, 60 to 70 per cent of the cold producing agents that might be in the community. But to hope that we will ever get a vaccine that will protect against all colds is, I am afraid, a rather remote possibility at this time.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, this is not in the same connection but a few weeks ago there was an announcement by the Department of Agriculture about some new antibiotic which had been found that was going to be very beneficial to the health of not only animals but humans. Has there been anything done in the department or is there any co-operation or research being conducted in the Department of National Health and Welfare in connection with this?

Mr. BYNOE: Yes, Mr. Chairman. We have taken an interest in this new myxin and very recently within the last few weeks we have been given some of this myxin for study in our laboratories because we have a biological control laboratory which is concerned with the control of antibiotics. At the present time we are now investigating this myxin, not only for its possibilities in the laboratory of controlling or of knocking out various disease producing organisms but also for its toxicity effect on small laboratory animals. We are at present carrying out toxicity studies—of this drug to make sure it is not going to do more harm than it does good. It might knock out the organism but you might produce some toxic symptoms in the patient. So we are doing both of these things. We are extending the studies that agriculture did. Most of the agricultural studies tested the effect of this drug against plant coccus, that is, organisms that produce disease in plants and a variety of non-human disease producing organisms. We are now testing the effect of this in our laboratory against human disease producing germs and its toxic effects in animals.

The CHAIRMAN: Shall Vote no. 5 carry?

Item agreed to.

Mr. HOWE (*Wellington-Huron*): There is an item on page 289 for educational information material, other than publications. It was raised from $14,000 to $61,000, a raise of about $47,000. Is that some special pamphlet?

The CHAIRMAN: That is the art gallery. Have you a different page.

Mr. HOWE (*Wellington-Huron*): It is under Health Services, including assistance to the provinces, consultant and advisory services.

The CHAIRMAN: Do you mean page 299?

Mr. HOWE (*Wellington-Huron*): Oh, I made a mistake there; I am sorry.

The CHAIRMAN: Gentlemen we will carry on with votes 10 and 15 at the next meeting. I am unable to tell you now at what time it will be. It will be either in the morning or at one o'clock. I will have to notify you.

Mr. HOWE (*Wellington-Huron*): That will be on Tuesday, will it?

The CHAIRMAN: Yes, it will be on Tuesday.

TUESDAY, June 28, 1966.

The CHAIRMAN: Ladies and gentlemen, I call the meeting to order. Today we are dealing with the estimates of the Department of National Health and Welfare. We had passed Vote No. 5 in our last meeting, and we now have under consideration Vote No. 10.

Mrs. MACINNIS (*Vancouver-Kingsway*): Mr. Chairman, may I inquire now or would you rather that I inquire at the end of the meeting about how much we are going to cover before the adjournment of the Committee for the summer recess.

The CHAIRMAN: Well, I would be glad to mention that now. I was hoping that today we would be able to consider Vote No. 10 and Vote No. 15, which would conclude the examination of Dr. Crawford's half of the department, with the exception of Vote No. 1.

If you notice the set-up of the committees on Thursday, we are booked to sit at 9.30 a.m. There is no drug committee that day, and it has been arranged in a room where we can go from 9.30 a.m. until 12.30 p.m. if this is the wish of the Committee, to try to get through the welfare votes which are 40, 41 and 45. If it would be possible to get those through, then we could continue with Vote No. 1 and finish the estimated by Thursday, but this is up to the Committee. This is a possibility. I realize it is a remote one because there are a lot of questions I am sure under the welfare half of the department.

Mrs. MACINNIS (*Vancouver-Kingsway*): I was wondering what we were going to do about this. Are we going to be making any report to them before Parliament adjourns. I am thinking of those four bills we have been examining.

The CHAIRMAN: As far as the birth control terms of reference are concerned, we had arranged for a group which had been asked by Mr. Cowan to come and present their views. The Canadian Association of Pentecostal churches, as I remember, and they had a date of July 7, to come and present their brief to us. I think it is questionable whether we are going to be here on that date. The other witness we were waiting for was the Conference of the Bishops of the Catholic Church. Their brief is not available at this time and will not be, I do not think, until some time in July—July 15.

I know that some of the Committee members feel that we really cannot present a report until we have the views of the Catholic church.

Mr. STANBURY: Mr. Chairman, I have no desire to proceed without hearing the views of these two groups, if there could be some reasonable limit on the time for receipt of these briefs. We cannot delay this forever.

The CHAIRMAN: Well, as you remember, the Committee decided that we would accept invitations to appear before the Committee up until the end of May, but that this did not mean that we had to hear them before the end of May. Most of these groups had signified their intentions by the end of May. The Pentecostal people are ready to come on July 7, but it is a question of whether the House will still be sitting.

Mr. COWAN: Oh, do you mean you have not received the word?

Mr. STANBURY: Well, would it be possible to ask both these groups to submit their briefs in writting so that we might have them during the summer

and we might hear them at the first meeting of this Committee after the House resumes. Unless we have some such target, I am afraid it is going to drag on and we are not going to get a report out even early in the fall.

The CHAIRMAN: I completely agree with you. I see no reason why we cannot have a report almost within the first week that we are back to the House because it is the only thing we are waiting for.

Mr. KNOWLES: If we are here on July 7, can we go ahead with the meeting?

The CHAIRMAN: Well, this is up to the Committee. I have not told these people that they are not to come; I am just waiting.

Mr. KNOWLES: I would suggest that you do not cancel it until the end of the week, until we find out what the score is. All we have to do in the House is 10 small bills, the Bank Act, and medicare, plus a few others I have in mind.

The CHAIRMAN: I do not think anyone really seriously thinks we are going to be out of here on Thursday.

Is it satisfactory to the Committee that we allow these people to come provided the House is still sitting, and we ask the other people to present their brief to us in writing during the summer with the expectation that within the first week of our return we will probably be prepared to submit our report to the House?

Mrs. MACINNIS (*Vancouver-Kingsway*): Instead of saying during the summer, could we not suggest the end of July? I think a definite term would be more useful.

Mr. STANBURY: On the understanding that they could come to the first meeting in person if they wished to supplement the brief.

The CHAIRMAN: Fine; but that we really have to have the information by that time so that the Committee may present the report. Is that reasonable?

Mr. KNOWLES: Mr. Chairman, I would like to enter a bit of a caveat about Thursday. I have not a schedule of the meetings with me but we are running into conflict all over the place. The Public Service Committee—

The CHAIRMAN: The Public Service Committee is for 9.30 a.m. and 8.00 p.m. I know, these are the problems. What I suggested is probably not possible, but—

Mr. KNOWLES: What had been announced for today got changed last night. The pressure on that Public Service Committee is pretty heavy and there are three or four members of this Committee who are on that.

Mr. COWAN: Does the Transport Committee meet on Thursday?

The CHAIRMAN: The Transport Committee does not meet on Thursday. It could, we never know. The Cost of Drugs Committee on which there are many reciprocal members definitely is not meeting on Thursday, so there is no conflict there.

Shall we proceed with Vote No. 10 hoping that we might get through Vote No. 10 and Vote No. 15 today, and we will start on 40, 41 and 45, on Thursday. Dr. Crawford has stated that he will also make himself available on Thursday if by any chance we do get back to Vote No. 1. If we, of course, finish these on Thursday then we could report that to the House Thursday, but I suspect we will have some days next week to finish this off.

Dr. Crawford did you want to make a general statement on Vote No. 10?

10. 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 $40,407,080, $32,794,0000.

Dr. J. N. CRAWFORD (*Deputy Minister of Health, Department of National Health and Welfare*): Merely to say, Mr. Chairman, that Vote No. 10 authorizes the expenditure of money to the provinces to assist them in a variety of programs. They are listed in the blue book as grants of one kind or another. This program is under the over-all direction of the Director General of the Health Insurance and Resources Branch, Dr. Lossing on my right, and the officer charged with the immediate administration of this grant program is Dr. Wride. Both of these gentlemen are here with me today.

Mr. KNOWLES: Could you relate this, Dr. Crawford, to the health resources program that we approved yesterday.

Mr. CRAWFORD: The relationship is a very general one indeed, Mr. Knowles. These grants in Vote No. 10 are for the support of programs in mental health, cancer control, tuberculosis control, general public health research, child and maternal health programs, and so on.

The health resources fund, as I think you are aware, is for the support of construction, acquisition, renovation of health teaching facilities. It is related only that it is in the general area of health, but the health resources fund is specifically earmarked for capital costs of health teaching facilities.

Mr. KNOWLES: But it is mostly a matter of federal money being granted to the provinces. Therefore, I am wondering about the set-up administratively.

Mr. CRAWFORD: Well, both these programs fall under Dr. Lossing. They are both in the health resources division of the department.

Mr. KNOWLES: You anticipated that bill was going to pass. You have the machinery all set up, I take it.

Mr. CRAWFORD: We have indeed. If, you will refer to the organizational chart, Mr. Knowles, which I gave you on the day of our first meeting, you will find here the Director General, health insurance and Resources. We have the Health Branch, health resources, hospital insurance and diagnostic services, health facilities design and medical care insurance. Now, added to this is the health resources funds.

We are in the process of trying to acquire at the moment a director for this particular fund.

Mr. KNOWLES: You not only had anticipated the passing of the health resources legislation but you anticipated the passing of medicare.

Mr. CRAWFORD: I am counting on your support, sir.

Mr. KNOWLES: That is a nice way to put it, doctor.

Mr. STANBURY: Mr. Chairman, perhaps this gets into the area of policy which Dr. Crawford does not feel qualified to comment on, but perhaps he could

give us some factual background at least. I am curious to know why do we in so many areas collect money from the people of Canada to hand it out to the provinces for these programs.

Mr. CRAWFORD: Well, this is a matter of policy, Mr. Stanbury, and I could not answer it. This is leading me into a constitutional debate in which I am not qualified.

Mr. STANBURY: I had not intended to do that, but I thought perhaps you could indicate when this arose and for what reason, if you know.

Mr. CRAWFORD: Well, some of these programs go back to about 1948, and they all arose in response to a vacuum. We had great discrepancies in health programs as between various provinces, and there did seem to be a need for some co-ordinating agency which would endeavour to bring these standards at least up to a sort of uniform minimum, and in this I think we have been remarkably successful.

Mr. STANBURY: It strikes me that this would be an excellent reason for such assistance, but then we see that Ontario and Quebec are by far the greatest recipients of this kind of assistance to the provinces, and I should think that of all the provinces they would be the one least in need of health assistance in keeping up a standard comparable to other provinces. It does not seem to serve the purpose of equalizing the standards of health care across the country.

Mr. CRAWFORD: Well, the basis for distribution in the main is a per capita distribution. I think that the large amount of money received by the larger provinces is a function of their larger population.

Mr. STANBURY: It does not serve really the purpose that you indicated it started out to serve, the purpose of bringing services up to a certain standard across the country, and assisting the have not provinces. Certainly if you pay these grants on the basis of a per capita amount it is hardly a redistribution of federal resources to bring up a poor province's services to those standards.

Mr. CRAWFORD: It is a fairly complex formula and I have oversimplified it. In many of these programs we start out with a basic lump sum to each province, with the balance being distributed on a per capita basis, so this tends to overcome this factor to some extent. And, I think it not unreasonable that the provinces which have the largest populations also have a need for larger and more extensive programs.

Mr. STANBURY: And they are more able to pay for them.

Mr. CRAWFORD: I suppose, if one wants to answer this, they are also paying for the programs in the smaller provinces.

Mr. STANBURY: Again, this perhaps gets into a field of policy where you are not particulary concerned, but it strikes me that we are simply collecting money as a federal government from federal taxpayers and dividing it up among the provinces in a manner which does not serve to standardize the quality of services, but rather simply to make the tax raising job of the provinces a little bit easier.

Mr. CRAWFORD: Well, there are two questions here really. One is a question of standards, and I think that what federal intervention in this equation has done is to give the federal observers an opportunity to assess programs in all

provinces. This has given us a financial key to the provincial door, if you want, and we have been able to go into the provinces to see what they are doing. I think Quebec is a very fine case in point. Many of their health programs, in spite of their size, were not as good as they should have been and with some prompting and nudging on the part of the federal authorities they did in fact bring up their standards until now, at the present time, they are in a very, very favourable position indeed.

The other question is surely a question of policy, the business of collecting money federally and redistributing it to the provinces; taking it from the provinces and giving it back. This is something that I understand is now being dealt with by the tax structure committee.

Mr. STANBURY: Do you feel that now there is a fairly consistent standard of health services across the country in the various provinces?

Mr. CRAWFORD: I would not say that the programs were exactly comparable in all provinces. I think that we have achieved a desirable minimum in all provinces and some provinces are well above these minimum standards. There are still discrepancies.

Mr. STANBURY: This particular program has not yet brought us to the point of a high national standard which is fairly consistent in each province.

Mr. CRAWFORD: Well it certainly has not brought us to a situation of equality of standards. I do not think we ever intended to do that. I think we hoped to bring about a reasonable minimum standard and have this apply from coast to coast, and I think this we have done.

Dr. E. H. LOSSING (*Principal Medical Officer, Health Services Directorate, Department of National Health and Welfare*): Mr. Chairman, if one looks back into the history, the purpose of the general health grants was to maintain and strengthen provincial health services in specific fields. It was designed for this purpose and it was designed also to prepare the way for what we see happening now in the way of the big health service programs. I think over the years it has been very successful in achieving these purposes.

Mr. KNOWLES: Mr. Chairman, I have a similar comment to the question asked by Mr. Stanbury. I suppose once again I am commenting on something that I saw happen. I was here when Mr. King announced the health grants program and I think Dr. Crawford's use of the word "vacuum" was the proper word. At that time it was not so much a case of equalizing or bringing up families; it was a case of filling a vacuum and seeing to it that the work was done in these various fields. I also think the other doctor's comments were quite correct that it was historically part of the program of moving towards complete health services. We got the health grants programs and then we got hospitalization and, finally, at long last we are getting the rest of the program. I could make a political comment but I will not now.

The CHAIRMAN: It is safer to save that for the House.

Mr. KNOWLES: It has something to do with 1919.

The CHAIRMAN: I remember the resolution as well.

Mr. HOWE (*Wellington-Huron*): I am interested in this item of public health research grant of $4,501,330, not allocated to specific provinces. Dr. Crawford, is this allocated by application?

Mr. CRAWFORD: This amount was arrived at by a rate of 23 cents per capita, I think. This is not distributed to the provinces on a per capita basis; it is held as a central fund which runs around $4½ million, as I recall it.

Applications are made for support of research projects to the officer administering this public health research grant. These applications are assessed by independent referees and support is provided through the provinces to the applicant.

Mr. HOWE (*Wellington-Huron*): A few years ago in my own Wellington country a health unit conducted a survey of all the people who might be of assistance to help those that could be taken out of hospital and be looked after at home. Would this be the type of program that would be assisted by grants of this kind?

Mr. CRAWFORD: We could provide assistance either under this or we could provide it under the general public health grant. This sort of study is one which has interested us greatly.

Mr. HOWE (*Wellington-Huron*): I do not know whether you remember Dr. Dale instituted that up in Wellington country a couple years ago and had quite a very comprehensive program.

Dr. GORDON WRIDE (*Director, Health Grants, Department of National Health and Welfare*): If my memory serves me correctly, there was a project, and we did approve a substantial sum towards this survey. We have the results in our office.

Mr. HOWE (*Wellington-Huron*): In these days, when hospital beds are at a premium, this type of service is very good and very helpful. Are any of the other health units in the province, or in any other provinces, conducting surveys of this type?

Mr. WRIDE: The public health research grant has been used for somewhat similar studies across Canada. I would not suppose there were more than perhaps three or four, and they are not all exactly identical.

Mr. HOWE (*Wellington-Huron*): It is rather interesting to notice that the research grant is much larger than the general public health grant in these estimates.

Mr. WRIDE: I do not think this is so, sir. The general public health grant is calculated at 85 cents per capita, and should be about $16 million, while the public health research grant is calculated at 23 cents and comes out to about $4,500,000 for 1966-67.

Mr. HOWE (*Wellington-Huron*): Well, in my book the general public health grant is $300,000.

Mr. WRIDE: That means resources not allocated to specific provinces.

Mr. HOWE (*Wellington-Huron*): Not allocated to specific provinces. Below it does not say public health grants; it just says other health grants.

Mr. WRIDE: Mr. Chairman, the $300,000 is a subsection of the general public health grant and is kept as a central amount to assist particular projects. At the present time it is supporting the two schools of hygiene. The public health research grant which supports public health research generally is $4,500,000, and is a separate public health research grant.

Mr. O'KEEFE: Mr. Chairman, the doctors awhile ago in private conversation gave me a few figures on mental health. Is it all right to repeat those, doctor?

Mr. CRAWFORD: Well, certainly.

Mr. O'KEEFE: Your suggestion is that the total is $8,656,650 and that each province received some $50,000 while the Mental Health Association received $25,000. I notice here on page 300, "Mental Health Grant to assist in an extended program for the prevention and treatment of mental illness, including rehabilitation and free treatment." Does this suggest something in addition to that $8 million?

Mr. CRAWFORD: No, sir; this is the item, this is the 8 million item. It is perhaps unfortunate that on page 300 the amounts for each of these programs is not detailed. There is a blank in the column. The programs themselves are listed and the total is $40,407,080. We can give you the details of these easily enough. For example, the general public health grant is $16,635,000; the tuberculosis control, $1.9 million; mental health, $8,656,000; professional training grant, $1,957,000, and so on.

Mr. O'KEEFE: Those grants are for next year; those are the estimates for next year. Do those include the health resources program?

Mr. CRAWFORD: Sorry, sir?

Mr. O'KEEFE: The health resources program.

Mr. CRAWFORD: The health resources fund?

Mr. O'KEEFE: Yes.

Mr. CRAWFORD: No, the health resources fund does not appear in the blue book at all, sir, We just got this last night, as you know, and of course could not include it in the estimates. This will have to appear as a supplementary for anticipated expenditures this year.

Mr. O'KEEFE: So you cannot suggest how much really will be spent this year on mental health?

Mr. CRAWFORD: On mental health? Well, mental health will spend $8,000,000, will spend these mental health grants.

Mr. O'KEEFE: Yes, but I thought you said that did not include the new program.

Mr. CRAWFORD: This health resources fund which is for capital cost of construction. Now, there may be some teaching facilities involving mental health; we do not know.

Mr. O'KEEFE: Well, there certainly will be some.

Mr. CRAWFORD: There will, probably.

The CHAIRMAN: I was going to say that there just has been some Treasury Board minutes passed around, and I think the breakdown of the mental health grant is on page 10.

Mr. O'KEEFE: Well, I do not know if this is a fair question, Mr. Chairman, and perhaps the deputy minister might think it unwise, but you did suggest a minute ago that there were some provinces whose health standards were above average and that some were much below average. Could you tell me the ones

who are much below standard, and how very much below the standards they are?

Mr. CRAWFORD: I would rather not answer that.

Mr. O'KEEFE: That is perfectly all right. We have a suspicion which ones they are.

Mr. STANBURY: In all fairness I think the doctor said there was a certain minimum standard achieved which he felt happy about.

Mr. O'KEEFE: He said that some were below that standard.

Mr. CRAWFORD: One is never happy with minimum standards but things are better than they were.

The CHAIRMAN: You used the word average—

Mr. STANBURY: I do not think he said any were below a minimum standard, whatever that is

Mrs. MACINNIS (*Vancouver-Kingsway*): With regard to the item on child and maternal health grant "to assist in an accelerated and intensified program for the improvement," and so on. I notice in the minutes that we have just been given that among the accelerated efforts was the training of personnel within the provinces. I would like to know what other intensified and accelerated developments for maternal and child care are envisaged, if any, apart from the increased training of personnel?

Mr. WRIDE: Mr. Chairman, it is a very broad program and the training was singled out. As a matter of fact, you will notice there is also a professional training grant. It is at 10 cents per capita; but training occurs also under most of the other grants. It was in order to regularize this that we put the special sentence in there "including training". But, the child and maternal health grant does assist a very broad program in child and maternal health and I can think of a lot of money being spent on the poliomyelitis immunization program for one. We spend considerable money on the encouragement of prenatal clinics where this is done on a community basis.

Mrs. MACINNIS (*Vancouver-Kingsway*): Is there anything new envisaged, any new programs under this?

Mr. CRAWFORD: There is the phenylketonuria and the cystic fibrosis program. These are all rather new. Help with the thalidomide problem amongst children that are already in difficulty. I think these are new in the sense of being undertaken during the last two or three years. But, there is not something pressing that we are going to start tomorrow under this grant.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well, that is what I wondered; since you have this accelerated and intensified program, have you some new project envisaged that we have not heard about?

Mr. CRAWFORD: Well, there are a lot of interesting things happening, Mrs. MacInnis. In Alberta we are providing through this grant free penicillin to children who have had rheumatic fever. In your own province we are providing support for a consultant services to local hospitals and to child health conferences. We also have in Nova Scotia a pilot program to carry out diagnostic services in case findings among newborns; cardiac clinics for children also are

established in Halifax. All this is through the support of this fund, and this sort of thing is going on in all the provinces.

Mr. BROWN: Dr. Crawford, could you give us the amount of the cancer control grants in 1966-67, and also for 1965.

The CHAIRMAN: You will find a summary of it on page 14 of the treasury board minutes.

Mr. CRAWFORD: The amount is $1,923,700.

Mr. BROWN: For 1965?

Mr. CRAWFORD: No, for 1966-67, and the same in 1965-66. Some of the grants have a certain amount and they remain, shall we say, static, while the population increases. Others are calculated originally on a per capita basis and rise as the population rises, but certain grants do remain static although the population increases.

Mr. PASCOE: Mr. Chairman, this is a follow-up to the doctor's answer to Mrs. MacInnis when he referred to the special assistance in the case of cystic fibrosis. Could you enlarge a little bit on that because I am very interested in that.

Mr. WRIDE: Well, for several years certain provinces have been encouraging programs for testing for both phenylketonuria and cystic fibrosis. Blood is taken from new born within the first few days in hospital and tested for phenylyketonuria. For a time we supported this under the child and maternal health grant. There is a tendency in this fiscal year to do it under the hospital insurance program as being a diagnostic treatment for patients in hospital before the infant goes home.

Particularly in Saskatchewan and Alberta they have programs in this field, but others are beginning as well.

Mr. PASCOE: There are associations being set up now in regard to cystic fibrosis. Do you assist them at all?

Mr. WRIDE: Only if the association is considered to be the regular agent of the province to carry out a public health function. If it is, then we assist the province and the money goes down through the agency. But, if they are not the regular official agency of the province to carry out the program, then we do not provide assistance directly to the association.

Mr. PASCOE: Well, to take one specific example, right here in Ottawa there is an association. Now, are they assisted at all in this grant?

Mr. WRIDE: I think the work they are interested in is assisted but the association expenses for administration are not.

Mr. PASCOE: Thank you.

Mrs. MACINNIS (*Vancouver-Kingsway*): Just speaking on that point, would that mean that if an association received a provincial grant that they would be eligible then for a federal—

Mr. WRIDE: I do not think it is as simple as that. In some provinces various voluntary associations have been designated officially by the province as its agents in order to carry out health programs, then it all goes along quite

logically. But, if they are not officially designated to do this, then there are often many agencies doing it. We assist the province and probably are assisting indirectly whatever becomes the official agency.

Mr. KNOWLES: Dr. Crawford you started a few minutes ago in reply to someone on the other side to give the figures that appeared in this mimeographed document that we have been handed. I gather that the figures to be found from pages five to 22, of this mimeographed Treasury Board item which seem to add up to $40 million, represent the same $40 million only broken down as per the various programs, whereas what we have in the book of estimates is the $40 million broken down as among provinces.

Mr. CRAWFORD: Yes.

Mr. KNOWLES: Mr. Chairman, I think it is useful to have both breakdowns and I have two suggestions to make: One is that this document be made part of our record. It will still require a little looking to see what it means in relation to the other. The other suggestion that I would like to make to Dr. Crawford, would be that in preparing estimates for another year—I do not know if next year's is still on the draughting board or not—but anyway for some future year—that we might be able to have this under both headings. Now, I realize that if you put the figures out in the columns headed "amounts" you might seem to be getting a duplication, and the addition would be out by $40 million, but I wonder if it is not possible, in the columns where the items are described, even if it is in some sort of a brackets arrangement, to give that breakdown?

Mr. CRAWFORD: I do not know how far we can go with that, Mr. Knowles. I appreciate the interest the members have in this sort of detail, but I think that the format of the estimates as they appear in the blue book is pretty well dictated to us by the Public Accounts Committee, is it not? This is where we run into a snag. Certainly what we can do is to give you for incorporation in your proceedings in this Committee any sort of breakdown that you want by provinces. We can provide you with a mimeographed breakdown which then can be incorporated into your proceedings. We can give you the information. We may not be able to give it to you in the blue book.

Mr. KNOWLES: Is there a problem of time on this. After all, the blue book of estimates has been with us for some months, but this Treasury Board minute seems to bear the date of May 5. At the time the blue book of estimates was printed you did not have this kind of breakdown? I am curious. You knew how much you were going to allocate to each province, but you did not know how much you were going to allocate to each type of program in each province?

Mr. WRIDE: It comes out very clearly under each grant. The total amount divided among the provinces is drawn up very early on the basis of the population estimates given by the Dominion Bureau of Statistics as of July 1 last, so that each fall we use that to draw up the total amounts under each grant and then we divide it by provinces. In the subsection under each grant there is a portion showing what each province gets. But, then the Order in Council does not get passed until from anywhere in January until July 1 because of what happens in the House.

Mr. KNOWLES: What is your base point in all of this? Do you start with $40 million or something like that and divide it according to the formula, or do you

start with the amount that is needed for each province or do you start with the amount that is needed for each program?

Mr. WRIDE: We start with each grant because each grant is calculated on a rather specific basis, and then it all adds up to $40 million. But, having got each grant then we divide it on the basis of population and this rather complicated formula of say $50,000 as a basic amount to each province, including Prince Edward Island, for example. It is more significant to Prince Edward Island, perhaps, than it would be to Ontario. And, then it is developed on a per capita basis, based on what the Dominion Bureau of Statistics gave us last July 1 as the estimate of the population.

Now, if you look at the child and maternal health grant you will see a third complicating factor. It also occurs in the tuberculosis control grant. In the child and maternal health grant there is $10,000 to each province and 50 per cent of the balance on the basis of the average number of births over the previous five years. The other 50 per cent is on the basis of the average number of infants' deaths over the previous five years. If the province has a higher infant mortality rate it is weighted to meet that challenge.

Mr. KNOWLES: You really need a computer, do you not? We could use one now.

Mr. WRIDE: It takes some weeks to get this worked out correctly.

Mr. KNOWLES: I can see, Mr. Chairman, the difficulty that would arise in trying to put this in estimates, but I think we should have it in the Committee. Now, in part, the inclusion of this mimeographed document in our records will do it. I think that the Department even might go further and produce a table more or less the size of the one that we have per province only it would be a table per grant so that we could see it more quickly.

Mr. CRAWFORD: We would be very happy to give you these, Mr. Knowles.

Mr. KNOWLES: Our civil servants have everything. What we have been given they put in the record and what they have in their brief cases they put in the record, too.

The CHAIRMAN: Is that agreed?

Some hon. MEMBERS: Agreed.

Mr. KNOWLES: If we only knew what they had, just think of the questions we could ask.

The CHAIRMAN: They have all the answers; you just have to ask the questions.

Mr. STANBURY: Mr. Chairman, I just wanted to go back to cystic fibrosis for a moment. I am not clear, although perhaps it was made clear, just whether or not all provinces are receiving some grants for this program or just those provinces where there is some agency designated as you indicated.

Mr. WRIDE: It would depend rather on whether a province had gotten along with its program to deal with cystic fibrosis. If they have, then they are likely to turn to us to help them under the health grants in getting it launched and organized, and so on.

Mr. STANBURY: But there are grants available if the provinces wish to institute a program and apply to you for those grants. But all provinces have not done so?

Mr. WRIDE: Not all provinces.

Mr. STANBURY: The baby has a phenylketonuria test?

Mr. WRIDE: And anything else that may be done. Any other tests in the hospital can be done under hospital insurance costs, the per diem costs.

Mr. STANBURY: Is there such a program in Ontario now, and are there federal grants being paid to assist such a program?

Mr. WRIDE: I do know that Saskatchewan and Alberta have this. I could ascertain very quickly whether Ontario has it.

Dr. LOSSING: A grant in an amount of approximately $200,000 is made to Ontario which I think is used to provide dietary supplement for the treatment of persons with cystic fibrosis.

Mr. STANBURY: This testing at birth program is not under way in Ontario so far as you know?

Mr. WRIDE: I would rather not comment without looking up the record. We have some 1,700 projects under all grants.

Mr. STANBURY: I would be interested in knowing later if you could inform me.

The CHAIRMAN: I was going to say I think the blood test you are referring to is probably the Guthrie test for phenylketonuria.

Mr. STANBURY: Yes, that was what I was thinking of. Thank you. I would like to ask something further, Mr. Chairman, about something else in this vote if there are no other questions at the moment. In connection with tuberculosis control, this is the same grant as last year, it it?

Mr. WRIDE: Yes.

Mr. STANBURY: Is there not a declining incidence of tuberculosis in Canada, and is this going to be indicated in a declining amount of money being committed to this program in future years?

Another question I wanted to ask is this: The amounts set out in the Treasury Board minutes for tuberculosis control grant—the breakdown of the grant—would indicate that there is a much greater incidence of tuberculosis in Ontario at least than would appear in relation to other provinces. Is my impression correct?

Mr. WRIDE: I do not think that variation in incidence between provinces in any secret. It has been reported annually through the Dominion Bureau of Statistics.

Mr. STANBURY: It certainly might not be a secret, but it is news to me.

Mr. WRIDE: Certain provinces have higher instances of tuberculosis. Certainly there is a decline in mortality. May I read a small report here?

Mr. STANBURY: Well, we hear of tuberculosis sanatoria being almost empty in some parts of the country and I wonder whether or not this will be reflected in the—?

Mr. WRIDE: About two years ago we altered the tuberculosis control grant downwards in the amount of money. It was about $3½ million before that, and about half of it was going for the support and improvement of tuberculosis sanatoria. But, because it appeared in provincial programs that tuberculosis sanatoria were being closed and being changed to mental health and chronic care, this grant was reduced to about $1.9 million.

Now, looking at it again this year, I note that the provinces have transferred money from other grants into the tuberculosis control grant of over half a million dollars. So this reflects the situation that tuberculosis is not under control yet. Mortality is going down, but the incidence goes up and down.

Mr. STANBURY: It is still a real problem in Canada?

Mrs. MACINNIS (*Vancouver-Kingsway*): May I ask about tuberculosis? A few years ago I know they kept the incidence of tuberculosis among the Indians segregated—at least in our province—from the others. Now, are these all lumped in with Indians as well as the rest of the population.

Mr. WRIDE: As far as the health grants are concerned where Indians are regarded as citizens of the province, where they are, and where they participate in provincial health programs, we find them receiving services under the health grants and actually they are aided by the health grants in almost all provinces. In areas where this is more difficult to do, then, of course, the health grants are less concerned.

Mrs. MACINNIS (*Vancouver-Kingsway*): Then this breakdown does not reflect a uniform condition across Canada because in some provinces there would be Indians included in the lump sum and in others there would not be Indians included. Do most of the provinces include Indians?

Mr. WRIDE: I would think that in this fiscal year that in all provinces there are Indians making use of health facilities that are supported under the health grant.

Mrs. MACINNIS (*Vancouver-Kingsway*): But not all Indians?

Mr. WRIDE: No; because some may be in isolated areas or on reserves where the province has not gone further in this regard.

Mr. BRAND: I just wanted to ask Dr. Crawford a question concerning the child and maternal health grant. Have you noticed, doctor, the large decrease in the infant and maternal mortality rate in Canada over the past year, let us say. Has there been much improvement or are we still lagging far behind the rest of the world?

Mr. WRIDE: The United States was about 10, as I recall, and we are about 13.

Mr. BRAND: Has it improved over the past year, do you think?

Mr. WRIDE: In relative position, taking world wide statistics, there is a general improvement, but we still are thirteenth, taking the countries that they do take for these figures that you are referring to. Ten and thirteen was about our position, but the general picture is improving.

Mr. BRAND: Do you have a breakdown by provinces?

Mr. WRIDE: We can get this. The Dominion Bureau of Statistics have it in tables that we have available to us. Would you like to have this?

Mr. BRAND: Yes.

Mrs. MACINNIS (*Vancouver-Kingsway*): What would be the factors involved in keeping Canada thirteenth. Would that be a proper question to ask?

Mr. CRAWFORD: This is a very difficult question to answer. It is a source of a great deal of discussion among Canadian obstetricians. I think that no one in Canada is very proud of the position we hold in this, considering our advances in other fields. We indeed are calling another conference in I think, September, or October—a federal conference—to talk about this again.

Now, some of us are a little concerned about talking about it ad infinitum, but I suppose we have to talk in order to unearth the reasons, and to take what corrective action can be taken. I think part of it is geography, Mrs. MacInnis. I think the fact is that many births still take place in isolated communities in this country under adverse circumstances. This not all the answer, and we still have a high mortality rate in some urban centres. It is a matter of great concern.

Mr. BRAND: Could you say, doctor, that the world wide statistics with which we are comparing ourselves are calculated on exactly the same methods, so that you can have an accurate comparison?

Mr. CRAWFORD: This introduces a possibility of error in this. We may be more meticulous in reporting these than some countries, but I think our statistics are comparable with those of Sweden, Norway, and so on.

Mr. BRAND: I was thinking of the methods of deciding when an infant is viable. Are those pretty standard now?

Mr. CRAWFORD: This is pretty well standard now. I have forgotten the exact period of time, but there is a period of time which is internationally accepted as a neonatal death.

Mr. ISABELLE: I think Dr. Wride said a little while ago that there were only two provinces that had a cystic fibrosis program. You said that you knew that there were two at least. What happens in cases where other provinces that are willing to participate in or create such a new program in their province? Do you put aside this $10,000 that you divide equally among all of the provinces in your grants program, then add to it on a per capita basis, or do you put aside this $10,000, and when the provinces come in with their program two or three years afterwards, do you give back all the money that you had given to the other provinces at the very beginning of the program, if it is a new program?

Mr. WRIDE: Mr. Chairman, the money over all is earmarked under various programs like child and maternal health, tuberculosis control, cancer and so on, but when you get down to a cystic fibrosis or a phenylketonuria program—the province has to think at the beginning of each year—and usually they start to plan about July, August or September of the previous year and hold talks with us during the fall on how they are going to use the money that is available under each grant for the next fiscal year. We do our best to encourage provinces to embark on new programs wherever they are able to do so, but often they have to reduce the assistance they are getting from us for some other program in order to make way for the new program. We think this is all right because if we have been assisting some program for several years it would seem advantageous to withdraw this money and offer it to something new that could be done in each health field.

Mr. ISABELLE: The province cannot accumulate the amount you have given to another province on the same program because they were too late in installing it.

Mr. WRIDE: Well, they could not carry money over unused from one year into the next for any grant except hospital construction which comes under the next vote.

Mr. CRAWFORD: I think, Mr.Chairman, I can clarify this. The province gets a sum of money—"X" dollars—in child and maternal health, let us say. Whether they choose to spend that on cystic fibrosis or on rheumatic fever is a matter for provincial decision.

The CHAIRMAN: Shall Vote No. 10 carry?

Mr. KNOWLES: Mr. Chairman, there is one item that I would like to have explained, if it does not take too long. The grants that we have been talking about add up to a total of $40,407,080, but the vote is only $32,794,000 because of this subtracted item that appears on page 301 of $7,613,080. Is there a brief explanation of how that works?

Mr. CRAWFORD: Very briefly, Mr. Knowles, Quebec has opted out of many of these assistance programs.

Mr. KNOWLES: This is the fiscal equivalent?

Mr. CRAWFORD: There is a fiscal equivalent which we do not pay, somebody else pays that, and this comes off—

Mr. KNOWLES: We pay it; the people of Canada pay it, but it is not charged to your Department it is charged to the Department of Finance.

Mr. CRAWFORD: Yes.

Mr. WRIDE: There is one other factor, and that is, with the best intentions in the world the provinces are never able to carry out the complete program that they undertake at the beginning of the year. They failed to claim by about 5.2 per cent for the past year on approved projects.

Mr. KNOWLES: But this item seems to be entirely with respect to Quebec.

Mr. WRIDE: Well, Quebec's calculation would be $7.6 million and they add together the $32 million, which makes it $39 million.

Mr. KNOWLES: Does this mean that Quebec takes the fiscal equivalent in all cases?

Mr. WRIDE: They do not take it for public health research; they do not take it for hospital construction, in the next vote, and they are thinking that maybe $1 million to $2 million on a demonstration—this is a new term—basis may not go under the fiscal equivalent.

Mr. KNOWLES: Do you have any record of their work in these fields?

Mr. WRIDE: May I answer that, Mr. Chairman? I was going to make a statement at the beginning and I would have answered these beforehand.

Quebec actually signed an agreement last October under the interim arrangements act, but they—I am sorry, restate it again, please. I lost the page for a moment.

Mr. KNOWLES: Well, I was asking whether you had any record of what they are doing with the fiscal equivalent.

Mr. WRIDE: I want to be sure that I answer it exactly for the records. They do know and they do tell us, because they submit all their projects and we approve them, but they do not send in the claims at the end of the year, so to all intents and purposes we act exactly as we did before in dealing with projects. We do not issue cheques for all grants as we did before; but this money is audited and payments are adjusted through the interim agreement. It is important that I have answered that correctly, Mr. Knowles.

Mr. STANBURY: I do not want to delay this for more than a minute, but I thought that information might have some bearing on the consideration of the bills that are before the Committee.

Under general public health grant, in the Treasury Board minutes there is a reference in paragraph 13 to projects or programs for the maintenance and strengthening of venereal disease control programs in a province.

The CHAIRMAN: What page?

Mr. STANBURY: On page 7 of the Treasury Board minutes we have in front of us.

Is this a growing or a declining problem in Canada, and are there any provincial programs which you are proposing to assist under the present estimates? Is venereal disease a growing or declining problem generally in Canada and is there any provision in these estimates for assisting any particular provincial programs?

Mr. CRAWFORD: Well, I can give you some figures, Mr. Stanbury. In the national rates, syphilis in 1945 was 126.7 per 100,000; in 1965, it was 12.2 per 100,000. However, that 12.2 existed also in 1960, so there has not been much change in the last five years, although there has been a very marked decrease in the past 20 years.

In gonorrhea, in 1945, there was 209 per 100,000; in 1960, 87.9 per 100,000; and in 1965, five years later, 103 per 100,000. You can see that this has gone up per 100,000. It is an increase; it is not a significant increase, but it is obviously one that causes some concern, particularly, as the reported incidence is probably lower than the actual incidence. There are probably a great many cases that never get reported.

Mr. STANBURY: There is not any marked change, one way or another, that is very significant.

Mr. CRAWFORD: No. It is a slight upward trend in gonorrhea. Perhaps I can anticipate a question here because it is a natural one. We have no evidence that teenagers are responsible for this increase. It seems to be in the adult group.

M. STANBURY: And are you assisting any provincial programs now?

Mr. CRAWFORD: Well, through the general health grants. Dr. Wride do you know how much support we are giving?

Mr. WRIDE: Some years ago we had a venereal disease control grant which was a matching grant at that time. We paid half the cost of V.D. control programs, but this was absorbed about three or four years ago into the general public health grant and many of the provinces have continued to use the general public health grant to pay up to half the costs, although there is no requirement that it be matching.

Mr. STANBURY: Well, there are no programs segregated as such in your program?

The CHAIRMAN: Shall Vote No. 10 carry?

Some hon. MEMBERS: Carried.

Item agreed to.

The CHAIRMAN: Shall vote No. 15 carry?

15 To authorize Hospital Construction 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 $26,959,631 $20,000,000

Mr. BRAND: Mr. Chairman, I have a question with respect to the hospital construction grants. Do you have any plans at all in your Department to increase the amount of these grants due to the increasing costs that we are running into all across the construction industry?

Mr. CRAWFORD: The committee on tax structure, of course, is looking at a lot of these shared cost programs with the idea of some time or another, I understand, of granting fiscal equivalents to provinces in lieu of this direct cash support. The hospital construction grant has to be considered along with other similar programs. In spite of that, we have had a lot of pressure from provinces to increase the amount of the hospital construction grants. These two positions are not exactly compatible. The Minister has announced that the hospital construction grant, which was due to terminate in 1968, will be continued at its present level until 1970—March of 1970—in order to allow provinces to adjust to a fiscal equivalent situation if this comes about. So we have no plans to increase the hospital construction grant certainly until after 1970.

Mr. BRAND: Why?

Mr. CRAWFORD: Why not?

Mr. BRAND: Well, in view of what I said, the increased construction grants which I think you will admit.

Mr. CRAWFORD: Well, this again, doctor, is a matter of policy which we cannot say very much about. We recognize the fact that $2,000 a bed which is the extent of our grant now, is not very much. It represents approximately 12 per cent of the cost of a hospital bed now. On the other hand, a great many hospital beds have been built in Canada with this sort of stimulus over the past years, and the amount of the grant—well the whole question of the extent to which the federal government wants to participate in assisting in construction of a hospital which is, after all, a provincial and municipal responsibility too, is a matter of policy. We feel that our job is to administer properly the amount of money given us. It is the job of the government to decide how much money we are going to have to administer.

Mr. BRAND: I notice you made the statement that you felt that this money was a stimulus for the growth of the number of hospital beds built. I do not think the hospitalization plans have been any stimulus at all.

Mr. CRAWFORD: I think that it is much less of a stimulus now than it was when this amount represented a quite significant proportion of the cost of a hospital bed. We have some figures on hospital bed construction over the years and it seems to me, if my memory serves me correctly, that 221,000 hospital beds were built in Canada in the last 10 or 15 years. What is it, Dr. Wride?

Mr. WRIDE: It does not exactly agree with that figure, sir. There are 210,000 beds said to be set up in Canada as of the past fiscal year. But, according to the table that I have here we have approved assistance since 1948 for 78,354 active treatment beds; 12,304 chronic and convalescent beds; 26,544 mental beds; 5,307 tuberculosis beds, which gives a total of 122,509 beds. In newborn bassinets, 15,376; nurses residences beds, 23,523; interns residences beds, 917. Floor areas like laboratory and x-ray and community health service areas generally in hospitals come to about the bed equivalents of 23,550 more beds. We translate it in terms of bed equivalents. Then to renovate existing hospitals there is an amount of $26,669,000 for federal assistance towards renovation of hospitals.

The CHAIRMAN: I was going to ask if you convert that all into cash? The figure is not there?

Mr. WRIDE: I could provide this.

Mr. BRAND: Perhaps it would be more significant, doctor, if you could give us an idea of the patient bed ratio now and the differences rather than these figures on which we all know, or at least have some idea, that a lot of money has been spent. Surely it would be more significant to know the patient bed figures.

Mr. WRIDE: Before I come to that, Dr. Brand, you asked for a figure—$240 million plus a grant for renovation in addition which was $26 million. It would be over $266 million involved.

Now, as to the ratio of beds to population, it is usually done on a per thousand basis. We have never been able to get exact figures from the provinces that will stand up too well under scrutiny. We hear figures of five per thousand, five and a half per thousand, six and a half, and some over seven beds per thousand. The latest national average that I heard was 6.5, but they all change the formula slightly from time and time, for example whether the beds in a nursing home should be included as public hospital beds. In some provinces they are, and in other province they are not. But, presumably it is somewhere between five beds per thousand and seven beds per thousand at the present time.

Mr. BRAND: What does the Department feel would be an ideal situation?

Mr. LOSSING: Mr. Chairman, could I comment on the bed situation from a hospital insurance point of view. Now, these will not be all the beds that Dr. Wride spoke about, because it does not include mental beds or tuberculosis beds, but the national average is around six, and it varies from just under five in Newfoundland up to eight in Saskatchewan and Alberta—just over eight. These are beds listed in hospitals which are listed under the hospital insurance program.

As to the question of what level is best or optimum, I do not know that that can be answered. You have to think against so many different characteristics; the geographical situation, the age of the population; there are so many things that it is hard to say.

Mr. BRAND: You would not care to say what would be considered to be a favourable bed ratio for any particular given population.

Mr. LOSSING: Well, I think, with approximately six per thousand we are not doing too badly across the country. I think Canada is well supplied with beds. I will not say that they are all in the place where they could best serve the public; there are local shortages. But, over all, I think Canada is not too badly off for hospital beds.

Mr. BRAND: You mentioned the local shortages, and this is what I was coming to. We are all aware of the fact that there is in certain areas of the country a serious shortage of active treatment beds. Do you take into account in any of the grants, the shortages in a particular area, and if so, do you decide whether or not that one particular area is entitled to a grant because you feel that there is a shortage there although they may have a higher patient bed ratio than some other part of the country?

Mr. WRIDE: Each province has a planning body for construction of hospitals and we rely on those provinces completely.

Mr. HOWE (*Wellington-Huron*): I am rather interested in the remark made that we were probably catching up with hospital beds in an over-all situation. Of course, there was a tremendous increase in demand for hospital beds when hospitalization came in, was there not?

Mr. LOSSING: Mr. Chairman, yes, there was some increase in demand. I think the question of hospital beds has to be viewed against so many factors; we have mentioned some. The change in the practice of medicine is another factor.

Mr. HOWE (*Wellington-Huron*): When medicare comes into being no doubt there will be an increase in demand for hospital beds? Do you anticipate this?

Mr. LOSSING: Well, this is subject that there is much speculation about. I think there are factors offsetting this. The only area of the population which is likely to demand or require extra beds would be in those places which are not covered now. This may be substantial. There may be people perhaps with elective conditions who hold off for a few months—a hernia or something like this that needs to be fixed up, and they hold off until after the commencement of the provincial programs. On the other hand, and offsetting this, is, I think, the feeling that perhaps freer access of patients to services will result in earlier diagnosis, and over the long run, may have the effect of cutting down the need for services.

Mr. HOWE (*Wellington-Huron*): In the apportionment of the cost of hospital construction it would appear that the initiative must come from the local municipality, and the local municipality through taxation and grants from their councils, and assistance from private individuals, is enabled to build hospitals. According to the figures of the Ontario Hospital Association that now amounts to 60 per cent of hospital construction. I do not think this is fair when the federal government has instituted the programs which have brought about

an increased demand for hospital grants. In discussing hospital grants has any consideration been given to a formula for hospital grants something like they had in the conservation program. When dams were built for conservation programs, the federal paid 37½ per cent, the provincial 37½ per cent and the municipalities involved paid 25 per cent of the cost.

Mr. CRAWFORD: Well, there certainly have been formulae proposed, Mr. Howe. The favourite one, the most popular one, I think, was one-third, one-third, one-third; that is, the municipality paying one-third, the province paying one-third and the federal government paying one-third. I revert to my previous position in which I say that it is the business of the Department to administer the money we are given, and the amounts that the federal government chooses to give for this sort of support is a matter of policy. It is not one for us to answer at all.

Mr. HOWE (*Wellington-Huron*): With respect to the program that is being carried out now, some communities who have more philanthropic-minded people living within the community have better hospital facilities than other communities that depend on this type of assistance, that is forthcoming. This creates inequality in hospital services from one community to another, does it not?

Mr. CRAWFORD: This, of course, is one of the functions of the provincial Hospital Service Commission who ostensibly have to pick out areas which require more hospital beds and to endeavour to restrain areas which they think perhaps have too many hospital beds.

Mr. HOWE (*Wellington-Huron*): It would seem that the $2,000 per bed grant which was instituted in 1958 does not seem realistic in the year 1966 when cost has increased so tremendously in the building field.

The CHAIRMAN: I was going to say, I think, Mr. Howe, from Dr. Crawford's point of view you are arguing with him unnecessarily. If the government would agree to give him $5,000 per bed he would gladly accept it, but it is the Minister that you have to convince, not Dr. Crawford. Is that not right, Dr. Crawford?

Mr. CRAWFORD: It is a matter of judgment.

Mr. HOWE (*Wellington-Huron*): The Minister must be advised or he must ask the advice of Dr. Crawford in quite a number of cases.

The CHAIRMAN: I am sure that he will get a copy of the minutes.

Mr. BRAND: There is another meeting coming in here now and I do not think we should pass this vote at this time.

The CHAIRMAN: Unless you want to pass it and come back to it under vote No. 1, whichever you like.

Mr. BRAND: Well, whatever you want as long as we can come back to it because I am not quite finished yet.

Mr. KNOWLES: I am willing to do that because I was so pleased to hear both Dr. Crawford and Dr. Brand say that hospitalization has been a stimulus to hospital construction.

The CHAIRMAN: Shall Vote No. 15 carry with the understanding that question can be asked under Vote No. 1?

Some hon. MEMBERS: Carried.

Item agreed to.

The CHAIRMAN: The Committee will return then at 9.30 on Thursday and we hope we will accomplish a great deal.

APPENDIX "A"

P.C. 1966-21/782

Certified to be a true copy of a Minute of a Meeting of the Treasury Board, approved by His Excellency the Governor General in Council, on the 5th of May, 1966.

T.B. 654206

NATIONAL HEALTH AND WELFARE

The Board had under consideration a report from the Honourable the Minister of National Health and Welfare and recommends that Your Excellency in Council approve the General Health Grants and Hospital Construction Grants Rules, 1966, as set forth in the schedule annexed hereto.

R. G. Robertson,
Clerk of the Privy Council.

GENERAL HEALTH GRANTS AND HOSPITAL CONSTRUCTION GRANTS RULES

PART I

General

1. These terms and conditions may be cited as "The General Health Grants and Hospital Construction Grants Rules, 1966."

2. In these Rules

(*a*) "Minister" means the Minister of National Health and Welfare, and

(*b*) 31st day of March, 1948" and "1st day of April, 1948" respectively, shall be read as "31st day of March, 1949," and "1st day of April, 1949" insofar as the province of Newfoundland is concerned, and as "31st day of March, 1952" and "1st day of April, 1952" insofar as the Yukon Territory and the Northwest Territories are concerned.

3. The Minister, in the administration of these Rules and for the utilization of the moneys provided for the General Health Grants and the Hospital Construction Grants may, from time to time,

(*a*) consult with the Dominion Council of Health, and

(*b*) prescribe such definitions, standards, terms, conditions and forms as are not inconsistent with these Rules.

4. Notwithstanding anything contained in Divisions A,B,C,D,E,G, and H of Part II, respecting the amount, distribution and administration of the General Public Health Grant, the Tuberculosis Control Grant, the Mental Health Grant, the Professional Training Grant, the Cancer Control Grant, the Medical Rehabilitation and Crippled Children Grant and the Child and Maternal Health Grant respectively, where a province has submitted a program for the utilization of its share of any of the said grants in a manner and to an extent deemed satisfactory to the Minister and has made provision for the cost thereof, any uncommitted amount in any of the said grants or any portion thereof, may, at the request of the province and with the approval of the Minister, be credited to the share of the province of any other of the said grants.

5. Where a province has submitted a program for the utilization of its share of any of the grants enumerated in section 4 in a manner and to an extent deemed satisfactory to the Minister and has made provision for the cost thereof, any uncommitted amount in any of the said grants, may, at the request of the province and with the approval of the Minister, be credited to the Public Health Research Grant for the purposes of meeting the costs of projects related to special studies.

6. (1) No payment shall be made under these Rules for, or in respect of, a matter for which a contribution is made by Canada to a province pursuant to an agreement under the Hospital Insurance and Diagnostic Services Act.

(2) Notwithstanding subsection (1), a project submitted for assistance under any of the General Health Grants may include a request for assistance for the provision of salaries and wages, supplies, drugs and equipment required

for the conduct of a demonstration project in a hospital listed in the Hospital Insurance Agreement.

7. Notwithstanding sections 12, 16, 19, 22, 25, 30, 33, 37 and 54 of these Rules where a province has in accordance with the terms of a program or a project approved as herein required made a payment to an agency or organization, such province may, with the approval of the Minister, be reimbursed for the amount so paid in accordance with the terms of the said grant upon such province undertaking, at the completion of the project or at the end of the fiscal year during which payment is made, whichever is the earlier, to account for the expenditure of the amount so paid to such agency or organization and except where the payment is made to an agency or organization exempted from the requirement of refund by the Treasury Board, to refund to the Receiver General of Canada any amount included therein and not actually expended on such program or project.

8. Any program or project submitted pursuant to these Rules, to which the provisions of section 5 of the Fair Wages and Hours of Labour Act together with the relevant provisions of these Rules apply, shall, upon approval thereof by the Minister, be deemed, for the purposes of the said Act, to constitute an agreement with the Government of Canada, as required by section 5 of the said Act, and compliance with the provisions thereof, in the manner and to the extent therein required, shall be a stipulation deemed to be inserted in such agreement.

PART II

GENERAL HEALTH GRANTS

A—General Public Health Grant

9. The General Public Health Grant as referred to in the details of the Estimates and established in the amount of $16,635,350, consisting of:

(*a*) an amount of $16,267,046 to assist in extending and improving health services, based on eighty-five cents per capita of population of Canada and distributed on the basis of $100,000 to each province and the balance according to population, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 489,278
Prince Edward Island	184,422
Nova Scotia	694,861
New Brunswick	586,988
Quebec	4,521,979
Ontario	5,361,507
Manitoba	851,979
Saskatchewan	843,380
Alberta	1,234,222
British Columbia	1,498,430

and

(*b*) an amount of $68,304 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV and

(*c*) an amount of $300,000 to assist in the extension of training facilities and resources in the field of public health may be made available to a province or two or more provinces jointly or a university or professional body sponsored by a province or by two or more provinces jointly.

10. From time to time a province may, as part of a satisfactory plan for the strengthening of health services, both provincial and local within such province, including the training of personnel, submit to the Minister a program or a project together with a budget therefor.

11. As far as the amount of $300,000 is concerned, a province or two or more provinces jointly, or a university or professional body sponsored by a province or by two or more provinces jointly, may submit to the Minister a full statement of the particulars and purposes of, and a budget for, a program or a project for the extension of training facilities and resources in the field of public health.

12. In respect of each such program or project submitted under sections 10 and 11 of this Division, where a province or provinces have in a manner and to an extent deemed satisfactory by the Minister,

(*a*) undertaken to maintain at least the standard and extent of general public health services within such province as existed at March 31, 1948; and

(*b*) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(*c*) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67 or after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(*d*) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province or provinces as the case may be, furnishing to the Minister from time to time during the fiscal year 1966-67 in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province or provinces out of the amount of its share of the General Public Health Grant and out of the basic allotment of $300,000 above referred to.

13. Notwithstanding paragraph (*a*) of section 12, approval may be given by the Minister to a program or project for the maintenance and strengthening of the venereal disease control program within a province.

B—Tuberculosis Control Grant

14. The Tuberculosis Control Grant as referred to in the details of the Estimates and established in the amount of $1,923,700, consisting of:

(*a*) an amount of $1,916,602 to assist in an extended program for the prevention and treatment of tuberculosis, including rehabilitation and free treatment, distributed on the basis of $10,000 to each province and the balance divided fifty percent on the basis of population and fifty percent on the basis of the average number of deaths from tuberculosis in each province over the previous five years, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 76,120
Prince Edward Island	19,163
Nova Scotia	79,290
New Brunswick	67,956
Quebec	720,797
Ontario	499,489
Manitoba	95,624
Saskatchewan	81,395
Alberta	118,620
British Columbia	158,148

and

(*b*) an amount of $7,098 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

15. From time to time a province may, as part of a satisfactory plan for an accelerated and intensified effort toward the eradication of tuberculosis within such province including rehabilitation, the training of personnel and for the progressive extension of free treatment, submit to the Minister a program or a project together with a budget therefor.

16. In respect of each such program or project, where a province has in a manner and to an extent deemed satisfactory by the Minister,

(*a*) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(*b*) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67 or after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing, from time to time during the fiscal year 1966-67 in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province out of the amount of its share of the Tuberculosis Control Grant.

C—Mental Health Grant

17. The Mental Health Grant as referred to in the details of the Estimates and established in the amount of $8,656,650, consisting of:

(a) an amount of $8,621,498 to assist in an extended program for the prevention and treatment of mental illness, including rehabilitation and free treatment, distributed on the basis of $50,000 to each province and the balance according to the population, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 257,081
Prince Edward Island	94,909
Nova Scotia	366,444
New Brunswick	309,060
Quebec	2,402,328
Ontario	2,848,925
Manitoba	450,025
Saskatchewan	445,450
Alberta	653,363
British Columbia	793,913

and

(b) an amount of $35,152 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

18. From time to time a province may, as part of a satisfactory plan for the prevention of mental illness within such province including rehabilitation, the training of personnel and for the progressive extension of free treatment, submit to the Minister a program or a project together with a budget therefor.

19. In respect of each such program or project, where a province has in a manner and to an extent deemed satisfactory by the Minister,

(a) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67, or after the completion

of the said program or project, whichever is the earlier, any moneys, received in connection therewith in excess of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith, and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing from time to time during the fiscal year 1966-67 in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province out of the amount of its share of the Mental Health Grant.

D—Professional Training Grant

20. The Professional Training Grant as referred to in the details of the Estimates and established in the amount of $1,957,100, consisting of:

(a) an amount of $1,949,609 to assist in an extended program for the training of health and hospital personnel, based on ten cents per capita of population of Canada and distributed on the basis of $10,000 to each province and the balance according to population, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 57,161
Prince Edward Island	20,228
Nova Scotia	82,068
New Brunswick	68,999
Quebec	545,724
Ontario	647,434
Manitoba	101,103
Saskatchewan	100,061
Alberta	147,411
British Columbia	179,420

and

(b) an amount of $7,491 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

21. From time to time a province may, as part of a satisfactory plan for the training of health and hospital personnel within such province, submit to the Minister a program or a project together with a budget therefor.

22. In respect of each such program or project, where a province has in a manner and to an extent deemed satisfactory by the Minister,

(a) undertaken to furnish to the Minister not later than April 30, 1967, and from time to time prior thereto as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67 or after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province out of the amount of its share of the Professional Training Grant.

E—Cancer Control Grant

23. The Cancer Control Grant as referred to in the details of the Estimates and established in the amount of $1,923,700, consisting of:

(a) an amount of $1,916,276 to assist in an approved program for the detection and treatment of cancer, with the cost thereof to be paid from the provincial share of the said grant up to an amount equal to one-half of the amount expended thereon by the province which may be made available to the provinces on the basis of $10,000 to each province and the balance according to population and in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 56,311
Prince Edward Island	20,043
Nova Scotia	80,769
New Brunswick	67,936
Quebec	536,070
Ontario	635,946
Manitoba	99,461
Saskatchewan	98,438
Alberta	144,935
British Columbia	176,367

and

(b) an amount of $7,424 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

24. From time to time a province may, as part of a satisfactory plan for the control of cancer including diagnosis, treatment and the training of personnel within such province, submit to the Minister a program or a project together with a budget therefor.

25. In respect of each such program or project, where a province has in a manner and to an extent deemed satisfactory by the Minister,

(a) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67, of after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith, in excess of one-half of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith, and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment of one-half of the amount so expended shall be made to such province out of the amount of its share of the Cancer Control Grant.

26. Notwithstanding anything contained in this Divison, where a province as part of a plan for the control of cancer, submits a program or a project for the training of personnel, payment of the full amount expended thereon by the province, may, subject to the approval of the Minister, be made to such province out of its share of the Grant.

F—Public Health Research Grant

27. The Public Health Research Grant as referred to in the details of the Estimates in the amount of $4,501,330 to assist in stimulating and developing public health research and the conduct of surveys and studies may be made available to the provinces in accordance with these Rules.

28. From time to time a province, or two or more provinces jointly, or a research body or a professional body or a university sponsored by a province or two or more provinces jointly, may submit to the Dominion Council of Health a full statement of the particulars and purpose of, and a budget for, a project in the field of public health research, including research in public health administrative practices.

29. The Dominion Council of Health or a committee thereof shall examine such project and shall report thereon to the Minister.

30. Where, upon receipt by the Minister of a report from the Dominion Council of Health or its committee recommending the approval of a project, the province or provinces submitting or sponsoring the projects have in a manner and to an extent deemed satisfactory by the Minister.

(a) undertaken to furnish to the Minister not later than April 30, 1967, and from time to time prior thereto, as he may require, a report covering the development of the said project; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67, or after the completion of the said project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said project and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the project, and upon such province or provinces furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province or provinces out of the amount of the Public Health Research Grant.

G—Medical Rehabilitation and Crippled Children Grant

31. The Medical Rehabilitation and Crippled Children Grant as referred to in the details of the Estimates and established in the amount of $2,885,550, consisting of:

(a) an amount of $2,876,161 to assist in an approved program, including the prevention and treatment of crippling conditions in children and adults with the cost thereof to be paid from the provincial share of the said Grant up to an amount equal to one-half of the amount expended thereon by the province, distributed on the basis of $10,000 to each province and the balance according to the population, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 80,786
Prince Edward Island	25,351
Nova Scotia	118,170
New Brunswick	98,554
Quebec	814,093
Ontario	966,753
Manitoba	146,740
Saskatchewan	145,176
Alberta	216,247
British Columbia	264,291

and

(b) an amount of $9,389 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

32. From time to time a province may, as part of a satisfactory plan for the provision of medical and ancillary rehabilitation facilities and services, and for the prevention and correction of crippling conditions in children and adults, including the training of personnel within such province, submit to the Minister a program or a project together with a budget therefor.

33. In respect of each such program or project, where a province has in a manner and to an extent deemed satsifactory by the Minister,

(a) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67, or after the completion of the said program or project, whichever is the earlier, any moneys, received in connection therewith, in excess of one-half of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith, and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment of one-half of the amount so expended shall be made to such province out of the amount of its share of the Medical Rehabilitation and Crippled Children Grant.

34. Notwithstanding anything contained in this Division where a province as part of a plan for the provision of medical rehabilitation facilities and services and for the prevention of crippling conditions in children and adults, submits a program or a project for the purchase of equipment and the training of personnel, payment of the full amount expended thereon by the province, may, subject to the approval of the Minister, be made to such province out of its share of the Grant.

H—Child and Maternal Health Grant

35. The Child and Maternal Health Grant as referred to in the details of the Estimates and established in the amount of $1,923,700, consisting of:

(a) an amount of $1,915,766 to assist in an accelerated and intensified program for the improvement of maternity, infant and child care distributed on the basis of $10,000 to each province and fifty percent of the balance on the basis of the average number of births over the previous five years and the other fifty percent on the basis of the average number of infant deaths over the previous five years, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

Newfoundland	$ 80,585
Prince Edward Island	21,423
Nova Scotia	86,766
New Brunswick	74,571
Quebec	572,688
Ontario	575,299

Manitoba	98,511
Saskatchewan	101,113
Alberta	155,237
British Columbia	149,573

and

(b) an amount of $7,934 to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

36. From time to time a province may, as part of a satisafactory plan for accelerated and intensified additional effort towards improved health for mothers and children, including the training of personnel within such province, submit to the Minister a program or a project together with a budget therefor.

37. In respect of each such program or project, where a province has in a manner and to an extent deemed satisfactory by the Minister,

(a) undertaken to furnish to the Minister not later than April 30, 1967, and from time to time prior thereto as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(b) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67, or after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(c) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith, and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the program or project, and upon such province furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment of the amount so expended shall be made to such province out of the amount of its share of the Child and Maternal Health Grant.

PART III

HOSPITAL CONSTRUCTION GRANTS

38. The Hospital Construction Grants as referred to in the details of the Estimates in the amount of $26,959,631, consisting of:

(a) an amount of $20,325,693 being the annual allocation and of a revote of $6,228,785 for unclaimed allocations since April 1, 1953 to assist the provinces in the provision of adequate accommodation for hospital and health services to be distributed on the following bases: $2,000 per bed for hospital beds or bed equivalents in the case of health facilities; and $750 per bed for living quarters for nurses

and interns; and for assistance in renovations of hospital and health facilities which shall not exceed in any case an amount determined according to the foregoing bases or one-third of the total cost, whichever is less; in all cases the provinces to match or exceed the Federal contribution which shall in no case exceed one-third of the actual total cost, may be made available to the provinces in accordance with these Rules and in respective amounts not exceeding the following:

	Annual Allocation	Revote
Newfoundland	$ 518,263	$ 853,819
Prince Edward Island	112,395	214,976
Nova Scotia	791,964	9,230
New Brunswick	648,349	931,945
Quebec	5,887,176	14,198
Ontario	7,004,876	10,954
Manitoba	1,001,143	359,174
Saskatchewan	989,695	1,193,873
Alberta	1,510,040	88,449
British Columbia	1,861,792	2,552,167

and

(*b*) an amount of $41,627 being the annual allocation and an amount of $363,526 being a revote to be made available to the Northwest Territories and the Yukon Territory under terms and conditions set forth in Part IV.

39. (1) Any construction project completed prior to the first day of January, 1958, will be subject to sections 33 to 40, both inclusive, of the Health Grants Rules, 1957.

(2) Any construction or renovation project, as defined in this Part, commenced after the 31st day of December, 1957, or commenced prior to the above date but not completed before the first day of January, 1958, shall be subject to the terms and conditions provided in this Part.

40. In this Part,

(*a*) "hospital" means an institution or establishment primarily operated for the accommodation of in-patients, in which medical or surgical care for illness or injury, or obstetrical care is provided, and which is recognized as a public hospital by the Government of the province in which it is located, but excludes hospital facilities provided in an institution such as a prison, industrial school, refuge or orphanage, and institutions the primary purpose of which is the provision of domiciliary care;

(*b*) "hospital bed" means a bed primarily for the accommodation and treatment of an in-patient, and includes a bed in recovery wards, observation wards, and a bed in labour rooms;

(*c*) "community health centre" means a facility which provides health services and which is approved or licensed by the Government of the province in which it is located; in a hospital it includes hospital

out-patient departments, emergency departments and those diagnostic and treatment areas that are available to out-patients as well as to in-patients;

(*d*) "hospital training facilities" means accommodation for training facilities for health and hospital personnel contained in or connected with a hospital;

(*e*) "construction project" means a project

(i) for the construction of a hospital or the addition to an existing hospital to provide adequate accommodation therein;

(ii) for the construction of a community health centre or the addition to an existing community health centre to provide adequate space therein;

(iii) for the construction of living quarters for nurses or internes or addition to existing quarters to provide adequate living accommodation;

(iv) for the construction of hospital training facilities or the addition to existing facilities to provide adequate space therein;

(*f*) "renovation project" means a project for the major renovation or the alteration of an obsolete or inadequate hospital, community health centre, living quarters for nurses or for internes and hospital training facilities, or any part thereof, to provide adequate accommodation therein;

(*g*) alterations to an existing hospital necessitated by an addition thereto may be considered as a renovation project within the meaning of paragraph (*f*) above;

(*h*) "acquisition project" means a project for the purchase, after March 31, 1966 of existing premises for use as a hospital.

41. For the purpose of computing the amount of the grant payable in respect of accommodation which is to be considered as equivalent to a "hospital bed", and herein referred to as a "bed equivalent",

(*a*) three bassinets, each contained in a separate cubicle, or so arranged as to permit of individual nursing technique, are considered as one bed equivalent; and

(*b*) in a community health centre and in hospital training facilities each 300 square feet of interior floor space are considered as one bed equivalent.

42. From time to time a province may, as part of a plan or program for the provision of adequate accommodation for hospital and health services, living quarters for nurses or internes and hospital training facilities within such province, submit to the Minister a construction, acquisition, or renovation project, including details of the provincial plan or program, plans of the project and a statement of the estimated cost thereof, together with such other pertinent information as may be required.

43. For each construction, acquisition, or renovation project, where a province has in a manner and to an extent deemed satisfactory to the Minister,

(*a*) provided assurance that it has contributed or is legally obligated to contribute to the capital cost of such project an amount excluding

interest and carrying charges, which is additional and at least equivalent to an amount which it may, from time to time, receive out of its share of the grant in connection therewith; and

(*b*) undertaken to furnish to the Minister not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said plan or program including all or any construction, acquisition, or renovation projects submitted in connection therewith; and

(*c*) undertaken to furnish the Minister with each report made pursuant to paragraph (*b*), a statement or expenditure of all moneys received out of its share of the grant, and to refund to the Receiver General of Canada forthwith any moneys so received which have not been accounted for in the said statement of expenditures; and

(*d*) undertaken to maintain such records and accounts as are necessary and desirable in connection with the said plan or program including all projects submitted therewith and to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts;

approval may be given by the Minister to the construction, acquisition, or renovation project, and upon such province furnishing from time to time during the fiscal year 1966-67, in form and content satisfactory to him, a statement of the amount expended thereon, payment shall be made to such province out of the amount of its share of the Hospital Construction Grants of an amount calculated and payable on the basis set forth in this Part.

44. (1) In each construction project commenced subsequent to December 31, 1957, or in each acquisition project, the amount payable shall be an amount calculated by adding the number of hospital beds and bed equivalents multiplied by $2,000 to the number of nurses' beds and internes' beds multiplied by $750;

(2) The amount calculated as in subsection (1) shall be paid as follows:

(*a*) in the case of an acquisition project, forthwith after approval thereof, and

(*b*) in the case of a construction project:

twenty-five percent when the province certifies that one quarter of the construction is completed; and

twenty-five percent when the province certifies that one-half of the construction is completed; and

twenty-five percent when the province certifies that three-quarters of the construction is completed; and the balance when the province has furnished a certificate establishing

(i) the total cost of construction

(ii) that the construction project has been completed and is ready for the use and purpose for which it was intended;

(iii) that provision has been made for the payment of all outstanding accounts; and

(iv) that all relevant requirements of these rules have been met.

(3) Notwithstanding the provisions of subsections (1) and (2), the total amount payable in respect of a construction project or an acquisition project shall not exceed one-third of the total actual cost of the project, provided that, in the case of an acquisition project, the cost of renovations and alterations required to make the facilities adequate for the care and treatment of patients shall be included in the total actual cost of the project.

45. (1) In each renovation project commenced subsequent to December 31, 1957, the amount payable shall be an amount calculated as determined in subsection (1) of section 44 with respect to beds and bed equivalents improved by such renovation or alteration, or one-third of the total cost thereof, whichever is less, and shall be paid in accordance with the provisions of subsection (2) of the said section 44.

(2) Notwithstanding subsection (1), the amount payable in respect of alterations referred to in paragraph (*g*) of section 40 shall not be less than an amount which bears to the total actual cost of such alterations the same ratio as the grant payable in respect of the addition referred to in paragraph (*g*) of section 40 bears to the total actual cost of such addition.

46. For projects, the construction of which commenced prior to, and was not completed by January 1, 1958, with the exception of construction projects to provide interns' beds and renovation projects, the amount payable shall consist of the amount as determined in accordance with the provisions of sections 33 to 40, both inclusive, of the Health Grants Rules, 1957, and of an additional amount which bears the same relation to the difference between the amount which would be payable if determined in accordance with section 44 of this Part, and the amount as determined in accordance with sections 33 to 40, both inclusive, of the said Health Grants Rules, 1957, as the portion of the cost of construction to be completed after December 31, 1957, bears to the total cost of construction, and shall be paid in accordance with the provisions of subsection (2) of section 44.

47. For construction projects for internes' beds and renovation projects, the construction of which commenced prior to January 1, 1958, and was not completed by that date, the amount payable shall be an amount which bears the same relation to the total amount which would be payable if determined in accordance with section 44 or 45 as the case may be, as the cost of the portion of construction still to be completed after December 31, 1957, bears to the total cost of construction, and shall be paid in accordance with the provisions of subsection (2) of section 44.

48. For projects completed prior to January 1, 1958, the amount payable shall consist of an amount as determined in accordance with the provisions of sections 33 to 40, both inclusive, of the Health Grants Rules, 1957, and shall be paid in accordance with the provisions of sections 37 and 41 of the said Health Grants Rules, 1957.

49. The provision contained in paragraph (*g*) of section 40 is to apply to projects which were under construction as of or after April 1, 1963.

50. Notwithstanding the provisions of sections 44 to 47, both inclusive, of this Part where a province requests payment out of its share of the grant in connection therewith of an amount less than the amount it would be entitled to

receive, calculated as provided in this Part, the Minister may, in lieu of an amount so calculated, authorize payment to such province of an amount so requested and in such instalments as he may prescribe.

PART IV

SPECIAL PROVISIONS APPLICABLE TO THE NORTHWEST TERRITORIES AND THE YUKON TERRITORY

51. The allocations provided for in the details of the estimates, namely—

Northwest Territories	
Hospital Construction Grants	$ 231,782
General Health Grants	89,245
and *Yukon Territory*	
Hospital Construction Grants	173,371
General Health Grants	53,547

may be made available to the two above-mentioned Territories in accordance with these Rules and in respective amounts not exceeding the above.

52. For the purpose of obtaining assistance towards the provision of adequate accommodation for hospital and health services, the Territories may from time to time submit to the Minister projects which shall follow the terms, conditions, and procedures as prescribed in Part III of these Rules.

53. In order to develop, strengthen and improve the health services in the fields related to any or all of the purposes as specified in the General Public Health Grant, the Tuberculosis Control Grant, the Mental Health Grant, the Tuberculosis Control Grant, the Mental Health Grant, the Professional Training Grant, the Cancer Control Grant, the Medical Rehabilitation and Crippled Children Grant, and the Child and Maternal Health Grant, the Territories respectively may from time to time, as part of a satisfactory plan in connection therewith, submit to the Minister a program or a project together with a budget therefor.

54. In respect of each such program, or project, where a Territory has in a manner and to an extent deemed satisfactory by the Minister,

(*a*) undertaken to furnish to the Minister, not later than April 30, 1967, and from time to time prior thereto, as he may require, reports covering the development of the said programs or projects submitted in connection therewith; and

(*b*) undertaken to refund to the Receiver General of Canada forthwith after the expiration of the fiscal year 1966-67 or after the completion of the said program or project, whichever is the earlier, any moneys received in connection therewith in excess of the amount actually and properly expended thereon; and

(*c*) undertaken to maintain such records and accounts as are necessary and desirable for the said programs or projects submitted in connection therewith, and to permit and afford the Minister, his officers or

agents every facility to inspect and examine all such records and accounts; and

(*d*) furnish to the Minister any undertaking applicable to the subject of any of the grants to which the program or project is related;

approval may be given by the Minister to the program or project; and upon the Territory furnishing, from time to time during the fiscal year 1966-67 in form and content satisfactory to him, a statement of the amount expended thereon, payment shall be made to such Territory out of the amount allocated as hereinbefore provided, if such program or project is covered by the purpose of the General Public Health Grant, the Tuberculosis Control Grant, the Mental Health Grant, the Professional Training Grant, and the Child and Maternal Health Grant, of the amount so expended thereon, and if the project is covered by the purpose of the Cancer Control Grant, and the Medical Rehabilitation and Crippled Children Grant, one-half of the amount expended for the provision of services.

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

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LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 17

THURSDAY, JUNE 30, 1966
TUESDAY, JULY 5, 1966
THURSDAY, JULY 14, 1966

Respecting

Main Estimates for 1966-67, relating to the Department of National Health and Welfare

INCLUDING SECOND REPORT TO THE HOUSE

WITNESSES:

The Honourable Allan J. MacEachen, Minister of National Health and Welfare; *From the Department of National Health and Welfare:* Dr. J. W. Willard, Deputy Minister of Welfare; Dr. J. N. Crawford, Deputy Minister of National Health; Dr. R. B. Splane, Director-General, Welfare Assistance and Services; Mr. W. W. Struthers, Director, Welfare Grants; Mr. R. H. Parkinson, Director, Family Allowances and Old Age Security; Mr. G. L. Pickering, Director, Canada Pension Plan; Mr. J. A. Macdonald, Director-General, Special Programs; Mr. N. F. Cragg, Director, Unemployment Assistance Division; Mr. W. B. Brittain, Director General (Administrative), Medical Services Directorate; and Dr. Gordon Wride, Director, Health Grants.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24636—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*)
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 10)

Gabrielle Savard,
Clerk of the Committee.

REPORT TO THE HOUSE

THURSDAY, July 14, 1966.

The Standing Committee on Health and Welfare has the honour to present its

SECOND REPORT

Pursuant to its Order of Reference of Tuesday, March 22, 1966, your Committee had before it for consideration the items listed in the Main Estimates for 1966-67 relating to the Department of National Health and Welfare.

Your Committee has considered these estimates (being items 1, 5, 10, 15, 20, 25, 30, 35, 40, 41 and 45) and commends them to the House.

A copy of the relevant Minutes of Proceedings and Evidence (*Issues Nos. 12 to 17*) is appended.

Respectfully submitted,

HARRY C. HARLEY,
Chairman.

24636—1½

MINUTES OF PROCEEDINGS

THURSDAY, June 30, 1966.
(20)

The Standing Committee on Health and Welfare met this day at 9.55 a.m., the Chairman, Mr. Harry C. Harley, presiding.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Ballard, Brand, Brown, Forrestall, Harley, Howe (*Wellington-Huron*), Knowles, Pascoe, Rochon, Stanbury (12).

In attendance: From the Department of National Health and Welfare: Dr. J. W. Willard, Deputy Minister of Welfare; Dr. J. N. Crawford, Deputy Minister of National Health; Dr. R. B. Splane, Director General, Welfare Assistance and Services; Mr. W. W. Struthers, Director, Welfare Grants; Mr. R. H. Parkinson, Director, Family Allowances and Old Age Security; Mr. G. L. Pickering, Director, Canada Pension Plan; Mr. J. A. Macdonald, Director General, Special Programs, and several other officials.

Agreed,—That the following documents containing information required by the Members at a previous meeting be printed as appendices to this day's proceedings: (*See Appendices "A", "B" and "C"*)

1. A table showing the Health Grants for the fiscal year 1966-67 by Grants and by provinces;

2. A table showing Infant Mortality rates by provinces in Canada (1964);

3. A table showing assistance towards Cystic Fibrosis under the National Health Grants 1965-67, as of June 28, 1966.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 40—Welfare Services, Administration, Operation and Maintenance, etc. . . .$5,503,800 was called.

Dr. Willard made introductory remarks and was questioned. He was assisted by Dr. Splane, Messrs. Struthers, Pickering and Parkinson.

Vote No. 40 was carried.

Vote No. 41—Family Assistance. . .$3,550,000

and *Vote No. 45*—National Welfare Grants. . .$2,000,000 were called and carried.

At 12.10 p.m., the Committee adjourned to 9.30 a.m. Tuesday, July 5, provided the House has not recessed for the summer.

TUESDAY, July 5, 1966.
(21)

The Standing Committee on Health and Welfare met this day at 10.10 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis and Messrs. Brand, Brown, Enns, Harley, Isabelle, Knowles, Laverdière, Matte, O'Keefe, Rochon, Stanbury (12).

In attendance: From the Department of National Health and Welfare: Dr. J. W. Willard, Deputy Minister of Welfare; Dr. J. N. Crawford, Deputy Minister of National Health; Mr. N. F. Cragg, Director, Unemployment Assistance Division; Mr. W. B. Brittain, Director General (Administrative), Medical Services Directorate; Mr. G. L. Pickering, Director, Canada Pension Plan.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 1—Administration...$2,495,800 was called.

Dr. Willard was questioned. He was assisted by Messrs. Cragg, Brittain and Pickering.

Following Mr. Knowles' request that the Minister be recalled if no statement concerning the Old Age Pension is made to the House prior to the next meeting of the Committee, Item I was allowed to stand.

At 11.00 a.m., the Committee adjourned to 11.00 a.m. Thursday, July 7, 1966.

THURSDAY, July 14, 1966.
(22)

The Standing Committee on Health and Welfare met this day at 9.40 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brown, Forrestall, Harley, Isabelle, Knowles, Matte, Orange, Pascoe, Rynard, Simard (12).

In attendance: The Hon. Allan J. MacEachen, Minister of National Health and Welfare; Dr. J. N. Crrawford, Deputy Minister of National Health; Dr. Gordon Wride, Director, Health Grants, Department of National Health and Welfare, and several departmental officials.

The Committee resumed consideration of the Estimates of the Department of National Health and Welfare for 1966-67.

Vote No. 1—Departmental Administration...$2,495,800 was called.

Referring to his request at the last meeting that the Minister be recalled, Mr. Knowles received from the Minister the assurance of his intention to make a statement in the House this afternoon on old age pensions.

The Minister was questioned on some of the provisions of Bill C-227, An Act to authorize the payment of contributions by Canada towards the cost of insured medical care services incurred by provinces pursuant to provincial medical care insurance plans.

At 10.05 a.m., the questioning concluded, the Minister expressed his appreciation to the Members of the Committee for their co-operation and thanked them for their expression of appreciation for the personnel of his Department; he retired.

Dr. Crawford and Dr. Wride were also questioned.

Vote No. 1 carried and the Chairman was ordered to present the Committee's second report commending the Estimates to the House.

At 10.15 a.m., the Committee adjourned to the call of the Chair.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

(Recorded by Electronic Apparatus)

THURSDAY, June 30, 1966.

● (10.02 a.m.)

The CHAIRMAN: Ladies and gentlemen, I think it would be reasonable to start the meeting.

First of all, there were some questions asked at the last meeting concerning health grants, infant mortality rates and some questions about assistance to cystic fibrosis. I think you have a statement in front of you on each of these. I would suggest that we have these included as part of today's proceedings.

Some hon. MEMBERS: Agreed.

The CHAIRMAN: The other thing I would like to mention briefly is that if any member of the Committee is disturbed by a newspaper story that appeared in the Toronto *Daily Star* yesterday, the chairman of the Committee is not really trying to tell the Committee what it is going to decide. There is an unfortunate use of several words in there that changes the whole context.

Mr. COWAN: Do you have trouble with the newspapers too?

The CHAIRMAN: This is a fairly common complaint, I am afraid.

If there is anybody who feels disturbed by the story, I could get up in the House and make a correction.

Mr. KNOWLES: What does it say?

The CHAIRMAN: It says that:

> The Commons Health Committee will recommend scrapping of Canada's law against the sale of contraceptives and spreading of birth control information, Committee chairman, Dr. Harry Harley, forecast today.

Mr. KNOWLES: Mr. Chairman, did you have your crystal ball there?

The CHAIRMAN: I guess I must have if I decided what this Committee was going to do ahead of time.

We will begin the examination of the estimates dealing with welfare. Dr. Willard, the deputy minister, would like to make a statement on this at the beginning.

Dr. J. W. WILLARD (*Deputy Minister, Department of National Health and Welfare*): Mr. Chairman, my remarks will be quite brief because I know the Committee is anxious to get down to detail. I would like to say how much we appreciate this opportunity of appearing before the Committee and of having the opportunity to discuss some of our programs and to answer questions. I have with me the directors and the directors general in charge of the various programs.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, on a point of order, have we not finished Vote 15?

The CHAIRMAN: Yes, we did. We carried Vote 15 on the understanding that if there were any further questions on it we would come back to them under Vote 1. If we do get there this morning, the officials of the rest of the Health Department are here this morning also.

Mr. HOWE: Thank you very much.

Mr. WILLARD: Vote 40 sets out the administrative structure with three directorates. The first is the Income Security Directorate. It deals with the administration of old age security, family allowances, youth allowances, family assistance and the Canada pension plan. There is a director-general Mr. Blais in charge of this directorate and there are two directors. Mr. Parkinson, on my right, is the director in charge of the administration of old age security, family allowances, youth allowances and family assistance. Mr. Pickering, at his right, is the director of the Canada pension plan.

The Welfare Assistance and Services Directorate deals with the several assistance programs which involve federal-provincial arrangements and where payments are not directly administered by the department. The director general of this section of the department's work is Dr. Splane, who is seated second from the end of the group of officials. The activities coming under this directorate include old age assistance, blind persons allowances, disabled persons allowances, unemployment assistance, the proposed Canada Assistance Plan which has been to a large extent developed in this directorate and the national welfare grants.

To Dr. Splane's right is Mr. Cragg who is the director of various assistance programs and fourth from Mr. Cragg is Mr. Struthers, who is the director of the welfare grants program.

Finally, there is the Special Programs Directorate, which covers three areas and comes under the director general, Mr. Macdonald, who is seated next to Mr. Struthers. This Directorate deals with the fitness and amateur sport program which is under Mr. Dion as director; with the emergency welfare services program under Mr. Stehelin; and with the international welfare program under Mr. Iverson.

In addition to these three directorates under the welfare branch of the department, there are the central services provided by the administration branch of the department. These include such services as research and statistics, information services, legal services, personnel, purchasing, supply and so forth. You have already met Mr. Brittain, Mr. Acheson and Mr. Preston who are senior officials concerned with various aspects of the administration; Mr. Brittain is the director general of the administrative services.

Mr. COWAN: What is there left for you to do?

Mr. WILLARD: I think from time to time, sir, you see me on various occasions when I am doing other things.

The expenditures, as the minister has mentioned, on the welfare side of the Department, are very large; they run about $1.8 billion in the estimates before you for this fiscal year. On page 5 of the estimates book, there are the expenditures on old age security which are not included in the budgetary estimates because they are a non-budgetary item. Similarly, you will note there

are special references with regard to the Canada pension plan. At the end of our estimates on page 312, we have brought together the expenditures under the different departments so that members of the House would have an opportunity of seeing the various expenditures in one place. These Canada Pension Plan expenditures are not all budgetary expenditures in the normal sense. They are budgetary expenditures in so far as the staff shown are concerned just as is the case for the old age security administration, but in terms of the pension payments they are a non-budgetary item.

I thought, Mr. Chairman, that we might commence by dealing with the income security directorate and any questions relating to its administration which cover old age security, family allowances, youth allowances and family assistance and the Canada pension plan and then we might proceed to the other directorates, if that is agreeable.

In the case of the income security directorate, it is decentralized; we have ten regional offices which are located in provincial capitals for the old age security, family allowances, youth allowances and family assistance administration. We have a small staff of about 14 at headquarters and a larger staff of about 906 out in our field offices.

In the case of the Canada pension plan, it will be more highly centralized because the computer is at headquarters. Also there will be more field offices in the case of this program; we hope to open some 31 field offices before long. We will have a staff of about 60 in Ottawa and about 140 in the various points across Canada in order to start off the administration of this program in this fiscal year.

That is all I have to say at this point. There may be some questions.

Mr. KNOWLES: Mr. Chairman, Mr. Willard suggested that we might start with the income security directorate. He named old age security first and I would like to ask a question or two in this area.

Could we be brought up to date as to the amount of money in the old age security fund, and could we be given a projection as to what that amount will be at the end of this fiscal, prior to any increase in the amount of the old age security pension.

Mr. WILLARD: Mr. Chairman, we have some figures which, I think, perhaps Mr. Knowles already has but we do not have the projections. We will have to get those from the finance department and make them available to you. I have the figures here for the fiscal year ending 1965-66 which showed at that time an estimated surplus of $241.9 million. The actual surplus, with a temporary loan deducted, was $216.9 million.

Mr. KNOWLES: That is a figure of $241.9 million represented the extent to which the taxes collected in the fiscal year 1965-66 exceeded the payments out?

Mr. WILLARD: That is right. You will recall that over a period of time loans had been made to the fund and those were gradually deducted, so that the actual surplus is $216.9 million at the end of the fisdal year. Mr. Chairman, we will endeavour to see if we can obtain the other figures requested.

The CHAIRMAN: I wonder if the chair is allowed to ask a question? Is that with all the loans that have been paid right out with nothing owing in the balance?

Mr. WILLARD: Mr. Chairman, I understand that all the loans have been taken care of now.

Mr. KNOWLES: That, of course, would make quite a story in terms of accounting, these loans in and out over a period of time, and I recognize the point of view that is implied in my question when I say that this $241.9 million represents the surplus of receipts over expenditures in a fiscal year. The point of view that I admittedly reflect is the pay as you go point of view. Is it not clear that on this basis, it would have been possible in 1965-66 to have paid a larger pension out of the taxes that were actually collected for this purpose?

Mr. WILLARD: Mr. Chairman, that is certainly quite true. In the years when it was in deficit you could have cut the pension.

Mr. KNOWLES: But we managed to pay it on a pay as you go basis. Have you an estimate as to how much it would cost to increase the pension to those now getting it by $25 a month?

Mr. WILLARD: If the pension were $100 a month for the balance of the year from July 1, 1966, the cost would be $665.7 million; that is with the present provision of the eligible age of 69. This would be for half a year, the balance of the year.

Mr. KNOWLES: When the decision was made to lower the eligible age, year by year, from 70 down to 65, the government's decision at that point was that no futher increase in taxes would be necessary. My difficulty is that I do not like putting questions that are simply policy to the civil servants, but I am still puzzled about the fact that not long before that we were told that the tax rate or at least one tax rate had to be increased in order to raise the pension from $65 to $75 a month. Then it turned out that by doing that we provided ourselves with a sufficient surplus that we could lower the eligible age without making any further increase in the tax rate. Is that a correct statement of the picture?

Mr. WILLARD: Mr. Chairman, the Department of Finance made the estimates, the forecast of revenues and, in their view, they felt that they needed an additional increase in the personal income tax from 3 to 4 per cent and an increase in the ceiling from $90 to $120. As it turned out, revenues generally have been much more buoyant than they anticipated and, in addition, the sales tax went up to a higher level; these two factors increased revenues over and above what had been predicted. This trend has continued, so that not only has the increase from 3 to 4 per cent been helpful in meeting the added expenditures arising from the increase of the pension from $65 to $75, but it has also taken care of the additional cost of lowering the age. At the time the decision was made to lower the age, it was quite apparent that revenues were beginning to come in at a level that it could take care of this added expenditure and that was indicated at that time. As is apparent now, the buoyancy is continuing to an extent that there are surpluses.

Mr. KNOWLES: That is my whole point. Of course, it must be obvious that in the first place, I think, we were sold a bill of goods by the Finance Department. We were asked to raise the tax more than was necessary, but having done that and having had the effect of providing all this extra revenue, in my view, it should be used for the purpose of those taxes, namely, old age security

payments. I recognize, Mr. Chairman, that this is a point of policy and we are arguing it in another place and will continue to do so.

The CHAIRMAN: So I understand. Are there any other questions on this particular aspect.

Mr. BRAND: I have one question, Mr. Chairman, apropos the pension as well, the old age security payments and the Canada assistance plan which was referred to. I go back to the Senate's report on aging where it said that 15 per cent are in need of an increase immediately who are presently receiving assistance of some kind. According to the figures I received before from the government—and they are a little higher than the ones you have given us, by the way, but even at that, 15 per cent of your $665.7 million is about $99.75 million which is $14 million more than the total amount allotted for the Canada assistance plan budget. How does your department plan to spread $99 million over $85 million, increasing only 15 per cent, as has been stated as one of the purposes of the Canada assistance plan.

Mr. WILLARD: Mr. Chairman, it is very important to recognize when considering the Canada Assistance Plan that you just cannot take just one year as to what is going to happen. First of all, a great deal has been done in the past year. We have been developing this program over two or three years. The provinces have taken in good faith the fact that the federal government and the federal Parliament would probably approve such a measure and they have gone ahead and increased some of their rates of payment to mothers receiving allowances, in particular, and to recipients of some of these other programs. They plan to use some of the money we give them, for instance, for their mothers allowances programs, to pay for these increases. Quebec brought in a medicare scheme just a very short time ago for social assistance recipients which they did not have before.

Now, as to future changes and future improvements in social assistance legislation, most of the provincial legislatures will probably not meet for some considerable time and costs of new legislative action will get into next year's fiscal year costs. The $85 million we are talking about for this fiscal year is taking care of increases that have taken place or will take place this fiscal year. We would see a very substantial increase in expenditures taking place as a result of the Canada assistance plan in the next several years, because of efforts to try to step up the flow of funds to the rehabilitative, preventive and administrative parts of the program. There are certain limitations of personnel and as a result we can only expand programs so quickly. This is not a high expenditure area but it is a very important one; to the extent that we can improve the rehabilitation aspect, we cut down on a very costly part of the assistance payments. So, we do not want to see those costs continually rising but we do want to see the funds flowing into the area where we can actually help to cut assistance costs.

Mr. BRAND: Well, doctor, your information has been very interesting but I do not think it has anything to do with what I asked you. I asked how you are going to carry out any of the provisions of increasing the old age security and leaving rehabilitation, mothers allowance and all the rest of this to one side—this is an additional expenditure, I presume, although it may cut costs in the future. If you are going to help, through the Canada assistance plan, those old age

pensioners who are in need, how are you going to take care of the immediate 15 per cent, which is going to cost approximately $100 million when you are only pumping $85 million into the fund itself? This is what I want to know.

Mr. WILLARD: I am sorry, Mr. Chairman, I was taking a broader perspective. I do not know the basis of the Senate's estimates in this particular case. They could be accurate. I do know that we have been supplementing people on old age security and old age assistance over the past several years through unemployment assistance and I also know that with additional funds available most of the provinces plan to improve supplementation where it is needed. The rate of expansion and how that expansion takes place under the Canada assistance plan rests with the provincial authorities. Whether or not it will expand at a rate that would fit the kind of figures that have been suggested by the Senate is a question which, of course, I cannot answer.

Mr. BRAND: I do not think you can completely answer although—

Mr. WILLARD: No, because I do not think there is a complete answer to it. You have ten provincial jurisdictions. If they decided to really move in and start supplementing on a substantial basis and if the Senate's estimates were correct, then the federal government would come forth with its share. If it is $100 million then with $50 million as the federal share and our costs would go up. But this depends upon what the ten different jurisdictions do. I cannot speak for them.

Mr. BRAND: You are suggesting you may need more money if these figures are correct and more money would be required then for the Canada assistance plan.

Mr. WILLARD: I have already suggested that I hope that more funds will be used as a result of the Canada assistance plan. We have made the best estimates we can for this fiscal year and we are well into this fiscal year. I have tried to explain the fact that a lot of the action has been taken to improve things as a result of the anticipation of the Canada assistance plan. What next action will be taken, I am not sure, but I would hope that as costs go up to meet the present situation we will be stimulating and strengthening the personnel side of these programs and putting greater emphasis on prevention and rehabilitation. This should do something to cut costs of assistance, if we do a good job. This will take a long time, and I cannot balance out the short term and the long term effects at this stage.

Mr. KNOWLES: Mr. Chairman, I would like to engage Dr. Willard, if I can, in what might seem a bit of an academic discussion on a point we have dealt with in the House of Commons but after all, Dr. Willard, you do have expertise in this area yourself and you have people working on it.

I am concerned about the proposition that the minister gave us the other night when he talked about the three sources of funds to provide retirement in old age. Perhaps I might interject for just a moment and say, as I think I have made pretty clear in the House, I really like what is in the Canada assistance plan so far as the welfare needs of our people are concerned at the present time, up to the age of 65. What concerns me is what I think is a change in attitude that we are making toward the position of people in their retirement years. I like the flat rate, universal plan that you and I and quite a few others helped to

develop in the old age security committee about 16 years ago and I do not like to see us going back to a means test or a needs test.

Mr. MacEachen said in the House that it is not possible to rely completely on a flat rate plan and an insurance plan, that there has to be social assistance. I am still not convinced of that but I am prepared to accept it for purpose of argument that until we reach more of a millennium, maybe we do have to have the three areas, flat rate, insurance and social assistance. Our flat rate component is the Old Age Security Act; our insurance component is the Canada pension plan. The Canada assistance plan comes along as the social assistance component in that trilogy.

The minister said, and I agreed with him, that our reliance on social assistance in this area should be minimized. I made the assertion in the debate that I think we are almost maximizing that reliance by leaving the old age security figure where it is, at $75 a month. Now, I know this all sounds argumentative, that is the nature of things; but what I want to know, is there any way, scientifically or using the actuaries or the computers or what have you, that we can come up with what is a reasonable base figure, even on the minister's terms. Obviously, I do not think it is fair to leave the flat rate at $75 even when the Canada pension plan gets into its full play and we have people getting $100 out of it and $75 out of the Old Age Security Act. I do not think that is an adequate level. I think it should be a higher level before we call upon people to fall back on social assistance. I think the figure is even higher than the 15 per cent that Dr. Brand is talking about, of people in the retired group who will have to fall back on social assistance, if we leave the old age security figure at $75 a month.

Now, as I said, it is a political question; it is an argumentative subject, which I recognize, but I am wondering do you have in your department people who are making studies on this, who could give us any information as to what in the 1960's or the 1970's would be a more realistic figure for the flat rate bearing in mind the minister's dictum that we should minimize, in old age, our reliance on social assistance.

Mr. WILLARD: Mr. Knowles, there are several points here. First of all, when you set a flat rate benefit at a given level, it is difficult in a country such as Canada with widely differing costs not only between rural and urban areas or from outports to metropolitan centres but even for different individuals within any city or town. The rent factor is usually the biggest variable. It means that it is going to be extremely difficult ever to set a flat rate benefit that is going to take care of each individual budget that will also apply to a national budget.

People seem to confuse the idea of a basic minimum national budget with an individual's budget. They are two completely different things. If you do not have social insurance coverage in addition to your flat rate, something is going to have to be picked up through social assistance for individuals who find their particular individual budget, taking it at base minimum, is more than the national average budget. I think that answers the question until this millennium comes, as you suggest. Until we are able to provide extremely generous benefits in both the flat rate and social insurance programs, there will need to be a tapering off, an evening up in many individual cases.

In the old age group some of them have dependents; some of them do not. In other groups the question of maintenance of dependents is a very important

consideration. I think, at this particular stage and for many years to come, social assistance is going to play a very important part in complementing any social insurance provision as well as any flat rate provision that we may have.

Now, with regard to budgets, a number of budgets have been quoted in the House. These have been worked out. Anyone can look at these budgets and determine what is contained in them. The amounts vary depending upon different circumstances. We in the Department are aware of these studies; we have them available. At any time you could work the weights of a budget for an elderly person or an elderly couple and you could get this certain basket of goods and services priced. So, there is really no mystery as to what a national budget would be. There would be some variation as to some of the things that should be included, what is considered a luxury and what is not. This can be arrived at but the kind of a budget you develop for a national flat rate pension depends on how much you want that pension to carry and how much you want your earnings related pension to carry. You could bring your flat rate right up to a national minimum and then build on top of that an earnings related plan; you have to work these different possibilities out. In other words, in Canada we no longer think just in terms of a flat rate; we have to think in terms of a combination of a flat rate and earnings related plan. We have a hiatus between the point now and the point in the future when full benefits are paid under the earnings related plan. As the years go on, that gap is being closed. Next year, a little over $10, at the maximum level, will be payable under the pension plan; the year after, $20 and so forth. Gradually we will get into a situation where more and more we will have to think not just in terms of the flat rate benefit and what it means across Canada; we will have to think of the combination of the two.

Mr. KNOWLES: Should the day come, Dr. Willard, when those two in combination pretty well meet the situation, should we not be relying to a much lesser extent on social assistance supplementation?

Mr. WILLARD: I am sure that is what the minister had in mind when he said that the aim and object is to minimize social assistance is that if you take the flat rate benefit and combine it with the Canada pension plan benefits, they are generous compared to any pension plan in the world. I think that they will minimize the need for assistance.

Mr. KNOWLES: I doubt that they will be ten years from now found generous in today's terms.

Mr. WILLARD: Well, Parliament will still be here and we will have to take a look at that when the time comes. You will recall, sir, that most of the criticism in the press seemed to be that the benefits were too generous but Parliament, in its wisdom, has set these rates at this point. It may be that ten years from now, when we ge to the maximum levels, in terms of the standard of living at that time, we might want to take another look at them or perhaps some time before that. Certainly we have set out goals at very adequate levels.

Mr. KNOWLES: I am still concerned about the extent to which people are being forced to rely on social assistance. I am wondering if you have any figures that could help us out. Dr. Brand used the 15 per cent figure from the Senate committee's report; I think that is low, myself. Do you have any projection as

to how many old age security recipients if supplementation is available under the Canada assistance plan, will apply for that supplementation?

Mr. WILLARD: No, I do not have any projection.

Mr. KNOWLES: Is not this the kind of thing on which a judgment should be based and, if the minister's announcement is gospel, that we must minimize our reliance on social assistance, should we not have some goal that the flat rate is high enough and that only 25 per cent of the old age recipients will be applying for social assistance, or only 10 per cent or something like that; on the other hand, if it is such that 50 per cent are applying, are we not nullifying the minister's pronouncement? Right now, I am prepared to accept this three point thing, at least for the purposes of argument.

Mr. WILLARD: I think, Mr. Chairman, that is quite right. You draw a line and at some stage the number that are going to need supplementation or need some help over and above that provision, reaches a level where it is obvious the basic amount should be increased. Actually, if you look at the rate of $40 back in 1951 and the rate today it has been raised from $40 to $75, and if we had made studies at that time of how many were over a given level then and how many would be over it now, I am not too sure that it would indicate that we are worse off today than we were at that time. Now, perhaps the $40 was too low; I am not arguing the point of adequacy but in relative terms the action that has been taken by Parliament over the years, has been to keep pushing this amount up and the result has seemed to be on the side of improving the situation relatively over what it was in 1951 rather than letting it worsen.

Mr. KNOWLES: Do you have any projections as to the number of people in 1967, shall I say, who will apply for supplementation?

Mr. WILLARD: I think there have been about 52,000 people receiving supplementation under unemployment assistance. There is considerable supplementation in British Columbia and quite a bit of supplementation in Ontario. There is very little supplementation in the Atlantic provinces. So it has varied according to different parts of the country.

Mr. KNOWLES: You do not know what it will be under the enlarged terms of the Canada assistance plan?

Mr. WILLARD: No, we have made no projections for next year. Here again, as I mentioned, the key to this is what action now the provincial governments take, with the additional monies that will now start to flow into their treasuries. Every time they use that money to increase a supplement or provide a supplement the federal government will, in turn, have to share the cost. The new money for instance from mothers allowance, if it were to go into supplementation. The provinces will pick up $27 million this year and we would have to pay half the cost of that $27 million if it were used for supplementation under the Canada assistance plan.

Mr. KNOWLES: Mr. Chairman, I will not keep this going. Dr. Willard and I have been doing this for years but I would just like to say that I still think Parliament did a good job when it passed the Old Age Security Act. Some of my friends may not agree with me but I think we did a good job when we passed the Canada pension plan. I hope that we will improve both of these

pieces of legislation so that they in their combination will provide retirement security for most of our people and they will have very little need for the other. You wanted to agree with me, did you, Dr. Willard?

Mr. WILLARD: No, I just wanted to say, Mr. Chairman, that I did not want to appear negative in the various comments I have made. I have tried to even the discussion out to show some of the relevant considerations.

Mr. KNOWLES: That is all right because I asked for more or less academic comments. I would like to ask one other question. We had some figures a while ago about the cost of a pension increase. Do you have a projection as to what a $25 increase would cost in the old age security fund July 1, tomorrow, to the end of the fiscal year?

Mr. WILLARD: Paying it to the people who are now receiving the old age security—you are not talking about lowering the age to 65?

Mr. KNOWLES: No, paying it to those who now are getting it.

Mr. WILLARD: It would cost $166 million.

Mr. KNOWLES: $166 million?

Mr. WILLARD: Yes.

Mrs. RIDEOUT: I have a supplementary question, Dr. Willard. Do you know how much the increase in the tax would be?

Mr. WILLARD: I am sorry. That is an increase from $75 to $100 a month for the balance of this calendar year.

Mr. KNOWLES: That would cost $166 million?

Mr. WILLARD: That is right.

Mr. KNOWLES: And there is $216 million reserved in the fund as at the end of the last fiscal year?

Mr. WILLARD: I believe that is the figure I quoted.

Mrs. RIDEOUT: I am sorry; I am just wondering if you have any idea, sir, had there been an increase in taxes, what would it amount to for that amount of money?

Mr. KNOWLES: The money is there.

Mrs. RIDEOUT: I am not arguing that point, Mr. Knowles, I am just wondering about the amount.

Mr. WILLARD: I am afraid I would have to ask the Finance Department to give me that.

Mrs. RIDEOUT: It is all right; I just wondered if you knew.

Mr. BROWN: Was that figure of $665.7 million the total cost?

Mr. WILLARD: Yes that is the total cost for six months at $100 a month. The total cost at $75 a month would be $499.3 million. The difference between those two is $166.4 million.

Mr. HOWE (*Wellington-Huron*): Mr. Chairman, I wonder if Dr. Willard could answer this question? Under the Canada pension plan the present

deductions are 3.6 and 1.8 for the individual. How long under the present inflationary pressures that are going on and the tendencies that are going on, will this fund be able to last. Of course, there have been no payments made out of it yet, but how long is it projected before an increase will have to be made in those deductions?

Mr. WILLARD: The actuarial estimates indicated that it would be some time after 1985, probably 1986 or 1987, or even a year or so later, but somewhere in between 1985 and 1990. The income is a little higher than the actuary had forecast for the first year. He forecast something in the order of $425 million income; he worked on a calendar year basis. Actually in a calendar year we will probably have an income of that order for 1966. If we take the fiscal year we will probably be running somewhere over $500 million, maybe as high as $515 million.

Mr. HOWE (*Wellington-Huron*): That will be the amount coming in?

Mr. WILLARD: Yes. With this kind of scheme, as the wage structure moves up in terms of a shift in the level of wages, of course, the plan receives more contributions and thereby helps to offset the higher benefits that will result because the general wage structure has risen.

Mr. HOWE (*Wellington-Huron*): Has there been any survey made in the department as to the total amount of payroll deductions that are taken out of the regular pay of individuals for unemployment insurance, Canada pension plan and old age security. How much in dollars is being paid out of the employees' earnings?

Mr. WILLARD: I do not have those figures here. It could be worked out very easily.

Mr. HOWE (*Wellington-Huron*): Dr. Rynard says something over 40 per cent.

Mr. WILLARD: My guess would be that that estimate is extremely high. It depends on what you include. If you just included contributions made to insurance funds, that is one thing; on the other hand, if you take the total expenditures and relate them back to wages and take it as a percentage of total wages and salaries, that is another thing. I do not have any figures on that.

Mr. HOWE (*Wellington-Huron*): We do hear stories of people saying, well, the governmrent is taking so much now; we do have instances of people who have lived on welfare for years and years and years, entire families. I sometimes wonder whether a study should not be made as to the psychological effect on the individual of welfare measures and deductions from payrolls. As we go forward more into the welfare field have these studies been contemplated?

Mr. WILLARD: Mr. Chairman, we have tried to assist in studies of the multi-problem family and also this question of families that have beeen receiving assistance over a long period of time. We have assisted these studies through the national welfare grants. Some of these are now going on and will take four or five years to complete. Some of them are demonstration and action research projects; two of them are in very large metropolitan centres. We are very much concerned about this problem. That feature, of course, has been built into the Canada assistance plan to try to be helpful in socially and economically

rehabilitating these family situations where there has been a continuous chain of dependency.

In the case of Canada the amount of contributions that are made by individuals compared to that in many other countries, is relatively small in proportion to wages. A lot of our high cost programs, such as old age security which amounts to $1,035 million in expenditures, and family allowances and youth allowances which amount to over $600 million, are financed mainly from general revenue and, therefore, come from many taxes including corporate income taxes and sales taxes, and only part of the deduction is from wages and salaries. Whereas, in many countries, you find all old age pensions are financed through a contribution or a wage deduction, the tendency in Canada has not been to throw all the burden of social security on a contributory system and on the personal income tax. Therefore, the cost is dispersed throughout the tax system in a way that does not, in my view, affect incentives as much as it does in many countries, particularly some European countries.

Mr. HOWE (*Wellington-Huron*): This is what I was striving to find out, Dr. Willard. I think that more people are beginning to find that there is no pie in the sky; somebody has to pay for all of these programs; nothing comes free in this way. I think there are a lot of people a little bit worried about the fact that welfare programs can destroy initiative and probably in some of the countries where there are more welfare programs than we have in Canada, this has been the experience.

Mr. WILLARD: I am sure we are all concerned in a modern complex society what the reactions and results will be as we develop various income maintenance programs and various social security programs. Some of them, of course, are merely a different way of financing certain provisions. For instance, in the case of hospital care, the total hospital bill in Canada is probably not much higher because we happen to finance it through a social security technique. When the financing is done in this way, instead of the individuals taking it out of their pocket when they go to hospital, it is prepaid, either through premium in the case of a province that has a premium plus the general revenues or completely through general revenues, federal and provincial. Now, as to the effect of this on the individual—you mentioned the individual in the low income—it probably has, on balance a more favourable effect because the worry, the concern of how to pay his bills has been lifted from him if he has many children and takes ill or if some of them take ill and so forth. If he has to go to hospital, he knows that this is taken care of and he does not come out with crippling hospital care debts. Thus you have this on the positive side. At the same time, the total cost is distributed throughout the community in a different way which probably adversely affects the incentives of high income people rather than low income people.

Mr. HOWE (*Wellington-Huron*): In the welfare programs that are carried in conjunction with the provinces, we do realize there are means tests in a lot of this type of thing. Now, there was a day and age when the means test was much more abhorent than it is today and the people who received old age assistance in those days kept it so quiet that nobody heard about it. But today, people who buy houses, farmers who get loans and Household Finance, all use means tests today. I do not think it has the same stigma that it had because I have lots of

people apply to me for help, and they do not complain about it. Do you receive many letters of complaint about this.

Mr. WILLARD: I think, Mr. Chairman, it is quite right that there has been a steady change in attitude toward both the mean test and the needs test. There have been a number of factors that have been quite important in this regard. Our greatest initial use of the needs test and the main beginning of our use of the means test, were in the depression years of the thirties when public revenues, whether at municipal, provincial or federal levels, were very limited, and when trained personnel were very scarce. As a result, local administrators were told that they had just so much money to meet relief payments. They had to make sure that they disposed of all the freeloaders and they had to be really tough. They knew that even with the best will in the world, they could not meet all the demands that were placed on them.

In England, it became known as the "dole" and throughout the western industrial world in countries such as England, the United States and Canada, a stigma developed around these tests. As the years have gone by and as attitudes toward social assistance have changed and as we have had more trained personnel dealing with these programs, there has been quite an important change. One of the things in Canada that helped the means test, relative to the needs test, was the fact that it was administered provincially rather than locally and there was a tendency for the province to develop a higher quality and better staff than in the case of the local governments. Over the years, as local governments became larger units and metropolitan areas developed, they were able to get the funds to improve their staff. As a result we have seen a considerable improvement in the larger centres. In some cases, the provinces have taken over the administration of general assistance and in some instances they have operated on a regional basis. There is a tendency toward a provincial administration with regional staffs, except in the very large metropolitan centres where they are in themselves comparable to regions. I think that as we improve the personnel and as the public funds have become more generous and allowed the administrators of these programs to look at need fairly and in a generous way in comparison with the years past, the attitudes of the public and recipients toward these programs have been changing.

Mr. HOWE (*Wellington-Huron*): Yes, I appreciate that, Dr. Willard. I do know that the Ontario department does a very fine job in this regard. We do have people come to us who are freeloaders who have no right to receive assistance. I brush those people off because I tell them that they are going to be subject to a means test and then they just drop it.

Mrs. MACINNIS (*Vancouver-Kingsway*): I would like to ask several questions in connection with this matter of means versus needs test because I have been trying to get satisfactory answers to a number of points.

First, let us begin with what is your definition of the difference between a means test and a needs test?

Mr. WILLARD: A "means test" takes into account income and assets and a "needs test" takes into account income and assets but also budgetary requirements. Therefore, under the needs test you do not have an arbitrary ceiling. If you have a means test program for a country such as Canada, you have to set a ceiling, whether it is $75 or $100 or $105. There are going to be many needy

people in this country who cannot get along on that kind of money. Under a needs test program, a basic budget is set out of so much for clothing, so much for food, so much for rent and so much for utilities, and so on. The budget can take these things into account. Now, if rent is going to take $75 a month in a high cost area of a metropolitan city, say, then the budget might be raised to $130 or $140.

Similarly, with the needs test account can be taken of other factors such as dependents or perhaps household equipment such as a refrigerator if it is worn out and a new one is needed. Provision can be made for that and for other special contingencies. But under the means test, you apply the test and from there on the person is on his own and that is it. The needs test has the additional advantage, under programs such as the one being developed in the Canada assistance plan, that it relates welfare and health services to cash payments. Under the means test program in the past, once the test was carried out, the person was on his own. If he or she needed drugs and the $75 did not take care of food let alone drugs, and there was no special medical care program, the person had to go somewhere else to work out arrangements for drugs or go without. If these people need prosthetic appliances; if they need dentures; if they need glasses; all these things can be taken into consideration under a needs test.

Mrs. MACINNIS (*Vancouver-Kingsway*): That is what I thought it would be. I understand the administration of this program is still with the Provincial government, but is there any difference, administratively, other than there being more flexibility now with regard to the needs test than there was on the means test? Is that the administrative difference?

Mr. WILLARD: Well, administratively, the means test programs have been administered by the provincial governments.

Mrs. MACINNIS (*Vancouver-Kingsway*): Yes.

Mr. WILLARD: In the case of the needs test programs, the situation has been mixed.

Mrs. MACINNIS (*Vancouver-Kingsway*): This is the information I want.

Mr. WILLARD: In some provinces these programs are provincially administered and in some there is a regional pattern of development within provincial administration; in others, there is a local administration with grants from the provincial authority to the municipality. In the case of Ontario, the general assistance program is administered by the municipalities and counties. The province is now working out plans to group a number of the counties together to see if they can provide better administration on a regional basis. Part of the problem arises when you get into very small units somebody, with the secretary-treasurer of the county or the town clerk, having to take this welfare work on as an extra chore. You get into a lot of personal questions whether or not Susie McGert should or should not get assistance. If you have larger units of administration, it can be carried out in a more professional way and in a more impersonal way.

Mrs. MACINNIS (*Vancouver-Kingsway*): The success of this, in what the people would get in the way of benefits, would depend much more on the individual initiative of the welfare worker than was the case in the past?

Mr. WILLARD: That is right. We need more trained workers and that is why we have put emphasis on training aspects. The trend in the provinces has been toward this kind of development. The Byrne report in New Brunswick wants to place not only welfare services but health services and education on a provincial basis. The Boucher report in Quebec which studied their public assistance programs, has suggested a similar approach. This kind of development is taking place in the western provinces and in Ontario.

The provinces found the categorical approach to assistance most unsatisfactory and, of course, it troubles them greatly that a widow may be asked to get along on $55 whereas an elderly person may be getting $75 or $100. This is one of the things, when you start to categorize people that are in need, that has troubled provincial administrators and ourselves. We feel that with this approach, individual need and family need will be taken into account rather than just making a flat rate payment and leaving it at that. We have two types of assistance citizens; those who receive the $75 under the old age assistance, the blind and the disabled allowances' programs and those who get less under general assistance.

Mrs. MACINNIS (*Vancouver-Kingsway*): Then, the success of this plan so far as the individuals who are getting assistance are concerned, would depend entirely on the quality of the welfare officers and the social welfare system in the provinces?

Mr. WILLARD: The success or the quality of any assistance program depends on the personnel. Even the means test can be carried out in a very unsavoury and unpleasant way. I think it is true to say that senior welfare officers in public welfare departments across Canada are anxious to improve the quality of their personnel; when the national welfare grants program was brought in in 1962 its main aim was to get additional funds to the schools of social work for the supervisory type of staff and also to get funds to public welfare departments and to voluntary welfare departments in order that they could upgrade their existing staff through in-service training projects. Further, we have provided assistance to the supervisors who are employed in voluntary and public agencies and who supervise students from the social work schools as they get experience on the job. This has been one of the bottlenecks in the area of professional training. Finally, we have provided bursaries and training grants to assist the students.

There is a relatively new development taking place in the area of training of welfare personnel. Memorial University in Newfoundland and Sir George Williams University in Montreal now have B.A. courses that are directed toward personnel entering the welfare field. The University of Windsor is also going to begin a B.A. course this fall and there are two or three other universities that are giving the matter consideration in some of the other provinces as well as in Ontario. It is our expectation that in addition to the graduates from schools of social work, who have taken two or three years of post graduate work, beyond the B.A. degree you will have this other type of personnel with special training to the B.A. level.

Mrs. MACINNIS (*Vancouver-Kingsway*): Thank you very much. There is just one more question I want to ask and it reverts back to the old age security versus the Canada assistance. Have studies been made or have you any

projection of approximately how much could be saved by putting these people who are receiving the old age security pension on the Canada assistance plan rather than increasing the pension?

Mr. WILLARD: Mr. Chairman, we have never looked at it in terms of savings.

Mrs. MACINNIS (*Vancouver-Kingsway*): Several of us are interested in that and I wondered if we could get any help from your department. Has there been any estimate made of how much is required under the needs test and so on? There must be some way of doing this. Or, have there been any studies.

Mr. WILLARD: We have made the estimates as to what we think will happen for this fiscal year under the Canada assistance plan. What action is taken with regard to things such as old age security this year, next year or the years ahead, gets us right back to the point raised by Mr. Knowles, these decisions will affect the number of people who require assistance. I guess we have been more preoccupied with a forecast of what we expect would be expenditures in the coming year.

Mrs. MACINNIS (*Vancouver-Kingsway*): Yes, but my reasoning is based on the fact that this is quite a change in policy because it is putting the old age security people under Canada assistance for a very large part of their income or their services—in other words, their requirements. What I wanted was assistance from your department to figure out, under the policy of having them receive a very large part of the services they need under Canada assistance instead of under their own initiative with their own pension, how much the saving would be to the taxpayer by so doing. Have you any studies of that kind?

Mr. WILLARD: No, we do not.

Mr. KNOWLES: Can you give us a breakdown of the $85 million as among the various areas where the provinces may spend it?

Mr. WILLARD: Yes. I do not have the figures with me but, as I recall, this included $27 million for mothers allowances and something in the order of $23 million for medical care. Dr. Splane, do you have this information with you?

Dr. R. B. SPLANE (*Director General, Welfare Assistance and Services, Department of National Health and Welfare*): Mr. Chairman, the figures that we have here are: mothers allowances, $27 million, as Dr. Willard has just said; health care costs, about $22 million; administrative costs, $4 million; other program improvements, which might take any of a number of forms, $15 million, additional child welfare costs over what would have been in the unemployment assistance plan which the Canada assistance plan will be replacing, $16 million; and a nominal figure for work activity, which is an experimental program, the dimensions of which are quite difficult to predict, of $500,000, making a total, to be very precise, of $84.7 million or $85 million in round figures.

Mr. KNOWLES: There is nothing in there for supplementation of old age security recipients?

Mr. WILLARD: Other program improvements could take that form; it could take the form of additional basic assistance costs.

Mr. KNOWLES: By program improvements, I thought you meant something you administered; you mean extra.

Mr. WILLARD: Improvements in assistance costs would be another way of describing that.

Mr. KNOWLES: That is the only place there would be anything for old age security recipients apart from medical care?

Mr. SPLANE: That is quite right. As Dr. Willard has emphasized, the proposed Canada assistance plan is a statutory program. Whatever is done at the provincial level will be reimbursed, through the plan, whatever the dimension of it is. This was simply a figure that seemed realistic in terms of program development that had been taking place in the provinces prior to the time when these estimates were made.

Mr. BROWN: Could you give us that figure again for program improvements?

Mr. SPLANE: $15 million.

Mr. BRAND: I am concerned here after all the talk I have heard about rehabilitation, that this was accepted into this budget.

Mr. WILLARD: Well, Mr. Chairman, I mentioned that rehabilitation will be carried out as a part of welfare services in many cases, including counselling case work and so forth.

Mr. BRAND: I do not want to know what is done. I asked where you could find it in here.

Mr. WILLARD: I am sorry. I would take it that it would be a part of the general improvements?

Mr. SPLANE: Mr. Chairman, the term, "administrative costs" here might be very well described in another way as administration and welfare service costs. Certainly the rehabilitative aspect of the program shown there shows in the program improvements, the health care aspect is closely related to the aim of rehabilitating people from a health point of view. The work activity program is also a rehabilitative measure which, as I pointed out, we had so little indication of how to make an estimate for that that we put in a purely nominal figure.

Mr. BRAND: Surely you will agree then that despite the protestations about rehabilitation this is primarily a welfare program and not a rehabilitative one at all.

Mr. WILLARD: Mr. Chairman, I guess it is a question of definition of terms. We do have the vocational rehabilitation program which is under the Department of Manpower and Immigration which provides certain types of—

Mr. BRAND: No. We are not talking about that particular program of vocational rehabilitation.

Mr. WILLARD: We also do have medical rehabilitation grants through the department's health branch under the national health grants program.

Mr. BRAND: You are missing the point again, sir. You have mentioned quite often here how important it would be to have this sort of program produce rehabilitative measures—

Mr. WILLARD: Yes.

Mr. BRAND: —for all those people who needed that assistance and yet, as I look at your budget, I see welfare measures with no real effort being made at rehabilitation of these individuals back to a level of productivity from the particular thing in which they are at present. Unless you are planning on using vocational rehabilitation in addition there does not seem to be anything in here. There has been a great deal of talk in the Commons by the Minister about rehabilitating even the older folk. How we are going to get them back to a level of productivity, I do not know yet. Nevertheless, this has been mentioned. I would just like to get a breakdown, apart from the other programs about which we are all familiar. How are you going to rehabilitate from handing out welfare money?

Mr. WILLARD: Mr. Chairman, you are only going to rehabilitate if you add people to the staffs of the provincial and municipal welfare departments over and above the people they now have so that they can carry out counselling, case work services, and if you can purchase homemaker services and so forth. To expand homemaker services is going to be a slow process but it is a very important type of provision in terms of keeping some families together and in terms of rehabilitating them and getting them off assistance.

For the first time in Canada, the federal government is sharing in these kinds of things which, as I have said, will over the years be very important in terms of the rehabilitation aspect of the program. Up to now federal aid has been given only for the sharing of payments; we have never shared in the cost of administration. For the first time we are now saying that if the provinces add personnel to their staff, in welfare administration or in welfare services, we will share the cost. The word we get from the administrators of the program is that this will open the door for them to start to step up their staffing. It will enable them to carry out the kind of rehabilitation that they cannot do now with the size of the present case loads.

Mr. BRAND: I agree with what you say and it is very laudable but I still do not see where you are going to do very much of this. For example, which program would the mentally retarded in sheltered workshops fit into, program improvements?

Mr. SPLANE: Mr. Chairman, it would be in the work activity section that aid for sheltered workshops for the retarded would be found. At this point, Mr. Chairman, as I said earlier, we have very little yet to go on from the provinces as to the extent to which they will submit projects under this program for that type of workshop as opposed to making use of the vocational rehabilitation funds under the Department of Manpower and Immigration. Some provinces are making very extensive use of that program, notably Ontario. There is likely to be an important residual aspect of vocational rehabilitation that the departments of welfare will want to put forward under the work activity part of the Canada assistance plan. We have had discussions with the provinces on this but as yet we have no clear indication of the specific projects that may come forward.

Mr. BRAND: Well, let us give you some specific projects that are already in the books that apparently your department has not heard about. The Canadian Association for Retarded Children has a project now stretching across every

province and they have a campaign for funds going at the moment to provide monies for this. Now, would any of this picayune amount of $500,000 be available for this?

Mr. WILLARD: Mr. Chairman, may I just add that I think Mrs. Rideout discussed this topic last night in the House of Commons. We are trying to marshal all the funds available to see how they can fit into these projects that have been put forward by the association and these include funds under the vocational rehabilitation program, funds under national health grants, funds under national welfare grants and funds under the Canada assistance plan. We had a meeting with officers of the association on either Monday of this week or Monday of last week; I do not know if Mr. Struthers, who was at that meeting, wants to add anything further to what I have said.

Mr. W. W. STRUTHERS (*Director, Welfare Grants, Department of National Health and Welfare*): I do not have much to add to that. The meeting was on June 21, Mr. Chairman. The committee met with the Canadian Association of Retarded Children. The committee is made up of the Department of Manpower, the health grants administration and welfare grants administration, as has been indicated. The 14 projects which were put before the committee were examined in detail and we are optimistic that we can give good support to those projects. No final decisions have been made; we are still continuing our review.

Mr. KNOWLES: Mr. Chairman, just to make sure that we understand this Canada assistance plan legislation even at the risk of repeating something, it is clear that there are no statutory limits on the amount of money that the provinces can spend in these fields and expect to get reimbursed from Canada, according to the formula?

Mr. WILLARD: That is correct.

Mr. KNOWLES: This estimate of $85 million is an estimate based on your consultations; it is your guess as to how much they will spend in the first year and, therefore, seek reimbursement. At least, it is an estimate of your portion?

Mr. WILLARD: Yes. I think, Mr. Chairman, it could be quite a bit higher but it depends on how quickly the provinces get on with their part of the task. We are a little late in getting the legislation through so that I think the $85 million is a pretty realistic figure; probably if we had had the legislation through—

Mr. KNOWLES: Last fall.

Mr. WILLARD: —several weeks ago or earlier—

Mr. KNOWLES: Last fall.

Mr. WILLARD: —in the year, this would have meant an addition to some of the things that the provinces have done. While they might have thought there was no doubt that this measure would receive the kind of support it seems to be receiving they might have done many other things. However, when you come to a thing such as the supplements which seem to be of particular interest, it is very difficult for us to estimate what development will take place here. They could suddenly divert all the money they will pick up, say, from the mothers allowances provision into this area and then we would have to share very considerably on supplementation. This is one of the areas in which it is very difficult for us to say. The provincial officials cannot tell us what their lords and

masters are going to do, so the estimate could be quite a bit higher than this. I think we have placed it on the low side rather than the high.

Mr. KNOWLES: The only limitation on the provinces is their own capacity to pay their share or their own judgment as to what they spend?

Mr. WILLARD: That is correct.

Mr. KNOWLES: May I also ask either Dr. Willard or Dr. Splane to explain the formula in clause 5. For the last two weekends I have lived with formulas. I managed the one on integration on Bill C-193. But this formula provides 50 per cent of all costs plus 50 per cent of the excess over a base year or the cost of employing persons. That is what I am referring to in my question. Dr. Splane could you give it to us in simple terms.

Mr. SPLANE: Well, I can attempt this, Mr. Chairman. The plan provides for sharing in 50 per cent of assistance costs. That is quite clear. It also is available to share in 50 per cent of new costs of welfare services which is really, I think, best thought of in terms of staff and the specific elements of staff, travel and staff improvements. Now, this is new staff over a base period. In the case of some provinces they were not quite sure that they wanted to use the base year approach; for administrative simplicity, they wanted simply to have federal sharing in the cost of positions newly established after the plan goes into effect. That is why there is an alternative approach.

Mr. KNOWLES: This extra 50 per cent does not relate to an increase in assistance.

Mr. WILLARD: The first one is assistance, 50 per cent of the cost of assistance which is defined in clause 2. The second one relates to 50 per cent of the cost of welfare services which is an extension of services. As Dr. Splane has mentioned, there are two approaches to the extension. The one, which is the initial one we put forward as a proposal to the provinces provides for sharing the additional costs of all services over and above the base year of 1964-65. There were two provinces, Ontario and Quebec, which thought they might prefer to share costs of new positions only and so we added that alternative formula in response to their request. The province can choose either one or the other.

Mr. KNOWLES: I am going to have to get up in the House of Commons on a point of privilege to correct something I said the other night. I gave you credit for something that I thought was here but it is not. However, it is not serious. I think I have it now.

Mr. SPLANE: Your words could be taken in two different ways, I think, Mr. Knowles.

Mr. KNOWLES: Thank you, Dr. Splane. So, as to assistance costs, as to assistance payments that are made by the provinces for any need defined in the act, it is a straight 50 per cent that Ottawa will pay?

Mr. WILLARD: That is correct.

Mr. KNOWLES: Whether it is the former level or a higher level. But in addition to that, you pay 50 per cent of the cost of welfare services?

Mr. SPLANE: Yes, which will be further defined but which are primarily and essentially new staff.

Now, the term "welfare services" is used in two ways, in a sense, in the act. Welfare services can be provided the way that one normally thinks of welfare services, homemakers and home care; that can be provided and normally will be provided as an item of assistance. The family will obtain homemaker services; it will cost $6, $7, $10, $12, $14 a day, and that could be paid as an item of that person's assistance over and above their cash assistance. That would then appear as an assistance item. So, if they take on a new staff person to provide homemaker services the federal government will share in half of the salary of that new homemaker.

Mr. KNOWLES: So when we talk about sharing the cost of welfare services, we are not talking only in terms of sharing in salaries; it is mainly that, but there are some elements of actual assistance.

Mr. WILLARD: Yes, that gives needy people services, which comes under the assistance definition. If the provincial department purchases a services, let us say, from a voluntary agency, on a fee for service basis, then half of the cost of that is shared as a part of assistance.

Mr. KNOWLES: This is a built in inducement to provinces to move into some of these new fields?

Mr. WILLARD: Yes, very much so.

Mr. KNOWLES: Good.

Mr. STANBURY: Mr. Chairman, I think Mr. Knowles' question has made clear what I wanted to get clear; I think Dr. Brand's concern about a particular amount seems to me unfounded in that whatever amount in these estimates may appear picayune, it is only going to be picayune to the extent the provincial programs are picayune in calling for money from the federal government. In fact, there is no limit on the amount which can be called for within the limits of the categories which are included in the agreement. There is no need for concern that any amount appearing in these estimates appears small or inadequate but it is the best guess you can make at the moment of what the provinces are prepared to call for in that particular category. Is that correct?

Mr. WILLARD: Mr. Chairman, that is correct. I think, the fact—that we do not have a ceiling—is very important. For instance, in the United States, under some of their assistance programs, the federal government has a ceiling. Therefore, the federal government under The Canada Assistance Plan is doing everything it can by not having a ceiling. Since this is an area of provincial jurisdiction where the provinces have to carry responsibility, because they are administering these services and payments, the rate of expansion and the amount of development will be up to them.

I can say, from working with the provinces over the last 3 years, they are anxious to get going and to develop the social rehabilitation aspects of the plan. The fact that a number of them have had special studies carried out within the province—I mentioned the Byrne and Boucher reports and there is also the Michener report which had some bearing on this question in Manitoba—there is a ferment underway. I think our timing is very helpful with the federal government working together with the ten provincial governments to move ahead on preventive and rehabilitation aspects. Not only the absence of a ceiling, but also the fact that we are sharing these different kinds of costs is

quite a dramatic change over what we have done in past years. I have gone to the meetings of the Old Age Assistance boards over the years, and perhaps one province would suggest that the federal government share in administration costs, but it would be immediately jumped on by two or three other provinces, saying, they did not agree. This time we had ten provincial governments asking the federal government if we would share in administration and welfare services. This gives an indication of the federal and the provincial governments working together with a common approach and a common goal which has not existed in years past in the assistance field.

Mr. BRAND: Do you think the recent changes, Dr. Willard, in provincial governments have had anything to do with this fabulous unity you are describing.

Mr. WILLARD: I would not want to attribute any particular reason for the unity. We have been working together on this assistance question for several years. If it makes you feel any better we started to work on the approach to the Canada assistance plan, on its prototype, back about 1961 and 1962 and we have developed, over the years a harmonious relationship with provincial authorities with regard to assistance matters. A lot of it is due to the co-operation of provincial deputy ministers and the work of Dr. Splane, Mr. Cragg and people like that.

Mr. BRAND: I take it that opting out will not be allowed under this Canada assistance plan?

Mr. WILLARD: The Canada assistance plan has a section which extends the established programs interim arrangements to this program. Now, unemployment assistance, the blind, disabled and old age assistance programs all had that provision and this extends the same principle to the Canada Assistance Plan.

Mr. BRAND: I would not want to leave the wrong impression, sir, but you mentioned that there were no limits. I have a little difficulty in getting this concept of no limits within limits. I presume that they can ask for as much as they want and if there is that much money left in that particular fund, then it might be available.

The CHAIRMAN: Limits within the definition of the clauses of the bill, but no financial limits.

Mr. WILLARD: That is right. There are no financial limits at all.

Mr. BRAND: But the supplementary estimates require it.

Mr. WILLARD: It is paid as a statutory item out of the consolidated revenue fund so this bill, if passed, gives the provinces a complete statutory commitment, unless the law is changed. But the law, as now designed, says to the province, you determine the upper limits and we will go along with you and share have the cost.

Mr. KNOWLES: As long as they meet your definition of extra need and assistance and so on?

Mr. BRAND: In other words, if all the provinces came together and the total amount this year came to $250 million, it would be all right. Is that correct?

Mr. WILLARD: That is correct.

Mr. BRAND: How are you going to take care of that if your statutory limits are $85 million now?

Mr. WILLARD: There is no statutory limit for $85 million.

The CHAIRMAN: The $85 million was an estimate.

Mr. BRAND: This is the point I want to get straightened out because it is something that the minister did not make clear.

Mr. WILLARD: We could be quite wrong; this could be double that amount or half the amount.

The CHAIRMAN: Are there any other questions relative to this?

Mr. KNOWLES: Mr. Chairman, I would like to ask for a statement on the arrangements for provinces to transfer people from old age assistance, blind persons and disabled persons to the Canada assistance plan. As I understand it, the provinces can put new applicants on the Canada assistance plan instead of the other?

Mr. WILLARD: If they write and give notice that this is what they want to do. They can cease taking applications if the provisions relating to those three categorical programs are approved by Parliament.

Mr. KNOWLES: Can the provinces transfer people who are now on those programs to this program?

Mr. WILLARD: Only if they guarantee it will give them comparable benefits so that the recipients will not be worse off. It is conceivable that there could be some people—although there would be very few—who might be worse off and we do not want even a few to have their positions made less favourable by this legislation.

Mr. KNOWLES: Have you any guess you can make as to how much of this would be done? Do you anticipate that within a period of time that the other three acts that I named will disappear?

Mr. WILLARD: Most of them have indicated that they will let the old age assistance program run out because it is disappearing a year at a time and this seems to be the simplest way of doing it. Saskatchewan, has already taken a decision and there is a special clause in the bill—there are three clauses, as a matter of fact—which retroactively recognizes this situation. Two or three other provinces are considering similar action at this time. Obviously, I cannot start naming provinces. Saskatchewan has actually passed the law and we know their situation. I think some of them, would take the approach that they will deal with new applicants under the new program and leave the others on the categorical programs for a while to see how things go along. We will have a bit of a mixed approach to this for a while. Last year we had about 102,000 people on old age assistance; then, the 69 year group were dropped out this year and, by 1970, some 102,000 people will no longer be involved in that means test program since it will disappear. We have about 8,000 on blind persons allowances now. A lot of the people on blind persons allowances are in the age group of 65 to 69. So as the eligible age for old age security goes down, some of those who would have been covered will drop out. You will notice the number covered under this program has dropped from last year to this year, which is

largely due to that fact. So, there are 8,000 on blind allowances at the present time and 54,000 on the disability allowances. On this question the decisions really relate to, say, a little over 60,000 people.

Mr. KNOWLES: In the case of dropping the old age security age to 69, did that take of all 69 year old former recipients of old age assistance and of the blind allowance?

Mr. WILLARD: Yes.

Mr. KNOWLES: There were not any who were not able to qualify for old age security but could have qualified for the other payments?

Mr. WILLARD: Not that I know.

Mr. KNOWLES: Dr. Willard, you said that you did not wish to name provinces and you can dodge this question if you so wish. What is happening in Prince Edward Island? My own justification for asking the question is the obvious one. Is this $25 extra payment to the old age pensioners related to the Canada assistance plan?

Mr. WILLARD: I know from my discussions with the provincial deputy minister that they would count on having the federal government share part of that $25.

Mr. KNOWLES: How are you going to do that if they are giving it to everybody?

Mr. WILLARD: It means that they will have to carry out a needs test for each recipient and if on the basis of the needs test the person only required $90 then, of course, the federal government will share on the $15. The $75 they will be getting from old age security; of the $25 we will share half of the $15 and the province will pay the extra $10.

Mr. KNOWLES: In the meantime, the government that is in power is paying the $25 to every recipient of old age security, leaving this other to be settled later. You did not comment and neither do I.

Mr. WILLARD: It is going to be retroactive so they are not taking much of a chance.

Mr. BRAND: Just so we understand each other, what you are suggesting is that the Canada assistance plan is a blank cheque for welfare?

Mr. WILLARD: No. It is not a blank cheque. It is a cheque that says the provincial government has to also endorse it and pay half the cost.

Mr. BRAND: In effect, this is what it is. These costs could be fantastic, I would presume, over the next two or three years.

Mr. WILLARD: It is leaving with the provincial government the responsibility which, I think belongs to the provincial government of deciding what levels of assistance should be paid and how large their staff should be to provide welfare services, and how much medicare should be provided.

Mr. STANBURY: Once again, their costs are only going to be as fantastic as each provincial government is willing to undertake.

Mr. WILLARD: Yes, the responsibility rests with them. You can interpret that either way and people do. Some say that such and such a province will be

very close and will not spend too much and another province is going to be very, very generous. It is all on your point of view but in the next year or two we will know.

Mrs. MACINNIS (*Vancouver-Kingsway*): Some people have expressed concern about the lack of a Canada wide standard just exactly because of a variation in provincial outlooks in the different provinces. Is there any thought in your department yet that some day there will have to be some kind of minimum standard before these matching grants are made? Is there any suggestion at all of standards or principles laid down, or is that still in the future?

Mr. WILLARD: No. This is why we have consultants on our staff, why we hope to continue to have numerous federal-provincial discussions. There will be cross-pollenization taking place among the administrators of the different provincial programs and among their ministers because they have a lot of mutual problems. I think that a great deal is to be gained by a discussion of these problems. It is at such a time that comparisons are made to see what one province is doing relative to several others. I think that the additional aid we have given in the training field from in-service training right through to professional training plus the money to assist additions to the staff plus our consultant services and this continuing federal-provincal liaison all adds up to improvements in standards in the years ahead.

Mrs. MACINNIS (*Vancouver-Kingsway):* I can see certain problems arising because I am thinking back in the depression years when some of these problem families used to move from province to province and even then it caused bad headaches. Would there not be difficulty with these families moving from province to province, running into different standards and different amounts of service, being given for certain conditions? Is that likely to cause trouble under this plan?

Mr. WILLARD: There will be some problems but it will not be a problem of a magnitude that we need to be concerned about so long as there is no dumping or an effort on the part of some welfare administrators to say to their people, "Will you please go to such and such a community because you can do much better than if you stay here." I do not think there is any fear of that kind of thing.

Mrs. MACINNIS (*Vancouver-Kingsway*): What I had in mind was a few years back there was a residence and responsibility act in my province of British Columbia, and that always caused a lot of trouble because people were continually being pushed out into other areas where conditions were different. Is there likely to be a residence and responsibility trouble occurring under this with our greater mobility today in Canadian labour and so on.

Mr. WILLARD: You know that under the bill we do not permit residence restrictions to be built in the provincial legislation. We had this provision under the unemployment assistance program and it has worked, and if it will work under a program where you have a great deal of mobility of labour because a lot of the people on unemployment assistance are moving. There would be more say, in the case of the disabled, the blind or older people. I think because of the fact that it has worked, we should keep on with this approach. After all, the

purpose of the federal government in putting in its share is to try and overcome residence barriers. If, within a province, their residence barriers grow up it is up to the province to work it out with its municiplities and to have some kind of general financial arrangement whereby if there is a difference between the municipalities, concerning the responsibility for certain cases the province itself will pick up the cost.

Mr. BALLARD: Mr. Chairman, to follow up on Mrs. MacInnis' question, if you prohibit the provinces from having a residency clause in their social legislation, do you not feel that there would be a continuation of the process, that has gone on in the past of people requiring social assistance, of drifting into one particular province, the way they did into one particular area of the province in the past. For example, during the last depression, people who were on welfare or needed welfare flocked into Vancouver and they flocked into Calgary, Alberta. These are two areas of which I know. This was because the social assistance in these two areas was better than in the outlying rural areas than in some of the other provinces, as a matter of fact. Would this not happen if you do not permit a residency clause in the legislation?

Mr. WILLARD: Mr. Chairman, all I can say is that we have had the experience since 1956 under the Unemployment Assistance Act; we have had as high as 700,000 people covered under it; we have had no residence requirement and we have not had this difficulty. If, of course, we revert to or it happens we get into the problems of the thirties again, there will be many other things, in addition to this, to which we will have to direct our attention. I do not see it as a serious problem. I do see it as a matter that could give some provincial administrations some concern, but I hope that they would bear with us and take into account the fact that the federal government is putting in 50 per cent of the cost. If at certain times they do carry a little more burden than they think they should they must keep in mind that they are getting the very substantial contribution from the federal government. But certainly the experience of ten years under a program where there is a great deal more mobility has not been such that we think there should be any change.

Mr. BALLARD: Mr. Chairman, I wonder if these two situations are comparable because the amount expended by the government under the unemployment assistance legislation is equap in all areas, is it not?

Mr. WILLARD: We share 50 per cent but the rates are different right across the country.

Mr. BALLARD: The rates are different in different areas?

Mr. WILLARD: Yes, so that you could have more favourable rates for unemployment assistance in Vancouver than you would, say, in village X.

Mr. BALLARD: To go on to another point, are there any standards set for the amount of welfare that will be considered under the act? For example, to give you an exaggerated case, suppose one province decided that anybody that earned less than $5,000 a year was, in fact, eligible for welfare in order to bring their income up to $5,000 a year. Would the federal government contribute to 50 per cent of that program?

Mr. WILLARD: If the province, in its wisdom or otherwise, decided to do that, we would share the cost. They would have to share the other half and I think that would be the main deterrent.

An hon. MEMBER: Not in Alberta; there is too much money.

Mr. BALLARD: I am just trying to clarify this in my mind. If there are no standards set by the act toward which the department can work, is not the Canada assistance plan a carrot being held out to the provinces to encourage social consciousness or to encourage the socialistic state?

Mr. WILLARD: Do you equate those?

Mrs. MACINNIS: It is actually hard to equate them.

Mr. WILLARD: Mr. Chairman, certainly that was not the intention. The intention of all these public assistance programs, whether it is the federal or the provincial government, has been to be a program of last resort for people who in a very highly complex society, for one reason or another, have insufficient income maintenance or services. Some of them are long term cases, chronically ill people, severely disabled and so forth, who cannot be rehabilitated; others are those that are short term cases who are unemployed for two or three months; there are the cases of a mother with a number of dependent children, the children grow up and the mother gets back into the labour force. So we have a wide variety of situations and the purpose of the federal government not putting on a ceiling is to allow the flexibility that is needed among the different jurisdictions in Canada.

Now, say, if New Brunswick, in its wisdom, decides that it will set up a certain standard and if Nova Scotia, in its wisdom, decides it will set up one and there is a $5 differential in the maximum which they are going to have in their total budget, I think the federal government should not try to predetermine what the amount is and say it will only share up to that amount. It is far better to leave that responsibility with the provinces, and, believe me, the experience over the years of our provincial governments, has been that they have been responsible in their approach to social welfare programs. They have not been expending money in a way that one would consider wasteful. Therefore, we have this guarantee at the provincial level.

Mr. BALLARD: There are two points that disturb me about this bill. First of all, the fact that there are no, if you want to call them, guidelines laid down by the act upon which the provincial government can participate in this plan for welfare purposes. The other is that you put the onus on the provinces to the extent of the welfare that they can administer. This really gives the wealthier provinces an edge on the poorer provinces; in other words, a person who is in receipt of welfare assistance can expect to get more assistance in the wealthier provinces than he can in the poorer provinces. It is a simple fact of mathematics that the poorer provinces cannot afford to underwrite, even with the assistance of the Canada pension plan, a large welfare program.

Mr. WILLARD: Mr. Chairman, the government had to consider this question whether within a great variety of shared cost or grant-in-aid programs, it would introduce in each one a fiscal need formula or whether it would do it as a part of its general fiscal policy through equalization payments. It has followed the latter course. In other words, rather than take some 30 or 40 grant-in-aid

schemes and build in a fiscal need formula into each one it has, by and large with one or two exceptions, followed a different approach. This is the case beginning with old age pensions in 1927 and following through to the present time in the case of the assistance programs.

It means that in working with the provinces especially with the fiscal authorities the arguments, pro and con, as to how much should be paid in equalization is thrashed out. The formula is arrived at, and it is settled on that basis, which gives to the low income province more income than they would ordinarily get without equalization. There are different ways of doing this; this is the one that the federal government has followed.

Now, in the case of hospital insurance we did get, as a result of another formula, some fiscal need provision. We built into the hospital insurance formula, by combining 25 per cent of the national per capita cost and 25 per cent of the provincial per capita cost, an efficiency factor so that the province that allowed its cost to run away, compared to the national level, paid for it. This was a control on cost but, at the same time, it so happened that the provinces that have low per capita costs are also low income provinces and it has given a higher percentage of payments to these low income provinces. A formula such as that could not be applied to this kind of program.

Mr. BALLARD: Before the act is even passed you are suggesting a different formula for sharing the costs than is already in the legislation.

Mr. WILLARD: I beg your pardon, Mr. Chairman; I am not suggesting any different formula at all. I was just giving you the benefit of the considerations over the years and mentioning the only other formula that I can think of at the moment where indirectly it had the effect within the program of giving additional funds to low income provinces; but I can say very clearly, and I do not want to be misunderstood in that, that there was a choice here of doing it through the individual grant-in-aid program or by doing it through general fiscal arrangements. The government has chosen the latter course.

Mr. BRAND: I am glad to hear you say that there has been such responsibility shown by the provinces in the field of welfare services although this flies in the face of the contention of the government of Saskatchewan that there has been gross mismanagement of welfare funds there. As a matter of fact, for the past year, there has been a real storm over this in the province of Saskatchewan.

Mr. WILLARD: Mr. Chairman, I know the honourable member is closer to that situation than I am.

Mr. KNOWLES: Mr. Chairman, could you indicate what our plans are?

The CHAIRMAN: The chairman is in the hands of the Committee. As you know, we are discussing Vote 40 and actually the discussion has really ranged over Votes 40 and 41; the two are very closely related. Vote 45 is more of a grants program. If everybody is quite happy to pass either Vote 40, or Votes 40 and 41 or all three, and then come back to anything under Vote 1, that would be all right. I would hope we would, perhaps, meet on Tuesday, as I presume the House will still be sitting on Tuesday. On Thursday, we have a witness to come before us on the birth control matter. If the Committee wishes we could

put that one off until the fall because we are not going to get the other one of the two anyway.

Mrs. MACINNIS (*Vancouver-Kingsway*): Can you hold them a little while until we see?

The CHAIRMAN: Yes. I have not even given them a suspicion that we are not going to hear them.

Mrs. MACINNIS (*Vancouver-Kingsway*): A few of us cannot make up our minds until after the weekend about that.

The CHAIRMAN: How does the Committee feel?

Mr. KNOWLES: Can the officials be back for Vote 1?

The CHAIRMAN: Yes, I am sure we can arrange that. I am sure that Dr. Willard and his officials and Dr. Crawford and his officials could come perhaps on Tuesday for Vote 1 and we could have a completely open, free ranging debate.

Mr. KNOWLES: It is, in fact, your suggestion that we carry now all items except Vote 1?

The CHAIRMAN: Yes.

Items 40, 41 and 45 agreed to.

The CHAIRMAN: The understanding is that on Vote 1, which is the last vote, all the officials will be here and you may ask any questions you wish.

TUESDAY, July 5, 1966.

The CHAIRMAN: Gentlemen, there is now a quorum present. We will carry on with our estimates this morning on Vote No. 1. Both Dr. Willard and Dr. Crawford are present and they have their officials with them. The meeting is now open.

Mr. KNOWLES: I am interested in questioning Dr. Willard and Dr. Crawford, but I am wondering if we could not have the Minister come back too. He said when he was here that he would be glad to come back if we wanted him. We seem to be having trouble getting him to make a statement in the House. He could come here and make the statement he wants to make or answer questions. You are laughing at me but I am serious.

The CHAIRMAN: I do not think the Minister is prepared to say anything in committees that he probably would not say in the House.

Mr. KNOWLES: But we could question him. He offered to come back.

The CHAIRMAN: Yes, but it is a problem of getting the estimates through. When would we invite him? This would be the problem as far as I can see.

Mr. KNOWLES: We could hold the meeting at 9.30 in the hope that he would be here by 10.00 a.m.

The CHAIRMAN: I do not think it is very practical for today. We have another committee meeting here at 11 o'clock.

Mr. KNOWLES: Are we meeting on Thursday?

The CHAIRMAN: Yes, but we have arranged for the Pentecostal group to appear before us for a long time. This will take us into the next week.

Mr. KNOWLES: I would rather hear the Minister.

The CHAIRMAN: I think it is obvious that we are going to have problems getting a quorum from now on. This is the first time we really have had this much trouble. It seems to be getting worse for some unexplainable reason.

Mr. KNOWLES: Let me give it as notice, Mr. Chairman, that if we do not have a statement from the Minister by Thursday in the House on the matter of the old age pension adjustments, I would like him to be invited to a future meeting of this Committee.

Mr. ENNS: I wonder if Mr. Knowles is making that conditional to the final approval of these estimates? Is this your intention, Mr. Knowles?

Mr. KNOWLES: Well, I think as long as the Committee has anything before it we could have the Minister back, although I suppose it might be better to have him back regarding the estimates. I would be willing to ask him questions under any heading.

Mr. ENNS: Oh, I see. If we completed the estimates, we could still ask him back.

Mr. KNOWLES: I would assume that the Canada assistance plan will be called again before then and that the Minister will make a statement. However, in view of the fact that last night the government called something else for today, namely the Bank Act, which is likely to take up the whole day, and with interim supply pressing in on us, it just could be that days will go by without our getting a statement. I reject, of course, completely the statement that the Minister cannot make a statement in the House, but that is his decision. He was quite willing to come back, and I suggest that it be noted.

The CHAIRMAN: This would present a bit of a problem which Mr. Enns has already mentioned. The terms of reference before the Committee now are the estimates, and the only other terms before the committee are the birth control matter and abortion.

Mr. KNOWLES: I am trying to prevent one. Let the matter stand as it is until 11 o'clock, Mr. Chairman.

The CHAIRMAN: Fine.

Mr. KNOWLES: Mr. Chairman, in one of the morning papers—one whose name I do not mention because I am a member of the I.T.U.—there is a story about day care, and I am interested not only in the plug it gives for the Canada assistance plan—and I say that seriously—but I am interested in the formula that is suggested. The article says that at the present time things like day care are available in Ontario on the basis of a 50-50 split between the provincial government and the municipality. Apparently the municipalities are not taking the offer up on that basis, but when the Canada assistance plan is in effect the municipalities will have to pay only 20 per cent with the senior governments paying the other 80 per cent of day nursery operating cost and such items.

Can Dr. Willard throw some light on how this formula has been worked out? I ask this in relation to our understanding that the federal government pays 50 per cent of the cost of this plan.

Dr. Joseph W. WILLARD (*Deputy Minister of Welfare, Department of National Health and Welfare*): Well, Mr. Chairman, the particular arrangement made in any particular province will, of course, depend on the policies of that province, and probably the reference made in this article relates to a change in the Ontario government's planned policy once the Canada assistance plan comes in.

The Canada assistance plan can share the cost of these services under the definition of assistance. There is a provision where welfare services are provided with the definition of assistance; it could be on a fee for service basis from a voluntary agency. So that if a province has been making a grant to an organization, shall we say, in a community or if the community itself has been sharing the cost and the province has also been sharing the cost, it will have to be worked out as to how the federal money flows in to pay the cost in particular assistance cases.

Now, it is conceivable that we would have these services provided to individuals who are not on assistance and to individuals who are on assistance. If it were provided under that section of the act, which is the way it would be provided where it is a voluntary, non-government agency that is providing the service, then it would be a case of figuring out what the cost was for those particular services for the assistance recipients, and the federal government would share half of that cost.

Mr. KNOWLES: Any further permutations and combinations in the formula are then the business of the provincial government?

Mr. WILLARD: Correct.

Mr. KNOWLES: With respect to such things as day care services, homemaker services, and so on, do they come, as far as the federal government is concerned, under 5(1) (*a*) or 5(1) (*b*) of the act?

Mr. WILLARD: They can come under it in either of two ways. Where they come within the definition of assistance, then it would be a purchase of service and in that case it would probably be a voluntary agency or a private agency. It could come under the part defined as welfare services in which case the province or the municipality would be providing the service, and then the sharing comes on the basis of an extension of services and the two alternative formulae apply. In other words, where it is a public service then the question is, is it an extension of services or personnel over and above the base period? We share the cost of any additional staff if the one formula is followed, or the cost of additional services if the other alternative is used. So that it could be covered in any one of three ways.

Mr. KNOWLES: If it comes under 5(1) (*a*) you share 50 per cent of the total cost?

Mr. WILLARD: Correct.

Mr. KNOWLES: But, if it comes under either part of 5(1)(*b*), you share only 50 per cent of the excess cost over the base period?

Mr. WILLARD: Correct—the extension.

Mr. KNOWLES: Have you had a chance to read this article, Dr. Willard?

Mr. WILLARD: No, I have not, sir.

Mr. KNOWLES: I recommend it.

Mrs. MACINNIS (*Vancouver-Kingsway*): Could I ask a question with respect to the training of nursery school personnel. Does the cost of training come under the Canada assistance plan or not?

Mr. WILLARD: The cost of training under this particular legislation would relate very largely to in-service training of staffs that are carrying out public assistance activities.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well, this is a public assistance activity.

Mr. WILLARD: Then it would be possible, if they had an in-service training program, for some of these costs to be carried. In addition to that, of course, we have the national welfare grants program which will assist other types of training through the provision of assistance to schools of social work and through the provision of national scholarships and assistance to the provinces for sharing the cost of bursaries, and so forth.

Mrs. MACINNIS: Well, suppose that a province or a municipality under the province decided that it wanted to establish nursery schools or day care services, where would it look for the money, first of all, for training both the supervisory and the assistance personnel? Where would it look for the grant for that, under what legislation?

Mr. WILLARD: Presumably if it was designed for assistance recipients—if it was a clear case such as that—they would proceed and set up the training program, and would share 50 per cent of the cost.

Mr. KNOWLES: Dr. Willard, the other day Dr. Splane gave us a breakdown of the $85,000,000 into half a dozen categories; his figures totalled $84.7 million, but I will not worry about the point three. I am wondering if you can tell us which of the categories Dr. Splane gave us come under 5(1)(*a*) and which come under 5(1)(*b*). I realized as soon as I asked the question that some of them might come somewhere else altogether.

Mr. WILLARD: I wonder, Mr. Cragg, if you have a copy of the expenditure figures which Dr. Splane had. Perhaps you could come up to a seat at the table and answer this particular question.

Mr. N. F. CRAGG (*Director, Unemployment Assistance Division, Department of National Health and Welfare*): Mr. Chairman, these are broken down into six areas; mothers' allowances were $27.2 million. These costs would come under 5(1)(*a*) as assistance cost, that is the payment of assistance to needy mothers and children. Health care costs again are considered as items of assistance and would come under 5(1)(*a*). The extension of staff and welfare services as administrative costs and development of welfare services would, of course, come under 5(1)(*b*).

Program improvements and extensions could come under either 5(1)(*a*) or 5(1)(*b*). We are thinking, however, here primarily of increased and improved rates of assistance which will be developed by the provinces, and this would be most of this figure, which means that this would come under 5(1)(*a*).

Additional child welfare costs could come under either 5(1)(*a*) or 5(1)(*b*). Where there is a payment of maintenance cost to children, foster children

primarily, this would come under 5(1)(*a*) as cost of assistance. If it is the provision of welfare services, adoption services, for example to children, it would come under 5(1)(*b*).

The final heading was work activity and, of course this would come under neither 5(1)(*a*) nor 5(1)(*b*), but is a separate part of the act. The payments here come on the basis of projects submitted by the provinces and each project is considered in its own light.

Mr. KNOWLES: In other words, most of the money will be paid under 5 (1) (*a*) in the light of the figures given by Mr. Cragg. Does this indicate that the provinces have not grabbed onto this extension of services as much as they might have? I take it that these figures are the result of consultation. These are estimates as to what you think the provinces will call for. I admitted the other day that I did not understand 5 (1) (*b*) at first, but once I understood it, I thought it was pretty good. But it seems that the provinces are not going to use it very much.

Mr. WILLARD: Mr. Chairman, I think there are two things which are important here. One is that the expansion and development of staff cannot be carried out quickly, and this is a real controlling factor here. So in contrast when you share the costs of, say, mothers' allowances, and then as a result the provinces increase the rates of mothers' allowances, a tremendous amount of money goes out. However, if you start to improve the staff who administer and provide services to the mothers' allowances program, it is a smaller proportion and it takes longer to do.

I think there are the two factors; the one is that you cannot expand services and staff quickly; therefore, in the balance of the year which is left you will not find as much there. On the other hand, this will be the beginning of a long-term stepping up or acceleration of efforts to improve staff. The other thing is, of course, that whenever you compare social welfare programs where you include an income maintenance component along with services and staff, the income maintenance component takes a very large proportion of it.

Mr. KNOWLES: Of course, 5(1) (*b*) covers both staffs improvement, and so on, and payment of additional services.

Mr. WILLARD: Administration and services. It is a combination.

Mr. KNOWLES: Do you have reason to believe that this will expand in a space of a few years?

Mr. WILLARD: From all of the discussions we have had, both at the federal-provincial conference of ministers and the federal-provincial conference of deputy ministers, and the discussions we have had at the official level with directors of public assistance from the provinces, we feel quite confident that this is an important breakthrough and that it will be followed up.

I think it must be realized that what we are doing is in concert with the kind of development taking place in the provinces. I mentioned last time the development in Quebec, New Brunswick, and a number of other provinces, where they want to strengthen their staff; in some cases they want to move to a regional structure. In the case of New Brunswick where heretofore it has been on a municipal basis, they now want to administer it as a provincial program and have a regional organization. They are setting up a new organization with

trained staff to try to administer the welfare administration and welfare services for these programs in a way which has not happened before. In many cases there have been small units, small municipalities, with the local municipal clerk having to handle the provision of welfare services as a side line. Now it will be done by a trained welfare staff and it will be operated on a province-wide basis with a regional structure.

It is this kind of development which has been taking place over the last several years, and particularly in the last two or three years, that we are trying to fit this program into, so that we are in step with the kind of things that the provinces want to get ahead with.

Mr. KNOWLES: You realize, of course, Dr. Willard, that I speak and question appreciatively. I think this is an excellent program and perhaps I should not look at it from the dollar point of view, but I confess this does surprise me a bit. Mr. Cragg tells us that $4,000,000 for administrative costs will come out of 5(1)(*b*), and that is the only case where it all comes out of 5(1)(*b*), a portion of the program improvements and a portion of the child welfare. Now, what is a portion? If it is a quarter or a third, we are still adding up to only $10 million, 12 million or $14 million out of the $85 million which is going into this kind of thing.

I think we are all conscious of a social revolution going on around us, and I just hope that if this is as good as you say it is and the Minister says it is, that it will be used more than seems to be suggested.

Mr. WILLARD: It is the marginal increase in cost. Whereas in the mothers' allowances we are picking up half of the cost of what is now being spent, and what has developed over a period of time, in the case of services and administration, it is very largely an extension and therefore it is the addition which welfare agencies will be putting on their staffs.

Mr. KNOWLES: How did you come to the decision to pick up 50 per cent of all the costs of assistance with only 50 per cent of the new costs in terms of services?

Mr. WILLARD: As I mentioned the other day, in the years past there was some reluctance on the part of some of the provinces to have the federal government get involved in administration and services. The next step came when the provinces did ask us to take a step in this regard. The federal government considered it and felt that by providing for the extra costs, the bonus as it were, we would provide a great deal of stimulation. One question that had to be considered was the problem of trying to get a clear-cut relationship with the provinces. This has been discussed a great deal. Would the federal government, by getting into administration and services, tend to complicate it and blur it? Finally, the decision was made that if the provinces wanted us to get involved in sharing these costs, we would get in only to the extent that we would bonus from here out their strengthening of and increases in services. That is how this approach developed.

Mr. ENNS: Dr. Willard, a moment ago, in response to Mr. Knowles' questioning, you were saying that the increase of the quality of services is a slow procedure and is, therefore, a more difficult thing to project. If the Canada assistance plan becomes operative will there not be quite an increase of strain on services, an ever increasing demand for more trained personnel? Would the

estimates show any projected cost of additional services which the Canada assistance plan would require?

Mr. WILLARD: I do not think we can give you any projections or indications beyond those we have given. However, the people in the welfare field have been concerned about the shortage of personnel for a very long time. When the national welfare grant program was introduced in 1962 it was aimed at this problem. I think we are very fortunate now in 1966 that we have had this head start for a number of years. The schools of social work have expanded considerably over that period.

We have had quite a large number of in-service training courses carried out by provincial welfare departments. The bursaries and scholarships have been extremely helpful, and a number of possibilities have been opening up to train personnel in addition to the provision for graduate social workers. One is whether a course specifically designed for people in the social welfare field could not be provided at the B.A. level, Now, Memorial university in St. John's Newfoundland already has such a course. The Sir George Williams university in Montreal has such a course. The University of Windsor, I believe, plans to have such a course starting this fall. There are two or three other universities in Canada that are considering this actively.

Mr. ENNS: Are these courses outside the schools of social work?

Mr. WILLARD: Yes. They would be for a B.A. that would bring together in one course all the elements which are being taught in universities such as psychology, child development, sociology, and so forth. Added certain other subjects would be added, perhaps public welfare administration, case work and group work. It would provide a B.A. degree after a four year course that is specificially geared to this particular field. Then these graduates could carry on, if some of them wanted to, and take the graduate course for a M.S.W.

The other development is, of course, that two other universities are opening a graduate school of social work. One is Waterloo Lutheran University in Kitchener-Waterloo; this course is starting this fall; their dean has been appointed and they are recruiting a staff. The University of Alberta at Calgary is also setting up a school of social work.

We have expansion taking place both at graduate and undergraduate levels and, of course, this program will add a demand for trained personnel and for higher salaries which is very important to draw able people into this field.

Mr. ENNS: I have another question which is not related to this. Under vote No. 1 you speak of a $6,000 item which was not included in last year's estimates, but it was chargeable to the Canada Pension Pan, namely "account for services normally rendered by other departments free of charge". I was interested in the wording here; there is probably a very easy technical explanation for it. Does it mean to say because the Canada assistance plan is operative now you are beginning to charge; otherwise it would be a free service by the Department? I thought perhaps a word of explanation would be useful here.

Mr. WILLARD: Mr. Chairman, this item does appear elsewhere, and I thought Mr. Brittain might just comment on it so that we could have an explanation of why it has been included in this manner.

Mr. B. BRITTAIN (*Director-General, Administration, Department of National Health and Welfare*): Mr. Chairman, this comes under vote No. 1, the second last item.

Mr. WILLARD: We also have a similar entry over in vote No. 40, on page 307. Perhaps Mr. Brittain could explain why they were put in these votes.

Mr. BRITTAIN: Mr. Chairman, the item of $6,000 appearing in vote No. 1 refers to $6,000 for contribution to the superannuation account and the Canada Pension Plan account in respect of salaries charged to the Canada Pension Plan administration, together with a portion of the charges for employee surgical-medical insurance, employees' compensation and franked mail privileges.

Mr. ENNS: I am sorry to interrupt, but is the item of $106,000 not the question of contribution and these other things. I was interested in the lesser amount.

Mr. BRITTAIN: The $106,000 or the $6,000?

Mr. ENNS: I was interested in the $6,000. The other one seems clear to me, that everyone will have to make contributions and the employer has to match these contributions.

Mr. BRITTAIN: The item in vote No. 1 covers the indirect charges in relation to the administration of the plan; whereas the expense under vote No. 40 refers to the direct charge of the administration of the plan, that is the departmental staff essentially who are concerned with the administration of the Canada Pension Plan.

Now, the $6,000 item which you referred to first, Mr. Enns, is for contributions to the superannuation account and those other small items which I mentioned, on behalf of departmental employees essentially in the administration branch of the department who are providing services to the Canada Pension Plan organization.

Mr. ENNS: I am interested in the wording here. It says, "normally rendered by other departments free of charge."

Mr. BRITTAIN: They are free of charge to all the departments. We normally do not pay back to the superannuation account, that is from the Department of Finance. We do not pay for franked mail privileges and so on?

Mr. KNOWLES: Now that the Canada Pension Plan has been mentioned, I would like to ask one or two questions in that area. I am not surrendering my right to ask some more questions about the Canada assistance plan. I see Mr. Pickering and Mr. Allen are here, and perhaps we could ask some questions while they are here to supply the answers.

I asked some questions in the House through the Order Paper regarding reciprocal agreements. As the members, at any rate, will know, we are limited to three starred questions at any one time on the Order Paper. I felt this was of sufficient importance; I wanted to star the question and so I had to pick out the three countries I was most interested in which were the United Kingdom, France and West Germany. Then in case there were other countries, I asked to add a question which was not starred that sought to pick up all the rest. It turned out I was pretty close to what was happening.

The answers given by Mrs. Rideout in the House indicated that discussions have been taking place with the three countries I named specifically, and also with the United States. I wonder if any report can be given to us on the progress of those negotiations for reciprocal agreement under the Canada Pension Plan?

Mr. WILLARD: Mr. Chairman, I could perhaps open the discussion by saying a few words, and then Mr. Pickering might wish to add something.

With regard to West Germany, we have been concerned that the social insurance program in West Germany does not provide for the payment of benefits outside the country to people in Germany who have contributed to it and who then emigrate to another country. The difficulty here is that the German legislation requires that these persons maintain their citizenship. This means we have many German born Canadians who, when they became Canadian citizens, lost their rights to benefits for which they had contributed.

With the provisions of the Canada Pension Plan which permit us to pay benefits to people who have contributed to it and leave the country, and with the fact we pay the old age security pension outside of Canada for anybody who has been in Canada 25 years after age 21, we consider that we have something to bargain with in our discussions with the West German government.

We sent a group of officials over to have discussions with that government; they were well received. The West German government is going to communicate with us and we are hopeful that it will not be too long before it will put up a specific proposal which will deal with this problem.

In the case of the United Kingdom, over the years we have had an exchange of letters between the governmental ministers concerned, which had the effect of making the British legislation more generous than had been the case before. The officials of the United Kingdom found that our legislation was on the whole most satisfactory in that persons coming to Canada would qualify for unemployment insurance in the same way that say somebody graduating from high school would qualify in Canada after they had contributed a certain period of time.

Similarly, we pay family assistance to families coming into Canada as immigrants from the time they arrive; this makes up for that one year period before they qualify for family allowances. So in effect we pay family allowances right from the time a person arrives.

With respect to old age security, they considered that the 10 year residence requirement was quite reasonable considering that this type of program must rely upon a residence requirement in lieu of contributions because it is a flat rate non-contributory type of plan.

The Canada Pension Plan, of course, is portable and therefore they find it satisfactory.

Our discussions with them were mainly to bring up to date the exchange of undertakings that we have had with the British government. Therefore, there was not anything of great significance in the sense that it was new in relation to the visit to the United Kingdom.

In the case of France, we were trying to get a better understanding of their legislation and of their programs. We have not carried this matter beyond this preliminary discussion, but we would hope that in consultation with the representatives from the Quebec pension plan we could make a decision

whether or not it would be useful to pursue this avenue of discussion further. The French program is a very complex one, and it will require a great deal of study on the part of both Pension Plan administrations to see whether there is any useful purpose in immediately following up these exploratory discussions.

In the case of the United States, we have had an exchange of correspondence and documentation with the U.S. government, and Mr. Pickering, together with Mr. De Coster, the chairman of the Quebec Pension plan, and a number of other officials, will be leaving for Washington on July 11 to carry on discussions related to the United States program.

Mr. KNOWLES: Thank you, Dr. Willard. If I may use a phrase—we are talking on the same wave length in this area—and I would like to refer to what you said about West Germany in particular.

There are, as you have indicated, a great many former German citizens in this country, and Germany is a country which has had a good deal of experience with social insurance legislation. There is a strong desire on the part of many of these people to find some way under which they could draw the pensions they paid for when they were in Germany. I was, in fact, going to make the very point that you now tell me your officials are making, namely that since we are prepared to pay Canada Pension Plan benefits to persons who go from Canada to Germany, and pay the old age security if they meet the conditions, it certainly seems a reasonable *quid pro quo* that the German government should remove that citizenship ban so far as its people here are concerned.

One always takes hope out of anything that offers hope, and I am sure these many people in Canada will be encouraged by your statement that you are using this as a bargaining position, and I hope that you will continue with it.

I gather that although the Canada Pension Plan legislation speaks of reciprocal agreements with other countries having legislation similar to the Canada Pension Plan, that when you sit down and talk to these people you put everything on the table; the old age security, family allowances, and so on.

Mr. WILLARD: That is true, Mr. Chairman, because our legislation on the whole is quite favourable in terms of residence qualifications and payments outside the country. Therefore, when you are discussing these matters or bargaining I think it is wise to use every ace we have.

Mr. KNOWLES: But, Dr. Willard, our generosity to people who go outside the country was not always true. However, certainly the changes which we have made in recent years—the old age security act—have been generous. I think it is good that we develop our social security arrangements not only the best we can make them within a country like Canada, but that we go in for reciprocal agreements so that people can move about the world and enjoy the pensions which they have earned and paid for. We had a good deal of discussion about this, of course, when the Canada Pension Plan was before us. I am glad to know that you are already working on it, and I urge you to push it.

Mrs. MACINNIS (*Vancouver-Kingsway*): I asked this question in the House a couple of times. It is in regard to the fact that under the Canada Pension Plan Canadians employed at foreign embassies in Ottawa are unable to be classified as self-employed persons and make the contribution, and still come under the Canada Pension Plan. I have been told that negotiations are in

process, and it is hoped that a lot of countries can be brought in as a whole group instead of proceeding with this on a piecemeal basis.

Could I find out how negotiations are getting on to make it possible for these Canadians employed by foreign embassies here in Ottawa to be able to come under the plan?

Mr. WILLARD: Mr. Chairman, first of all about the general principle, when the legislation was being considered the suggestion was made that Canadians who were employees of foreign embassies should be given the choice, the embassy did not take action to bring them under the plan, to pay double the contribution rate. This was not followed in the legislation mainly for the reason that if it had been established in the legislation it is quite possible that many of the embassies might not have taken action, and we would have ended up having these people paying self-employed rates even though they were employees.

Our hope was that the embassies of other countries would take action to enter into an agreement with the federal government to make sure that these employees would be covered. Earlier this year the Department of External Affairs sent circulars to all embassies with a form of an agreement, and provided them with material for their employees and employers on the pension plan including information with respect to deductions and so forth.

We have tried, as far as we can, to make this information available and to indicate that we are ready to sign agreements.

I do not know whether Mr. Pickering could give us anything further on the exact status of how many people are involved. Would you like to add anything, Mr. Pickering?

Mr. G. L. PICKERING (*Director, Canada Pension Plan, Department of National Health and Welfare*): Mr. Chairman, the only thing I can add to what Dr. Willard has said is that New Zealand has signed such an agreement, and it is anticipated that many of the other countries will be signing in due course. As you know, this is a matter which is dealt with by the Department of National Revenue, but I have not been in touch with them for about a week.

Mrs. MACINNIS: (*Vancouver-Kingsway*): Pending the other countries coming in, would it not be possible to permit employees in the interim, who want to come under the plan, to pay the double share if they want to do so in order that they will be covered until the other embassies see fit to come under the plan?

Mr. WILLARD: Not unless the act were amended. I hope that we can use our persuasion. Once we have a few embassies who have indicated they are ready to sign agreements, we may have a basis for raising it with other embassies where there are other Canadian employees. I think this would be the proper way to do it. There is an employer-employee relationship and the cost to the employer is not that large. While there are a small number of people, it is important that they should receive protection the same as other employees within the country.

Mrs. MACINNIS: (*Vancouver-Kingsway*): Well, this is just the point. I know one or two people who are involved and they would be willing to pay the amount in order to come under the pension. They do not like the idea of sitting around indefinitely waiting for the embassies. Do you not think it is a good idea to afford them that protection which is the only way they can get it in the meantime.

Mr. WILLARD: Mr. Chairman, I may change my views if our efforts of persuasion are not satisfactory, but I hope we can get most, if not all, these people covered in this way. Arrangements are also made for consulates in Montreal to have these people covered under the Quebec Pension Plan.

Mr. KNOWLES: Is the New Zealand agreement retroactive to January 1?

Mr. WILLARD: As far as I know it is, yes.

Mr. KNOWLES: That is good.

I noticed, Dr. Willard, you mentioned the Quebec pension plan people being with you in your discussions with France. Are they not also with you in your discussions with Germany, the United Kingdom and the United States?

Mr. WILLARD: The discussions during the visit to West Germany revolved around the citizenship question and was a matter which had been outstanding for some time. We got in touch with Quebec officials and indicated what we had in mind, and kept them informed both before our officials went and when they came back.

In the case of the United Kingdom, we had had this formal exchange before and, therefore, we did not feel that there were any new developments here that would particularly affect either the Quebec pension plan or the Canada Pension Plan. In this case, again it was a broader consideration than just the pension plan; it was the whole range of social security programs of which the Canada Pension Plan and the Quebec pension plan are a part. We kept Quebec informed that our people were there and about the discussions carried out.

Mr. KNOWLES: You kept Quebec informed?

Mr. WILLARD: Yes, and we asked whether they wanted somebody to go along.

While our people were over there, they made this initial visit to France more to get further background on their legislation than anything else so that they could come back and give consideration to it; this was the nature of the visit rather than one involving any negotiations. I would think that if, in the case of France or any other country, we involved in serious negotiations of the type we are having in the United States, we would expect the Quebec pension plan officials to be with us.

Mr. KNOWLES: Have you any correspondence or negotiations with other countries that have plans, such as Scandinavian countries for example?

Mr. WILLARD: No, not at the moment.

Mr. KNOWLES: Because you are too busy with the ones you have, I suppose?

Mr. WILLARD: One of the most important considerations here is time, and it is also a question of numbers. I would think that taking care of the situation vis-à-vis the United States we will solve the greatest number of problems; these are by far the most important considerations. Of course, they are all important even if they only affect one person. We are quite anxious to see what anomalies we have to meet and work out with the United States authorities in relation to the old age survivors and disability insurance program and the Canada Pension Plan and the Quebec pension plan.

The CHAIRMAN: Ladies and gentlemen, speaking of time, it is now eleven o'clock and another committee meeting will be starting here immediately.

Unless the Committee can see the possibility of finishing this in a few minutes, I think we might as well adjourn the meeting for today.

Mr. ENNS: I have one question I would like to ask, Mr. Chairman.

Mr. KNOWLES: I had hoped that we could finish.

The CHAIRMAN: I am afraid there is no agreement, Mr. Enns.

Mr. BRAND: I am not sure if I should ask Mr. Pickering or Dr. Willard about this, but I am curious as to what the position is now in the Canada pension plan deductions for these multiple chair barber shops, and this is not funny. If you happen to be a fellow who owns a barber shop and you have several chairs which you are leasing out to other barbers, are you considered as self-employed or as an employee under the Canada Pension Plan?

Mr. WILLARD: Mr. Chairman, we would prefer to ask the Department of National Revenue to give us a memorandum on this particular point. This is a question of coverage and contributions which is the responsibility of the Minister of National Revenue.

The CHAIRMAN: I assume there are more questions of the Department.

Mr. KNOWLES: There are a few more, Mr. Chairman, and without any suggestion of a delay at a future meeting, I think I would like Vote No. 1 to stand over just in case we run into delays in another place. I would like to hear from the Minister with respect to pensions.

The CHAIRMAN: Any further comment on the Minister before we leave today?

You had suggested earlier that you would like the Minister to come back.

Mr. KNOWLES: That is the reason I would like Vote No. 1 to stand and that if we do not get to the old age pension question in the House before the next meeting of this Committee, I would like the Minister to be invited to come back.

The CHAIRMAN: Well, if both events happen then I will discuss it with the steering committee. Would that be satisfactory?

The meeting is adjourned, ladies and gentlemen.

THURSDAY, July 14, 1966.

The CHAIRMAN: Ladies and gentlemen, I see a quorum.

We are very pleased to have the Minister of National Health and Welfare back with us, and I hope that we can conclude the estimates of the Health and Welfare Department this morning.

The Minister, having been here before, has no prepared statement, and I will open the meeting for questions.

Mr. KNOWLES: Since the Minister has no prepared statement I wonder if he could give us a preview of the statement he is going to make in the House this afternoon on the subject of old age pensions?

Hon. A. J. MACEACHEN (*Minister of National Health and Welfare*): I would like to give you a preview, but I am afraid I cannot anticipate what will be said. However, something will be said today, definitely.

Mr. KNOWLES: Is there any law against your doing it now?

Mr. MACEACHEN: There is a cabinet meeting at 10.30, and the statement will be finally touched up at the cabinet today.

Mr. KNOWLES: I would rather have it now. The old age pensioners would do much better if it was your statement rather than one that had been touched up.

However, Mr. Chairman, may I ask the Minister if that is his intention and that he will make a statement on motions this afternoon?

Mr. MACEACHEN: Yes. It is the intention that a statement will be made.

Mr. KNOWLES: If I thought I could pry it out of you now, I would. If it has to go to cabinet I think we should adjourn and hold a prayer meeting!

Mr. MACEACHEN: I could do more for the old age pensioners if I were out of here fast!

Mr. KNOWLES: Mr. Chairman, as the one who did ask that this item be held over and that the Minister be called back, I think it is no secret that, at that time, we were having extreme difficulty getting even the assurance that a statement would be made. I had hoped that if we could not get a statement in the House we might get it here.

However, in view of the circumstances, as far as I am concerned there is no need to delay this meeting.

There is one thing I would like to say and one question I would like to ask the Minister on another subject.

I hope it does not sound presumptuous, or what have you, but I think that in the presence of the Minister comments should be made on behalf of the Committee with respect to our pleasure at the way the departmental people have performed. I think the Minister should know—and he must value his staff—that we think they have done a very good job in answering our questions. We think they have lived up to their reputation as being dedicated to the purposes of the department. Although we may quarrel with you, Mr. Minister, I would like you to know that some of us think you have a very good staff.

Mr. MACEACHEN: I agree that any deficiencies within the department rest with the Minister.

Mr. KNOWLES: We are on good terms today!

Mr. MacEachen, would you answer at least one question about Bill C-227? Some of us had hoped—and that includes you and me—that we would be discussing this bill further in the House before going away for a recess, but we seem to have been crossed up on that. I wonder if you would say something about subclause (2) of Clause 4. As you are well aware, Clause 4, subclause (1), sets out the four criteria regarding medicare, which have been repeated so often that everybody in this room must know them by heart. But then subclause (2) seems to put a rider in, or a modifier, with respect to the criterion having to do with who shall carry this insurance in the province. I thought it was clear from Mr. Pearson's statement on July 19, 1965, his statement on July 20, 1965, and also from several statements that you have made, that there would be no private carriers and that the agencies handling medical care insurance in the provinces had to be part of the provincial government set-up. Now, I may not understand this subclause (2) as well as I should but it seems to me to provide a bit of a loophole for watering down the position that the Prime

Minister and you have taken for the past year. I hope I am wrong; would you assure me that I am.

Mr. MACEACHEN: In my view, there is no watering down in the principle of public administration. For example, my predecessor at one time wrote to the Canadian Medical Association saying that so far as the federal government was concerned it would not rule out the possibility of a provincial government declaring for a doctor-sponsored non-profit plan as an agency under the provincial administration. She talked about a second tier, but even in a second tier there is no intention of removing the non-profit aspect or the answerability to a provincial administration or the public audit. Now, these things stand. This is a decision that has to be made by provinces but, in so far as we are concerned, these principles still stand. But if a province within these principles wishes to have carriers, then that is up to them and there is a possibility of a provincial government using insurance companies as carriers within this context. But this is up to the province, within this context; we have allowed for that possibility, but it is within this context. Now, if it can be done that way within this framework, then I do not see why it should not be or could not be. It does not water down the principle of public administration at all. As a matter of fact it allows for certain flexibility in the operation of a provincial plan. The medical co-operatives, for example, were to see me some time ago, wanting to know how they would fit into this plan and would they be eliminated. We try to give this flexibility to allow them to be in, and they could be in, but it would have to be within this context. I do not have the bill here but there is a provision that in "any use of such carriers" the accounts must be assessed by the central provincial authority.

Mr. KNOWLES: These individual accounts?

Mr. MACEACHEN: Yes, sure.

Mr. KNOWLES: Mr. MacEachen, while it seems plausible to talk about doctor-sponsored non-profit plans and medical co-operatives, when you start talking about insurance companies it is news to me that they operate on a non-profit basis. Am I correct? You have the bill now; I sent it up to you. Am I correct that the non-profit requirements, as shown there in 1(a)—I am speaking from memory now—still govern the provisions of subclause (2).

Mr. MACEACHEN: Yes, sure; absolutely.

Mr. KNOWLES: Well, do you know of insurance companies that operate on a non-profit basis?

Mr. MACEACHEN: If I recollect properly, the Health Insurance Association of Canada has argued with us that on their medical insurance there is no profit, that it is a totally non-profit operation.

Mr. KNOWLES: I think you are playing with fire, Mr. MacEachen. I think you have opened the door in that subclause (2) in a way that is not consistent with the position that the Prime Minister took and that you have taken in the past.

Mr. MACEACHEN: There are many more things to be said about this and will be said later. I had not anticipated that we would get into this particular aspect of the discussion, but I have carefully considered this within the concepts of

public administration and the provisions here respect that fully. I think you will find that what is proposed here is not any different from the system that is used in Saskatchewan. That is perfectly true. I think that we ought to sort of withhold such foxhole judgment on the section.

Mr. KNOWLES: Mr. Chairman, I am quite prepared to do that but I felt that at this point the question should be raised so that we could all study it before we get back to the bill.

Mr. MACEACHEN: The main point, I think, that has to be kept in mind, is that the assessments of all accounts will be made by the provincial administration; that if, for example, the X company were used in some capacity, the accounts would be sent in and assessed by the central administration, and this is very crucial in determining the pattern of utilization of medical services, the costs and so on, and this is provided for. But I think this provides for a certain flexibility and I hope will maybe make it easier for provinces to reach the goal of coverage more quickly without detracting from the principle.

Mrs. MACINNIS (*Vancouver-Kingsway*): Mr. Chairman, if this were to include insurance companies which, as has been said, accepted as a loss leader their part in the medicare scheme, could this not become a charge to the government medicare scheme by actually helping to bonus the loss leader part for these private insurance companies—bonus their least lucrative operations and help out on their total business? Would that not be a complaint that could be lodged?

Mr. MACEACHEN: I am sure it might be lodged, yes. I think what we are saying, of course, is that in the operation of the medical care insurance plan there will be no profit with respect to that operation because of the fact that public funds are being used.

Mrs. MACINNIS (*Vancouver-Kingsway*): Yes, but taken in the total context of the insurance company's business would not the effect be to use public funds to help the profits of the privately run insurance company.

Mr. MACEACHEN: I do not know.

Mr. KNOWLES: Well, I do not want to prolong this today, Mr. Chairman, but I certainly was persuaded by the statements made by the government for twelve months that private carriers were not to be permitted in this kind of scheme, and I think in the name of flexibility the Minister has opened the door for this.

Mr. MACEACHEN: I think the point we have to keep in mind, at least the objective, is to get medical insurance established, and if providing this kind of flexibility within the context of public administration medical care insurance is made more quickly available and if it makes it easier to have it established, then I think that we ought not to get concerned about this kind of flexibility.

Mrs. MACINNIS (*Vancouver-Kingsway*): Would this also apply to the demands that are beginning to come in for less coverage to qualify—less than 90 per cent coverage?

Mr. MACEACHEN: No, we have that pretty well—

Mrs. MACINNIS (*Vancouver-Kingsway*): Yes, but I notice in the paper this morning that one of the provinces wants to know whether it could get in on an 80 per cent coverage rather than a 90 per cent coverage. Would that flexibility also apply to that sort of thing?

Mr. MACEACHEN: Not according to the act as it stands; it is 90 per cent.

Mrs. MACINNIS (*Vancouver-Kingsway*): Well, that would stand, then. I am worried about the flexibility business. I had not realized there would be such possibilities of flexibility and I know the Minister, quite understandably, is anxious to get the act into operation but if it is put into operation on a basis which waters the principles down too much I do not see that we are going to be much further ahead.

Mr. MACEACHEN: I agree.

Mr. KNOWLES: Are you going to stand by the 90 per cent and the 95 per cent clauses that are now in the bill?

Mr. MACEACHEN: Well, of course. Here is the bill and you do not expect me to say today that I am going to change the bill that was produced yesterday.

Mr. KNOWLES: Now, it has three or four months to be kicked around.

Mr. MACEACHEN: I know.

Mr. ORANGE: Mr. Chairman, a comment was made earlier with regard to the co-operation of the departmental officials on this committee review. I would just like to make a comment with regard to the activities of the people in the family allowance and old age security section with regard to their activities in the north. As you can appreciate, the people eligible for allowances under these two plans are spread through the length and breadth of northern Canada.

I have watched the way in which this particular division of National Health and Welfare has operated over the years. I would just like to say at this time that their approach as been one of intelligence and humanity with regard to our northern people. They have extended every type of assistance to the Indian and Eskimo population eligible for assistance in this regard, and it is one that I know northerners appreciate and I appreciate, myself, very much.

This really was not what I meant to raise at this time, but I thought while the Minister was here I would like to point out to him the problem we have in the north with regard to supply of adequate medical services on a continuing basis to the northern population. Over the years there has been a very, very high turnover of particularly medical staff. I think we have been reasonably fortunate in having adequate staff up to a point. Again, I would like to bring to the Minister's attention the problem we are faced with in continuing staff. The situation now is that in a particular community where there is an establishment of perhaps, one, two or three doctors, what will happen is the doctor will be hired for one or two years. He will move off to another field and there may be a gap in service, and not only is this serious in terms of service to the people there, but it causes a certain amount of discontent and unhappiness among the people because they are never assured of medical services on a continuing basis.

I understand the problem; I know what the Department is faced with in terms of recruiting and encouraging doctors to make a career of the north for a period of time. In my own opinion one of the basic problems is the salary range

or the salary scale which the Department has foisted on them by the Civil Service Commission. I can recall as recently as five years ago in Frobisher Bay, where there was a population of approximately 4,000 people scattered through the length and breadth of Baffin Island, the medical doctors were paid at a rate of approximately $7,500 a year. Granted these particular individuals were recent graduates of medical school, but the Department was in the position of not being able to increase these salaries because of the lack of experience and the low grading of the particular physicians.

I am hopeful that in the coming years, particularly with the development of a territorial medical service, the Department can develop a career plan so that there will be doctors available on a continuing basis for a period of time with the necessary qualifications throughout the various establishments in the north. I recognize it is virtually impossible to expect doctors to spend their entire career there, but with the development of medical services and the medical services branch, it seems to me there might be some scheme of rotation and further training which would ensure that our northerners would have medical services on a continuing basis.

I have no other comment to make. I do not expect the Minister to comment on this; I just wanted to bring it to his attention.

The CHAIRMAN: Are there any other questions?

Mr. KNOWLES: I want to wish the Minister well at his cabinet meeting.

Mr. PASCOE: Mr. Chairman, this is not directed to the Minister if he wants to leave. I think it will require an answer from others. If there are other questions for the Minister, I will wait.

The CHAIRMAN: Are there any other questions for Mr. MacEachen, or is it the wish of the Committee that he go to the cabinet meeting?

Mr. KNOWLES: For 25 minutes he can gird up his loins.

Mr. MACEACHEN: Before I leave, first of all, I want to express my appreciation to the members of the Committee for their co-operation, and to thank them for their expressions of appreciation for members of the Department both in health and welfare. I think what you said is fully justified, and it is appreciated by me and by the people who are working in the Department. Thank you, Mr. Chairman, for letting me off so easily.

The CHAIRMAN: Thank you very much, Mr. MacEachen.

Mr. KNOWLES: Wait until this afternoon.

Mr. MACEACHEN: Just one more day, I hope.

Mr. PASCOE: Mr. Chairman, this is just for some information which I imagine somebody in this room can supply. It is in respect of assistance toward cystic fibrosis, under the national health grants. I see it was drawn up as of June 28, 1966 and for Saskatchewan it says approval,—this is the national health grant—$29,800. I take it that is money from the federal grant completely, is it? This is a chart which was prepared and given to us with regard to cystic fibrosis. It was prepared by the health grants administration.

Dr. J. N. CRAWFORD (*Deputy Minister of National Health*): Dr. Wride, have you this in hand?

Mr. PASCOE: I was just asking whether this $29,800 is a federal grant completely to Saskatchewan?

Dr. G. E. WRIDE (*Director, Health Grants*): Yes. For 1966-67, in this chart, the $29,800 represents the accumulated total of all projects submitted by the province of Saskatchewan so far this year.

Mr. PASCOE: For cystic fibrosis?

Dr. WRIDE: For cystic fibrosis only.

Mr. PASCOE: Are there any strings with respect to how that is to be used in the province?

Dr. WRIDE: The strings would be self-imposed by the province in submitting the details of each project. They might say they were going to spend it for a service, or for some other approach to cystic fibrosis.

Mr. PASCOE: As you probably know, Mr. Chairman, there was just a press release in the Saskatoon paper which says a grant of $8,600 has been made to the university hospital and $24,000 assigned jointly by the provincial and federal governments for treatment and research in cystic fibrosis. It says the $24,000 is assigned jointly. I think they can grant them what the national grant is. So this would be federal money they are talking about, would it?

Dr. WRIDE: I would not know, sir. The fact is that we are prepared to pay up to $29,800 in support of their projects. Now, often provinces say that their projects deal with federal-provincial programs. I would not know, without consulting the project, the exact details of how it was divided.

Mr. PASCOE: Well, the press release, which was on the conference of cystic fibrosis, also said $8,600 will be administered by the university hospital at Saskatoon and used to purchase needed treatment and research equipment in two clinics: one in Saskatoon and one in Regina, and pay a doctor to supervise the clinic in Saskatoon. It adds that the $24,000 will be used to provide drugs and other necessities for treatment of children in Saskatchewan. I imagine that would be free drugs and free treatment, would it? Do you know that?

Dr. WRIDE: Not for this particular project; I would not know. However, everything you have mentioned sounds like the sort of thing which would be included in projects we have assisted in in the various provinces.

Mr. PASCOE: Well, here is a statement right from the president of the association which says that Saskatchewan is the first province in Canada to plan to provide free drugs for cystic fibrosis patients. I am interested in the people down here, and I notice that the health grant to Ontario will be $200,000 this year. That could be used also for free drugs and free treatment, could it?

Dr. WRIDE: It could, although I do not know the terms of the project. It would be spelled out in whatever projects they have submitted, what they plan to do during the year.

Mr. PASCOE: What I am trying to bring out is that you do not put any strings on that?

Dr. WRIDE: We do not put any strings on; they are self-imposed by the province.

Mr. PASCOE: I have just one more question, Mr. Chairman. I recall when we were in the government we set up what was called the Queen Elizabeth Million Dollar Fund for treatment of diseases for children. Could the Cystic Fibrosis Association apply for any of this money, do you know?

Dr. WRIDE: I think so, but Dr. Crawford is on that committee.

Dr. CRAWFORD: Yes, they could, sir; they could make application to the Queen Elizabeth fund. I am sorry, I cannot tell you the status of the Queen Elizabeth fund because I have not been at a meeting since I was appointed to the board, but the intent of the fund is to cover such things as this.

Mr. PASCOE: Do you know whether any applications have been made; not just for cystic fibrosis?

Dr. CRAWFORD: I am sorry, I could not tell you the details of it. I do not know whether an application has been made or not. However, the principle of the fund is to assist in such projects.

Mr. PASCOE: I am just trying to bring out, Mr. Chairman, that there is a terrific cost to the parents of these children. I am just trying to get as much help as I can with regard to free drugs for them. That is all I had to ask, thank you.

The CHAIRMAN: Shall vote 1 carry?

Item agreed to.

The CHAIRMAN: This concludes the estimates of the Department of National Health and Welfare. It just happens I have prepared a report which we might submit to the House this afternoon. With the Committee's approval, I will just read it:

> The Standing Committee on Health and Welfare has the honour to present its second report. Pursuant to its order of reference of Tuesday, the 22nd of March, 1966, your Committee had before it for consideration the items listed in the main estimates for 1966-67 relating to the Department of National Health and Welfare. Your Committee has considered these estimates, being items 1, 5, 10, 15, 20, 25, 30, 35, 40, 41 and 45 and commends them to the House. A copy of the relevant minutes of proceedings and evidence issues Nos. 12 to 17 is appended.

Is that suitable?

Some hon. MEMBERS: Yes.

The CHAIRMAN: The meeting is adjourned until the call of the Chair in the fall, and we will rapidly then conclude the hearings on birth control.

APPENDIX "A"

AMOUNTS AVAILABLE UNDER THE NATIONAL HEALTH GRANTS 1966-67

PROVINCE	GENERAL HEALTH GRANTS										Total Health Grants
	Hospital Construction	Professional Training	Mental Health	Tuberculosis Control	Public Health Research	General Public Health (a)	Cancer Control	Medical Rehab. and Crippled Children	Child and Maternal Health	Total	
Newfoundland	1,372,082	57,161	257,081	76,120	—	489,278	56,311	80,786	80,585	1,097,322	2,469,404
Prince Edward Island	327,371	20,228	94,909	19,163	—	184,422	20,043	25,351	21,423	385,539	712,910
Nova Scotia	801,194	82,068	366,444	79,290	—	694,861	80,769	118,170	86,766	1,508,368	2,309,562
New Brunswick	1,580,294	68,999	309,060	67,956	—	586,988	67,936	98,554	74,571	1,274,064	2,854,358
Quebec	5,901,374	545,724	2,402,328	720,797	—	4,521,979	536,070	814,093	572,688	10,113,679	16,015,053
Ontario	7,015,830	647,434	2,848,925	499,489	—	5,361,507	635,946	966,753	575,299	11,535,353	18,551,183
Manitoba	1,360,317	101,103	450,025	95,624	—	851,979	99,461	146,740	98,511	1,843,443	3,203,760
Saskatchewan	2,183,568	100,061	445,450	81,395	—	843,380	98,438	145,176	101,113	1,815,013	3,998,581
Alberta	1,598,489	147,411	653,363	118,620	—	1,234,222	144,935	216,247	155,237	2,670,035	4,268,524
British Columbia	4,413,959	179,420	793,913	158,148	—	1,498,430	176,367	264,291	149,573	3,220,142	7,634,101
Northwest Territories	231,782	4,682	21,970	4,436	—	42,690	4,640	5,868	4,959	89,245	321,027
Yukon Territory	173,371	2,809	13,182	2,662	—	25,614	2,784	3,521	2,975	53,547	226,918
TOTAL	26,959,631	1,957,100	8,656,650	1,923,700	4,501,330	16,635,350	1,923,700	2,885,550	1,923,700	40,407,080	67,366,711

(a) Total includes an amount of $300,000 (unallocated by province).

APPENDIX "B"

INFANT MORTALITY STATISTICS CANADA 1964

	Infant Deaths	Rate
Canada	11,169	24.7
Newfoundland	456	31.1
Prince Edward Island	72	26.4
Nova Scotia	464	25.3
New Brunswick	400	26.1
Quebec	3,587	27.4
Ontario	3,255	21.3
Manitoba	555	25.5
Saskatchewan	589	26.0
Alberta	865	23.9
British Columbia	818	22.8
Yukon	20	38.9
N.W.T.	88	69.5

Source:

Preliminary Annual Report 1964,
Vital Statistics Section,
Dominion Bureau of Statistics.

Prepared by:

Child & Maternal Health Div.,
D.N.H.W.
June 1966.

APPENDIX "C"

Assistance Towards Cystic Fibrosis
Under The National Health Grants
1965-67 (*a*)

Province	Expenditure 1965-66	Approval 1966-67
Newfoundland	$ —	$ —
Prince Edward Island	—	—
Nova Scotia	—	—
New Brunswick	—	—
Quebec	B	53,723.77
Ontario	225,680.89	200,000.00
Manitoba	—	—
Saskatchewan	7,153.16	29,800.00
Alberta (estimated)	10,000.00	10,000.00
British Columbia	—	5,040.00
Northwest Territories	—	—
Yukon Territory	—	—
	$242,834.05	$298,563.77

(*a*) as of June 28, 1966.

(B) An estimated amount of $20,938.39 may be paid by the Department of Finance under the Established Programs (Interim Arrangement) Act.

Prepared by Health Grants Administration,
June 28, 1966.

OFFICIAL REPORT OF MINUTES

OF

PROCEEDINGS AND EVIDENCE

This edition contains the English deliberations and/or a translation into English of the French.

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LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 18

TUESDAY, OCTOBER 11, 1966

FRIDAY, OCTOBER 28, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

Statement of The Canadian Catholic Conference

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24638—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,	Mr. Forrestall,	Mr. Pascoe,
Mr. Brand,	Mr. Howe (*Wellington-*	[1]Mr. Prittie,
Mr. Brown,	*Huron*),	Mrs. Rideout,
Mr. Cameron	Mr. Knowles,	Mr. Rochon,
(*High Park*),	Mr. Laverdière,	Mr. Rock,
Mr. Chatterton,	Mr. Matte,	Mr. Rynard,
Mr. Cowan,	Mr. O'Keefe,	Mr. Simard,
Mr. Enns,	Mr. Orange,	Mr. Stanbury—(24).

(Quorum 10)

Gabrielle Savard,
Clerk of the Committee.

[1] Replaced Mrs. MacInnis on October 18, 1966.

CORRIGENDUM (English copy only)

PROCEEDINGS No. 10 (*See Appendix "A"*)

PROCEEDINGS No. 11—Thursday, April 28, 1966

Minutes of Proceedings and Evidence—

Delete the "s" in Drugs where the words "Food and Drugs Directorate" appear.

Page 293, Line 9 should read:
"*Miss Glenora* Pearce"...

Page 298, Line 1 should read:
"they should only be *prescribed* with caution."...
In Line 24, change "naming" to "*labelling*"...
In Line 42, change "in all forms?" to "*for Norforms*?"

Page 299, in Line 2, add "here" after "example," and delete "of these"

Page 300, Line 1 should read:
"our members felt that this is a discussion in which we *would* be limited,"

Page 301, Line 4 should read:
"as being described as a device for preventing disease."
In the last Line, change "what example" for "*the* example"

Page 302, Line 3, delete "law has"
Line 4 should read:
"economic practice *has outrun the law.*"

Page 305, Line 28,
Delete the word "not" at the end of the line.

Page 308, Line 15 should read:
"*freedom of choice*"...

ORDER OF REFERENCE

TUESDAY, October 18, 1966.

Ordered,—That the name of Mr. Prittie be substituted for that of Mrs. MacInnis (*Vancouver-Kingsway*) on the Standing Committee on Health and Welfare.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House of Commons.

24638—1½

MINUTES OF PROCEEDINGS

TUESDAY, May 10, 1966.

The Standing Committee on Health and Welfare held an informal meeting *in camera* today, at 11.15 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis and Messrs. Brown, Chatterton, Cowan, Enns, Harley, Isabelle, Knowles, Laverdière, Matte, Rochon, Simard. (12).

In attendance: Mr. R. E. Curran, Legal Adviser of the Department of National Health and Welfare, and Dr. A. C. Hardman, Director of the Bureau of Scientific Advisory Services, Food and Drug Directorate.

Mr. Curran made a brief statement with reference to the Food and Drugs Act in relation to the advertising and the sale of contraceptives.

Both Mr. Curran and Dr. Hardman answered questions on the interpretation of the Food and Drugs Act.

On behalf of the Members, the Chairman thanked the witnesses for the information supplied.

The proceedings were adjourned at 12.00 noon.

TUESDAY, May 17, 1966.

The Standing Committee on Health and Welfare held an informal meeting *in camera* today, at 11.15 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis, Mrs. Rideout and Messrs. Brand, Brown, Chatterton, Harley, Howe (*Wellington-Huron*), Knowles, Laverdière, Matte, Pascoe, Rochon. (12)

In attendance: Mr. T. D. MacDonald, Assistant Deputy Minister of Justice.

Mr. MacDonald read a prepared statement to assist the members in placing the constitutional and legislative aspects of the matters under consideration by the Committee in their proper perspective. He was questioned thereon.

The Chairman thanked Mr. MacDonald for his assistance.

At 12.40 p.m., the proceedings adjourned.

TUESDAY, October 11, 1966.
(23)

The Standing Committee on Health and Welfare met at 1.40 p.m. this day. The Chairman, Mr. Harry C. Harley presided.

Members present: Mrs. MacInnis and Messrs. Brand, Brown, Chatterton, Forrestall, Harley, Isabelle, Knowles, Matte, O'Keefe, Rock, Stanbury (12).

The Committee resumed consideration of the subject-matter of Bill C-22, C-40, C-64 and C-71.

The Chairman referred to the evidence given on April 21st by Mr. John MacNab, Member of the Executive of The Canadian Unitarian Council (Issue No. 10 of the Minutes of Proceedings and Evidence). As it had not been printed in the proper sequence and as corrections would be quite extensive, on motion of Mr. Brand, seconded by Mr. Knowles,

Resolved,—That the above-mentioned evidence be reprinted as an appendix to this day's proceedings. (*See Appendix "A"*)

At the request of the Committee, Dr. Baillargeon sent further information following his appearance on April 19th on behalf of l'Association des Médecins de Langue Française du Canada.

Agreed,—That the letter from Dr. Jacques Baillargeon dated May 12, and the attached bibliography be printed as an appendix to this day's proceedings. (*See Appendix "B"*)

The Chairman brought to the attention of the Committee the briefs, letters and resolutions received since April 28th.

Copies of the Statement of The Canadian Catholic Conference were distributed to the Members for their consideration.

On motion of Mr. Knowles, seconded by Mr. Brand,

Agreed,—That the Statement of the Canadian Catholic Conference be printed as an appendix to the proceedings. (*See Appendix "C"*)

At 2 o'clock p.m., on motion of Mr. Brown, the Committee adjourned to the call of the Chair.

FRIDAY, October 28, 1966.
(24)

The Standing Committee on Health and Welfare met in camera this day at 10.20 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. Rideout and Messrs. Ballard, Brand, Chatterton, Cowan, Enns, Forrestall, Harley, Knowles, Pascoe, Prittie, Rochon, Rock, Stanbury (14).

The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

Agreed,—That a communication received from the Canadian Federation of Mayors and Municipalities and a letter from the General Superintendent of The Pentecostal Assemblies of Canada, together with a Resolution adopted by the recent biennial General Conference of the Assemblies, be printed as appendices to the Committee's proceedings. (*See Appendices "D" and "E"*)

The Chairman submitted a draft report to the House.

The members reviewed the previous decisions of the Committee with reference to receiving briefs and hearing witnesses.

Whereupon Mr. Knowles proposed the following motion: That the actions of the Chairman concerning late briefs be confirmed.

After further discussion, Mr. Chatterton moved that Mr. Knowles' motion be amended, by adding the following words:

", but

1. That the final date for hearings by this Committee be set as 18th of November 1966;
2. That any member should advise the Chairman or Clerk of any organization which might be interested in submitting a brief or appearing before the Committee not later than November 1st;
3. That the Chairman advise all such organizations of this deadline."

The question being put, the amendment was adopted.

Mr. Knowles' motion, as amended, and seconded by Mr. Cowan, was resolved in the affirmative.

At 11.00 a.m., the Committee adjourned to the call of the Chair.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

(*Recorded by Electronic Apparatus*)

TUESDAY, October 11, 1966.

The CHAIRMAN: Ladies and gentlemen, there is now a quorum present. We will proceed with the meeting.

I hope that this will be the last meeting of this committee before it considers its report on the four bills, on family planning and birth control, the subject matter of which has been referred to us.

First of all, there is a correction which I would like to have made. The evidence given on April 21st by Mr. John McNab, member of the executive of the Canadian Unitarian Council, which was issue No. 10 of the Minutes of Proceedings and Evidence, has not been printed in the proper sequence, and as the corrections would be quite extensive I would suggest that to clarify this, we have a motion to have this evidence reproduced as an Appendix to today's proceedings.

Mr. BRAND: I so move.

Mr. KNOWLES: I second the motion.

Agreed.

The CHAIRMAN: The second item: At the request of the committee Dr. Baillargeon sent further information following his appearance on the 19th of April on behalf of l'Association des Médecins de Langue Française du Canada, and I would suggest that his letter be printed as an Appendix to today's proceedings.

Agreed.

I have received briefs, correspondence and copies of resolutions for the attention of the members of the committee, since our meeting of April 28th. There are 14 briefs or letters which have been sent to the committee. They are all in favour of amending the Criminal Code with regard to contraception. These come from various bodies.

I can read out the list. It is my feeling that to give copies to all the members of the committee would be repetitious.

(a) Brief from Congress of Canadian Women (Toronto);

(b) Letter from Parents' Information Bureau Ltd., Kitchener, Ont. Mr. A. R. Kaufman;

(c) Letter from Miss E. McCorkell, Executive Director of Family Service of Ottawa, enclosing copy of Position Statement on Family Planning approved by the Board in January 1965;

(d) Letter from Rev. P. C. McCabe, Secretary, Catholic Charities, Diocese of London, Ont. enclosing copy of Resolution B passed by the Board of Directors;

(e) Letter from Alan R. Phil, President of Board of Directors of the Family Bureau of Greater Winnipeg;

(f) Letter from Mrs. Anne F. Powell, Corresponding Secretary of the Winnipeg Council of Women;

(g) Letter from Rt. Rev. John O. Anderson, Anglican Bishop of The Diocese of Rupert's Land, Winnipeg, enclosing resolution by the Synod of that Diocese;

(h) Letter from Ralph F. Wilson, Secretary of The Board of Men, The United Church of Canada, supporting resolution of the General Council of the United Church of Canada;

(i) Letter from Einar Arnason, President of the Board of Directors of Indian and Metis Friendship Centre, Winnipeg;

(j) Letter from Mr. R. P. H. Sprague, Executive Director, Section of Obstetrics and Gynaecology of the Manitoba Medical Association enclosing resolution passed by the Association;

(k) Letter from Mr. R. P. H. Sprague, Executive Director of the Manitoba Medical Association, informing that the Association endorses the resolution adopted at the 1964 Canadian Medical Association Annual Meeting;

(l) Letter from Mr. R. G. Stanners, President of the Children's Aid Society of Eastern Manitoba;

(m) Letter from the Secretary of the Manitoba Bar Association indicating that the Association supports the views of the Community Welfare Planning Council of Winnipeg and the brief of the Family Planning Federation about the proposed amendment of Section 150(2)(c) of the Criminal Code;

(n) Telegram from Mr. M. J. Lehman, President, Winnipeg Medical Society endorsing the position and recommendations made by the Canadian Medical Association in 1964, and also in complete agreement with the briefs submitted by the Executive and the Section of Obstetrics and Gynaecology of the Manitoba Medical Association.

These briefs, letters, and correspondence are available. The Clerk of the Committee has them all.

They are all in favour of amending the Criminal Code, with regard to contraception. I think I can assure you that there have been no representations by any group, which have been opposed.

Mr. KNOWLES: I take it that those in favour are along the lines of the document we now have before us.

The CHAIRMAN: Yes. I am not sure if you wish to go over it, but all of the correspondence has been in favour of the change.

Mrs. MACINNIS: Was there any new material, for instance, in the letter of the Indian and Métis Friendship Centre, was there anything of a new character brought up in any of the correspondence, which we have not had either in material or in ideas?

The CHAIRMAN: No, not to my knowledge.

Mrs. MACINNIS: I was wondering if there was any special argument on that.

The CHAIRMAN: This was a short letter. I will read it if you wish.

Dear Dr. Harley,

It is our understanding that you are presently studying four private members' bills which seek to amend the Criminal Code of Canada in respect to birth control.

At a meeting of our Board on Tuesday, May 17th, we considered the submission of the Community Welfare Planning Council, 600-177 Lombard Avenue, Winnipeg 2, dated May 4, 1966 to your Committee.

It was the majority decision of our Board that we support this submission in principle, and would ask you to take this into consideration during deliberations in your Committee....

Mr. O'KEEFE: Mr. Chairman, I would like just to emphasize one paragraph, if I may: "While the state has a legitimate interest in health..."

The CHAIRMAN: Could I ask you what you are reading from?

Mr. O'KEEFE: I am reading a paragraph from the brief of the Canadian Catholic Conference.

The CHAIRMAN: Yes; but we have not really got into that one yet. Can you wait until we come to that?

Mr. O'KEEFE: Perhaps I can inject that as...

The CHAIRMAN: No; we have not even mentioned that one as yet. I think that what we should do is to leave the correspondence mentioned earlier with the Clerk of the Committee and if anyone wishes to see it in detail, they may do so.

The last item of today's business—and you now have in your hands—is the brief of the Canadian Catholic Conference, which has been distributed to you.

There is no witness to present this brief; they did not really wish to appear. This is their statement, and it has just recently been forwarded to me, it is now before the committee. I realize that no member of the committee has had a chance to read it, and I do not think anyone will want to discuss it particularly, but if they wish to do so they may.

Mr. KNOWLES: I would like to have the privilege of moving that it be included in the record.

The CHAIRMAN: Yes.

Mr. FORRESTALL: Some of us have been privy to the contents. If there are any other Catholics here, they certainly have been.

Mr. O'KEEFE: I would like to emphasize this: "While the state has a legitimate interest in health, education and poverty as social problem areas, it would be intolerable that the state should enter into the business of dictating to married couples how many children they may or should have, or what methods of regulations of births they should adopt. That should be the free decision of parents. Psychological pressures or persuasions that violate their rights and their freedom would, if permitted, be a grave abuse. Any governmental program would be strictly bound to protect the freedom and the human rights of family and conscience."

I would just like to emphasize that, Mr. Chairman.

The CHAIRMAN: Did you wish to make a comment on the brief, Mr. Knowles?

Mr. KNOWLES: No. I just said that, having read it, I think it is a very excellently written brief. It deals with the issues very well. I am sure that all of us on the committee welcome it.

The CHAIRMAN: I asked you again because I did not think you had been recorded on the tape.

Mr. KNOWLES: You do have my motion that it be included in today's proceedings.

Mr. CHAIRMAN: Will that be satisfactory? All in agreement?

Carried.

Mr. FORRESTALL: Mr. Chairman, that relieves me of the necessity of doing what I wanted to do, which was to read what appears to be the essence of the brief, which appears on page 11, the last page prior to the Appendix, where it points out: "Provided, then, that safeguards against irresponsible sales and advertising are built into the law and that protection of personal freedom is ensured, we do not conceive it as our duty to oppose appropriate changes in Article 150 of the Criminal Code. Indeed, we could easily envisage an active co-operation and even leadership on the part of lay Catholics to change a law which under present conditions they might well judge to be harmful to public order and the common good."

It was simply to ensure that that did get into the record that I wanted to comment.

I would join with Mr. Knowles in commending the committee of Catholic bishops in Canada on their long-awaited and much-needed guideline to Catholic legislators like myself, who have been greatly perplexed over this problem for a long time.

The CHAIRMAN: Yes. I should say, for those who have glanced at the brief, that it is really in two parts, only one of which is directly relevant to our committee work; the other one is relevant to—

Mr. FORRESTALL: The moral justification of this position is to be found in the 2nd Vatican Council document "The Church in the Modern World" which appears as an appendix to the brief.

The CHAIRMAN: —relevant to the church position in regard to parliament and parliamentarians—

Mr. KNOWLES: It should be taken to the Chateau Laurier and read as a model of relations between the Liberal party and its individual members.

Mr. CHAIRMAN: They are doing all right over there without any help. If there is no other business. I should say that the other group of people whose brief we are awaiting has not come. I think we have certainly heard enough testimony to make a decision. Perhaps the Committee will allow the Chairman and the steering committee to discuss this matter, prepare a report and have a meeting in about a week's time in camera, with the hope that the report would be in to the House not later than, and certainly probably well before, the end of October.

Mr. KNOWLES: Mr. Chairman, when you said the other group had not been heard from, is that the group that Mr. Cowan had in mind and does he know that we are now concluding without that group.

Mr. CHAIRMAN: Yes. They were invited; long after we had met we wrote them again and said that we would still like to hear from them up to a certain date, as we did with the Canadian Catholic Conference. We had correspondence with the Canadian Catholic Conference; we understood their problems, but we did not hear further from the other group.

Mr. KNOWLES: There were hundreds of others that Mr. Cowan referred to.

Mr. FORRESTALL: Just one further observation. I gather that we have now given you the green light to go to work with your pen and pencil and prepare a report. I would just like to re-emphasize what is included in the brief from my own very personal point of view. In anything that you do write make sure that you prevent any possible area of coercion or coercive tactics. There should be ample safeguards built into this to ensure the private right of individuals, notwithstanding any change in the Criminal Code. I suggest this because my understanding of Mr. Prittie's bill is that this does not include the safeguards that would satisfy myself, for example.

Mr. CHAIRMAN: Are there any other general directions that the members would like to give.

Mr. KNOWLES: I support that condition. That is why you want both ways.

Mr. FORRESTALL: You want it both ways—

Mr. KNOWLES: Yes, we want the private right to make use of known aids and the private right not to.

Mr. FORRESTALL: And the private right not to and more than that, we want both of these rights guaranteed and insured. I leave to you the mammoth undertaking.

Mrs. MACINNIS: May I ask whether it is not the case in law that if a crime is not mentioned as being a crime it can be taken that it is not a crime.

Mr. FORRESTALL: No. You are not about to put me in that position.

Mrs. MACINNIS: No, no, but I am asking the Chairman.

The CHAIRMAN: I am a member of the medical profession and not the legal profession, I do not think I can answer the question.

Mrs. MACINNIS: In other words, if a thing is not declared to be a crime, is it a crime? I know the conscience is there, of course, but I am talking about a legal crime.

The CHAIRMAN: Legal crime or moral crime.

Mrs. MACINNIS: Yes. That is one thing that I would like to see the chairman go into, whether it is better to mention crimes when they are not crimes or—

Mr. FORRESTALL: Not everything is right simply because somebody has not bothered to say that it is wrong.

Mrs. MACINNIS: I am not talking about it from that angle but from the coercion angle. If a thing is not illegal before the law, if it is not mentioned as being illegal, is it illegal?

Mr. BRAND: Well, you have LSD as an example and the distribution of this—

Mr. FORRESTALL: Mr. Chairman, I think one of the natural safeguards that I am talking about is the stopping at a point in any permissive legislation which would perhaps restrict advertising of this nature to perhaps professional and medical journals, this type of thing as opposed to the daily newspapers. When I use the word coercive, this is what I mean, the subliminal ways the advertisers have of getting at the subconscious of people. They violate this very personal right of a person to his own conscience. What I am suggesting is that advertising is a very powerful media and force in our country.

Mr. KNOWLES: I believe Mr. O'Keefe wants to make a change in the position he took formerly. He used to object to these things being in the corner stores. I think now you would have them in the supermarkets instead.

Mr. O'KEEFE: No, I object. I do not want to see them in slot machines in Canada and I hope we never see the day when they will be.

Mr. FORRESTALL: I am sorry. That was all that I meant by "coercive." It is possible for a media to have a sufficient impression upon people that their rights as individuals are somewhat undermined.

The CHAIRMAN: It is my feeling that any recommendation that this Committee makes to the House should be in general rather than specific terms so that we do not attempt in any way to frame legislation. That is not our job really, but I think the principle of the thing is what we are getting at, and this makes our job I think a little easier.

Mr. ROCK: When can we expect a recommendation by the steering committee?

The CHAIRMAN: A full meeting should with any luck have a report to consider say within a week.

Mr. ROCK: That is very good.

Mr. BRAND: I just would not want the Chairman to be too general respecting the report of the steering committee. I do not see how you can be general when you recommend that this be taken out of the Code: that Section 150 be changed entirely to make this legal; I do not see how you can be general about that.

Mr. KNOWLES: That we recommend in principle what ought to be done, but we do not try to draft the actual rewording of the Criminal Code.

Mr. BRAND: No, no, I personally hope you include some recommendations as well that some of the others have said about advertising. I do not personally agree with them.

The CHAIRMAN: If we were going to do that my point would be that we could do that in general terms without actually saying, you should do it in such and such a way by drafting such and such a piece of legislation.

Mr. BRAND: No, no. I would not say that.

The CHAIRMAN: Well, certainly, you would have to be specific enough to meet all the wishes of the members of the Committee.

Mr. BRAND: I think you will find pretty general agreement with one exception perhaps.

The CHAIRMAN: I think that the steering committee and the Chairman have the feeling of the Committee enough that we know what is expected of us.

Are there any other matters? We will just adjourn to the call of the Chair, and the next meeting will be in camera to consider the report.

APPENDIX "A"

The evidence given by Mr. John MacNab (*Member of the Canadian Unitarian Council, Ottawa*), on Thursday, April 21, 1966 (Issue No. 10, pages 272, 273 and 274), should read as follows:

Mr. JOHN MACNAB (*Member of the Canadian Unitarian Council, Ottawa*): Thank you, Dr. Harley. My comments are primarily restricted to economic aspects. Not because they are more important than the medical, moral, and sociological aspects which have already been dealt with at greater length, both today and at earlier hearings, but rather because economic aspects have had little attention so far, either here or outside, I might add.

Professor Joseph Spengler, retiring President of the American Economic Association, in December spoke on the economist and the population question and I might say he chastised the economists for the lack of attention over the past half century to this particular problem and encouraged that they should pay more attention to it.

Now there are three economic aspects of family planning that I want to bring out. Firstly, from the viewpoint of our gross national product. Without family planning, which we do have for many of us already, and its consequences of smaller average number of children, it is necessary to channel a greater proportion of both our physical assets and our human assets into education and other infra-structure expenses which only indirectly, though significantly, contribute to increase in our G.N.P. That is to say, we would require a greater portion of income to go into taxes for building schools, hospitals, etc. There will be a higher ratio of consumers to producers. Or, to phrase it in another way, our per capita national income would be lower. And this, I believe, we should bear in mind in relation to man's continuing struggle to keep up with the Joneses, in our case the United States. Our per capita income is currently about two-thirds to three-quarters of that in the United States. For better or for worse, this differential is one factor in our brain drain to the United States. The United States government in the past several years of course, as I think most of you are aware, has now strongly committed itself to a national programme of family planning. With its birth rate already lower than Canada's, and with this additional government participation, unless the federal and provincial governments of Canada implement a family planning program, I think therefore it can be anticipated that with all other factors remaining equal a gap between Canadian per capita income and United States per capita income will spread, to our detriment. This I believe would be generally detrimental to the welfare of Canadians both individually and collectively and I might add that this is looking at it from merely the domestic context. This is even more critical as far as the less developed countries are concerned, the restriction of their population explosion in terms of their potential for economic growth. Our whole foreign aid program is or should be giving considerable attention to this aspect.

Secondly, the family planning already available is being used by many Canadians in middle and upper incomes without it being available to low income groups including many who are on welfare. The tendency therefore is the low income families will proportionately become a larger share of our total population. Arising out of this, therefore, we may expect indigent welfare costs to become an increasing drag on our economy. We are tending to perpetuate poverty, unfortunately.

This last week in Toronto I heard of one welfare case in central Ontario in which a family with ten children received $600 monthly from public welfare, a third generation family on welfare. This is the sort of family planning or lack of family planning that arises out of the failure of the government to have adopted and made available to low income families the same sort of knowledge and the same sort of means that are available to those of us in the middle and upper income groups. It means in dollars and cents greater cost to our economy.

Thirdly, and perhaps most important, is the economic impact on these low income families. In many cases these represent families of little initiative, little incentive, and little knowledge of how they may improve their social and economic level.

In various studies in the United States and other countries it has been established that when they are made aware of the possibility of family planning they are just as eager to produce a family which is more in keeping with their income. The large family is an obvious burden to their low income and, in itself, tends to result in the new generation being inadequately prepared to maximize their abilities and contribute to their own and the country's well being.

In concluding, may I make a suggestion for the Committee's consideration; in dealing with a matter of which I think we in Canada collectively and individually tend to have relatively little knowledge since it has been a matter essentially for under the board discussion and in which we therefore tend to lack specialists who are well informed with the latest developments in this and the various aspects.

There have been statements made before this Committee, conflicting statements, regarding various aspects and in line of this I would suggest that you call such persons as Dr. Alan Guttmacher who is president of the Planned Parenthood Association of America, a medical doctor, or Dr. Mastroianni of the University of Pennsylvania who has probably done more research than any other in leading a team at the University of Pennsylvania on research on the I.U.D. and its functions, how it does function; Dr. Jack Lippes of Buffalo, inventor of one of the I.U.D.'s or a former Canadian, Professor Ronald Freedman of the University of Michigan, who is a recognized international demographer and who could answer various of the questions that have come up here in previous sessions from time to time. The presence of some of these gentlemen would be of considerable assistance to the Committee. May I thank you for this opportunity to express our views.

APPENDIX "B"

Association des Médecins de Langue Française du Canada

MAY 12, 1966.

Dr. Harry C. Harley, Chairman,
Standing Committee on Health and Welfare,
Chambre des communes,
Ottawa, Ontario

Dear Sir:

It is with pleasure and with a feeling of fulfilling my duty that I submit to you, as Chairman of the Standing Committee on Health and Welfare, a list of medical references discussing the mechanism of action of intrauterine devices.

Before quoting these authors, I would like to call your attention to some difficulties which are facing the medical profession itself, and quite certainly our legislators.

These difficulties are semantic in nature and stem from the lack of precision of many of the terms as they are currently used by medical men or by laymen.

Many older terms and definitions should be reevaluated in the light of our actual scientific knowledge if we wish to better clarify our own thinking and to prevent confusion in other people's mind.

The term contraception, for instance, signifies literally the prevention of conception. It implies that an ovum and spermatozoa are present and that conception is physiologically possible if fertilization of the ovum were not prevented by a barrier of some sort, be it mechanical, chemical, or both.

Consequently, we might wonder if the term contraception correctly applies to the rhythm method, or basal body temperature method, which relies on periodic abstinence of sexual intercourse during fertile periods, that is on the absence of spermatozoa during the fertile period. Periodic continence more aptly describes this situation.

A greater evidence as to the frequent inadequacy or the misleading use of certain terms is the use of the term "contraceptive" pill to describe a hormonal substance which does not constitute a barrier of any kind but merely suppresses ovulation. Here, we might wonder if the term contraception correctly reflects a situation essentially characterized by the absence of an ovum to be fertilized, or, in other words, a situation where conception is physiologically impossible due to the absence of one of the two cells involved in conception. The terms anovulatory pill or anovulant hormone or ovulation-control pill might be more appropriate.[2]

Now, the next question we must ask ourselves, and the most important, is whether the intrauterine devices are truly contraceptives.

The answer to this question is not easy, as you will see, and I will mainly quote, for the benefit of your committee, from a certain number of leading articles published during the past few years in the medical literature.

These quotations will bring up many facts which may not be, as yet, perfectly clear to us, but these very facts cannot but oblige us to question

ourselves about the implications of the acceptance of intrauterine devices as means of fertility control. Also to question ourselves as to what is the definition of contraception and what is the definition of abortion. It may prove necessary for your committee to precisely define these terms before submitting final conclusions concerning contraception.

"The exact method by which intrauterine devices act in preventing pregnancy has not yet been determined. There has been concern over the possibility that they may cause *repeated early abortions* rather than alter the implantation mechanism."[11]

"There seems to be a consensus among those who have worked with the Gräfenberg ring that *it does not interfere with the passage of sperm into the fallopian tubes or with fertilization,* but does prevent the implantation of the ovum in the uterine cavity."[10]

"Sperm migration occurs in a normal fashion and tubal spasm has not been found."[5]

"Women who are wearing intrauterine devices *do ovulate and they can conceive. The fertilized ovum may fail to implant* because it reaches the uterus before its invasive ability is fully developed or before endometrial changes have advanced enough to receive it. There also is the possibility, however, that an intrauterine device can alter stromal development enough to make it unsuitable for implantation."[11]

"The exact mechanism of action of the intrauterine devices in humans awaits final elucidation. It is thought that the device *acts sometime between ovulation and implantation,* probably as a result of the rapid transfer of the ovum into the uterus."[8]

"That rapid transport of the ova is a probable mechanism of action of the IUD in humans is supported by the relatively low incidence of tubal pregnancies..."[8]

"The mechanism by which intrauterine devices prevent pregnancy... ... in humans is as yet unproved. On the basis of endometrial studies, there is no evidence that it produces preclinical abortion or that endometrial changes preclude implantation."[9]

"...the broadest consensus is that the devices prevent the implantation of the *fertilized egg* because the foreign body causes a discoordination of the uterus musculature which is supposed to place the ovum in the center of the uterus between the seventieth and the seventy-second hour after the ovum entered the uterine cavity."[6]

"I suggest that in our patients the *fertilized ovum* is transported by spastic peristalsis of the tube so much more quickly than before that it may arrive in the uterus prematurely, after one or two days. In this shortened time the ovum has not yet divided into the normal amount of cells. Even after floating in the cavity of the uterus for three days, as normal blastocysts do, the ovum would not have developed sufficient trophablastic cells to be able to penetrate through the endometrium."[6]

"It appears that intrauterine contraception *decreases tubal as well as uterine implantation.* Abortion is not infrequent if pregnancy occurs with an

intrauterine device in place. It is impossible to determine how many of these were induced and how many were due to the presence of the foreign body within the uterus."[9]

"No foetal deformations were observed in those patients becoming pregnant with the intrauterine device."[3]

"...intra-uterine as well as extra-uterine pregnancies have occurred with the pessary in situ."[10]

"In the macaque monkey, the presence of an intrauterine device was associated with rapid discharge of ova from the tube into the uterus. *Sperm migration remained unimpaired.*"[9]

"Additional uterine ova must be recovered and studied before a definite conclusion can be drawn as to whether ova are consistently transported from the tubes *prior to fertilization when an intrauterine device is present.*"[7]

The preceding quotations indicate that although the precise mechanism of action of the intrauterine device is not definitely known our present knowledge seems to suggest that it does not interfere with sperm migration, nor with ovulation, and that fertilization is not only possible but a verified fact in some cases.

"Forty-one pregnancies occurred in 1,713 patients using the loop from a total of 2,179 insertions during 21,709 observed women-months of use, a rate of 2.2 per 100 woman-years for all loops. ..."[4]

"Twenty-three (of these) patients *have become pregnant with a loop in situ.* These cases were carefully followed. In 8 instances the loop was not removed. Loops were found in the membranes after delivery. From 23 failures with loops in situ, through June, 1964, 12 babies examined at birth were found to be normal. There were 3 early abortions and one therapeutic abortion. There were 4 ectopic pregnancies."[4]

I hope that these quotations will satisfy the committee and that the problems raised by our present knowledge of the mechanism of action of the intra-uterine devices will only serve to a better understanding of the various aspects of human fertility. Further research in this domain will be needed to ascertain that intrauterine devices are truly contraceptives and not abortifacients.

Finally, I would like to conclude these few remarks by a quotation which summarizes fairly well the essential problem raised in the brief submitted by l'Association des Médecins de Langue Française, on page 6 of the English version.

"*. . .the point at which human life begins.*"

"Why not say human life begins with fertilization, unless there is a need to avoid calling its termination before implantation, abortion? The idea that attacking a fertilized ovum before nidation is contraception and not abortion is not accepted by most physicians to-day. Traditionally, the medical profession has held that *abortion is an attack upon an ovum at any time from the moment of fertilization...*" The United States Department of Health, Education and Welfare, in its survey of Research and Reproduction Related to Birth and Population Control (December 1962), states: "All of the measures which impair the

viability of the zygote at any time between the instant of fertilization and the completion of labor constitute, in the strict sense; procedures for inducing abortion." The concept that contraception includes not only the prevention of the union of the sperm and ovum, but, if fertilization occurs, the prevention of nidation as well is of recent origin.". . ."If one holds that life begins with fertilization (the position of the Roman Catholic Church and of Criminal Law in most countries), *then anything which prevents the continued existence of the embryo is an abortifacient."*[2]

Truly yours,

Jacques Baillargeon, M.D. C.S.P.Q. F.R.C.P. (C)

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APPENDIX "C"

STATEMENT
OF THE CANADIAN CATHOLIC CONFERENCE
TO THE HOUSE OF COMMONS
STANDING COMMITTEE ON HEALTH AND WELFARE

* * * *

The CANADIAN CATHOLIC CONFERENCE thanks the House of Commons' Standing Committee on Health and Welfare for the invitation to testify on the subject matter of Bills C-22, C-40, C-64, and C-71.

The C.C.C. is the national organization of the Catholic Bishops of Canada. At present there are 101 episcopal members of the C.C.C., which carries on its activities through an administrative board and various elected commissions and committees. The general secretariate of the C.C.C. with its offices in Ottawa carries out the national policy of the C.C.C. through various departments, e.g., ecumenism, liturgy, lay apostolate, social action.

The invitation to give evidence before this committee is welcome for two reasons in particular.

First of all, it presents an opportunity for the C.C.C. to make its views known on proposed legislation affecting marriage and the family, an area of great concern to the Church as well as to society at large.

Secondly, it provides an opportunity for the C.C.C. to situate its particular observations on the above-mentioned bills in the broader perspectives of pertinent teachings of the 2nd Vatican Council.

Our comments are now being asked on proposed changes in Article 150 of the Criminal Code which would make it no longer a crime punishable at law to give information about or to distribute the means of preventing conception.

Because of the lively interest evoked by the hearings before this Committee, legislators in general and Catholic legislators in particular want to know our position.

Two questions may arise. First, how should one conceive the role of a Christian legislator faced with any controversial moral issue? Second, what are our views on the proposed changes in the Criminal Code?

The first and more general question might be put in this way. Are legislators who are loyal to their Church bound to vote for laws prohibiting what the Church declares to be wrong? Are they obliged by their allegiance to the Church to work for the repeal of laws which allow what the Church holds to be wrong?

These questions could touch the legislative attitudes of a number of men in public life. We think therefore that they are quite properly presented before this committee, which is necessarily concerned with anything that might be an obstacle or aid to the legislative process in the question of the proposed changes of Article 150 of the Criminal Code.

To put our remarks on the role of the legislator into proper perspective, to avoid in so far as possible all misunderstanding, we will refer at some length to

the teachings of the 2nd Vatican Council. The Council has given all of us deeper insights into the nature of the Church, the relationship of her official teaching authorities to her other members and of all of them to the political community. In particular we have in mind the council document that treats of the Church and politics and of the role of the Christian in the political community. Since it has special relevance to our appearance here, we include as an appendix to our present statement Part II, chapter 4 of the *Pastoral Constitution on the Church in the Modern World,* which is titled "The Life of the Political Community."

A simple and evident truth is proposed by this Constitution. The same persons are members of the religious community which is the Church and of the political community which is the State. The two institutions "serve the personal and social vocation of the same human beings" (*Church in the Modern World,* no. 76). The obvious ideal, then, should be "wholesome mutual co-operation" for the benefit of human persons (*loc. cit.*).

The political community, the Constitution says,

> "exists for that common good in which the community finds its full justification and meaning, and from which it derives its pristine and proper right. Now the common good embraces the sum of those conditions of social life by which individuals, families, and groups can achieve their own fulfilment in a relatively thorough and ready way" (ibid., no. 74).

The Church for its part

> "has also the right to pass moral judgments, even on matters touching on the political order, whenever basic personal rights or the salvation of souls make such judgments necessary. In so doing, she may use only those helps which accord with the gospel and with the general welfare as it changes according to time and circumstance" (ibid., no. 76).

The Church recognizes that her role and competence are not to be confused with the role and competence of the political community. Thus "the faithful will be able to make a clear distinction between what a Christian conscience leads them to do in their own name as citizens, whether as individuals or in association, and what they do in the name of the Church and in union with her shepherds" (loc. cit.).

It is significant for our present purpose to note the Council teaching that within the political community Christians act "in their own name as citizens" (*loc. cit.*). Their actions, to be sure, should be guided by a well-formed Christian conscience, "for even in secular affairs there is no human activity which can be withdrawn from God's dominion" (2nd Vatican Council, *Dogmatic Constitution on the Church,* no. 36). But the fact remains that their decisions and actions in the political sphere must be their own. Their rights and duties as citizens do not flow from the fact that they belong to the Church.

Thus in the solemn *Dogmatic Constitution on the Church,* which is held by many to be the most basic document emanating from the Council, we read:

> "Because the very plan of salvation requires it, the faithful should learn to distinguish carefully between those rights and duties which are theirs as members of the Church, and those which they have as members of society. Let them strive to harmonize the two, remembering that in

every temporal affair they must be guided by a Christian conscience . . . In our time it is most urgent that this distinction and also this harmony should shine forth as radiantly as possible in the practice of the faithful, so that the mission of the Church may correspond more adequately to the special conditions of the world today" (no. 36).

The same truth is explicitly taught again by the Council in its *Decree on the Apostolate of the Laity*. The layman is told that he must take on the renewal of the temporal order as his own special obligation. He must be guided by the light of the gospel, the mind of the Church and Christian love, yet in the temporal sphere he is exhorted to act on his own responsibility:

> "As citizens they must co-operate with other citizens, using their own particular skills and acting on their own responsibility" (no. 7).

The Christian legislator then has a Christian conscience and if it is truly formed it will be thoroughly imbued with Christian principles. But it remains *his* conscience. The Church may play a major role in the formation of that conscience through her teachings on the social order and the moral aspects of the political order. But these teachings do not properly extend to the technical areas of social or political questions. It will be up to the legislator to apply his principles to the concrete and often complicated realities of social and political life and to find a way to make these principles operative for the common good. He should not stand idly by waiting for the Church to tell him what to do in the political order. The ultimate responsible conclusions are his own as he fulfils the task he has along with all other legislators. That task is the promotion of the common good through the provision of wise and just laws.

At this point we are now able to return to the questions asked earlier, the answers to which we said were important in view of the legislative proposals before this committee.

Are Christian legislators bound to vote for laws which forbid what the Church forbids? Are they bound to oppose laws which permit what the Church forbids?

Perhaps we can see now that the questions answer themselves in the light of the principles of the 2nd Vatican Council which we have just cited.

The Christian legislator must make his own decision. The norm of his action as a legislator is not primarily the good of any religious group but the good of all of society. Religious and moral values are certainly of great importance for good government. But these values enter into political decisions only in so far as they affect the common good. Members of Parliament are charged with a temporal task. They may and, in fact, often will vote in line with what the Church forbids or approves because what the Church forbids or approves may be closely connected with the common good. Their standard always lies in this question: Is it for or against the common good?

A willingness to honour this truth stressed by the Council and to trust the Christian legislator to fulfil his function in the light of his Christian conscience and his technical competence is the surest pledge of our desire to join with all men of good will in the building of a truly human world open to supernatural and Christian values.

And now, applying the foregoing arguments, we may approach more directly the matter of Article 150 of the Criminal Code.

In our minds it is of the utmost importance to make it clear that our not opposing a change in the present law would not imply approval of contraception or of all methods of regulation of births. This is an entirely different question and we are not dealing with it in this statement.

Civil law (we use the term in the broad sense which includes criminal law) and morality are different in important respects; yet they have areas in common, too. Civil law and moral law are neither completely distinct nor completely one. Not every evil deed calls for a civil law to forbid it. Those wrong deeds that can do notable harm to the common good constitute, in certain circumstances to be described below, proper subject-matter for criminal laws of the political community. Other wrong deeds are in truth forbidden by God's law and the wrongdoer will have to answer to God for his trangressions. It could be alleged that any genuinely immoral act is at least indirectly and remotely prejudicial to the common good. Yet there has to be a reasonable proportion between wrongdoing and the means taken to suppress it. The comparatively slight harm to the common good that might be caused by certain types of private or hidden delinquency has to be weighed against a much greater potential damage. Clearly, the common good would not be served by a hopeless attempt of public authority to supervise the smallest details of moral behaviour through a vast and oppressive network of criminal laws and punishments.

The first condition, then, for making a moral offence into a legal or criminal offence is that it be notably contrary to the common good. But that is only the first condition. Certain other conditions must also be fulfilled before a law should be passed turning a wrongful act into a statutory crime punishable at law:

1. It should first of all be clear, as indicated already, that the wrongful act notably injures the common good;

2. The law forbidding the wrongful act should be capable of enforcement, because it is not in the interest of the common good to pass a law which cannot be enforced;

3. The law should be equitable in its incidence—i.e., its burden should not fall on one group in society alone;

4. It should not give rise to evils greater than those it was designed to suppress.

In the light of these conditions we consider Article 150, which forbids giving information about contraception as well as the sale or distribution of contraceptives, an inadequate law today. We consider it so quite independently of the morality or immorality of various methods of birth prevention. We believe it a deficient law because it does not meet all the conditions outlined above.

The law is not in fact enforced, and the good of public peace might well be lost by attempts to enforce it. A large number of our fellow citizens believe that this law violates their rights to be informed and helped towards responsible parenthood in accordance with their personal beliefs.

It is our clear understanding, of course, that the modification of the law in question is not to extend to that part of it which has to do with abortion. For our conclusions would be quite different were there question of such direct destruction of human life.

We have noted with satisfaction the number of witnesses before this committee who have called for safeguards to protect juveniles and the public in general from the dangers inherent in uncontrolled advertising and uninhibited display or sale of contraceptives. It is admittedly difficult to frame protective laws. But since it is possible to have a law that is at least partially effective against irresponsible advertising or sale of contraceptives, such safeguards should somehow be built into law.

If it seems likely that such safeguards would not be immediately operative but might have to wait for new legislation even in provincial jurisdictions, then it would seem to us to be unwise to remove the existing protection provided by Article 150 of the Criminal Code until such safeguards are by one means or another assured.

Although the proposed legislation makes no provision for governmental programs in regulation of births, it would, if passed, remove a legal barrier to them. We feel bound to express grave concern for the privacy and effective freedom of the individual within such possible programs. The fields of financial help to the needy and of information on regulation of births should be so separated that acceptance of contraceptive devices or information is never in reality made a condition or necessary concomitant of welfare assistance.

While the state has a legitimate interest in health, education and poverty as social problem areas, it would be intolerable that the state should enter into the business of dictating to married couples how many children they may or should have, or what methods of regulation of births they should adopt. That should be the free decision of parents. Psychological pressures or persuasions that violate their rights and their freedom would, if permitted, be a grave abuse. Any governmental program would be strictly bound to protect the freedom and the human rights of family and conscience.

We are not suggesting that such abuse would necessarily be the official policy of any major governmental agency. But it does not take too much imagination to see how such subtle violence to individual rights could creep into actual practice.

Protection to prevent coercive tactics can and should be provided. We do not question the capacity of men of good will working together to provide such safeguards, perhaps through the provision of a board of review and control, or in some other effective way. What is necessary is to take positive steps at the outset by studying the potential dangers of governmental involvement in regulation of births. Otherwise the changing of Article 150 of the Criminal Code could result in unnecessary moral damage and social discord.

Provided, then, that safeguards against irresponsible sales and advertising are built into the law and that protection of personal freedom is ensured, we do not conceive it as our duty to oppose appropriate changes in Article 150 of the Criminal Code. Indeed, we could easily envisage an active co-operation and

even leadership on the part of lay Catholics to change a law which under present conditions they might well judge to be harmful to public order and the common good.

At the same time we would urge continuing research into and public review of the effects that any changes in the law would have on individuals, families, and the common good of Canadian society as a whole.

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cf. text of Part II, ch. 4, of the *Pastoral Constitution on the Church in the Modern World,* titled "The Life of the Political Community."

APPENDIX

to Statement of CCC

THE CHURCH IN THE MODERN WORLD

PART II CHAPTER 4

THE LIFE OF THE POLITICAL COMMUNITY

Modern Politics

Our times have witnessed profound changes too in the institutions of peoples and in the ways that peoples are joined together. These changes are resulting from the cultural, economic, and social evolution of these same peoples. The changes are having a great impact on the life of the political community, especially with regard to universal rights and duties both in the exercise of civil liberty and in the attainment of the common good, and with regard to the regulation of the relations of citizens among themselves, and with public authority.

From a keener awareness of human dignity there arises in many parts of the world a desire to establish a political—juridical order in which personal rights can gain better protection. These include the rights of free assembly, of common action, of expressing personal opinions, and of professing a religion both privately and publicly. For the protection of personal rights is a necessary condition for the active participation of citizens, whether as individuals or collectively, in the life and government of the state.

Among numerous people, cultural, economic, and social progress has been accompanied by the desire to assume a larger role in organizing the life of the political community. In many consciences there is a growing intent that the rights of national minorities be honored while at the same time these minorities honor their duties toward the political community. In addition men are learning more every day to respect the opinions and religious beliefs of others. At the same time a broader spirit of co-operation is taking hold. Thus all citizens, and not just a privileged few, are actually able to enjoy personal rights.

Men are voicing disapproval of any kind of government which blocks civil or religious liberty, multiplies the victims of ambition and political crimes, and wrenches the exercise of authority from pursuing the common good to serving the advantage of a certain faction or of the rulers themselves. There are some such governments holding power in the world.

No better way exists for attaining a truly human political life than by fostering an inner sense of justice, benevolence, and service for the common good, and by strengthening basic beliefs about the true nature of the political community, and about the proper exercise and limits of public authority.

Nature and Goal of Politics

Individuals, families, and various groups which compose the civic community are aware of their own insufficiency in the matter of establishing a fully human condition of life. They see the need for that wider community in which each would daily contribute his energies toward the ever better attainment of the common good. It is for this reason that they set up the political community in its manifold expressions.

Hence the political community exists for that common good in which the community finds its full justification and meaning, and from which it derives its pristine and proper right. Now, the common good embraces the sum of those conditions of social life by which individuals, families, and groups can achieve their own fulfillment in a relatively thorough and ready way.

Many different people go to make up the political community, and these can lawfully incline toward diverse ways of doing things. Now, if the political community is not to be torn to pieces as each man follows his own viewpoint, authority is needed. This authority must dispose the energies of the whole citizenry toward the common good, not mechanically or despotically, but primarily as a moral force which depends on freedom and the conscientious discharge of the burdens of any office which has been undertaken.

It is therefore obvious that the political community and public authority are based on human nature and hence belong to an order of things divinely foreordained. At the same time the choice of government and the method of selecting leaders is left to the free will of citizens.

It also follows that political authority, whether in the community as such or in institutions representing the state, must always be exercised within the limits of morality and on behalf of the dynamically conceived common good, according to a juridical order enjoying legal status. When such is the case citizens are conscience-bound to obey. This fact clearly reveals the responsibility, dignity, and importance of those who govern.

Where public authority oversteps its competence and oppresses the people, these people should nevertheless obey to the extent that the objective common good demands. Still it is lawful for them to defend their own rights and those of their fellow citizens against any abuse of this authority, provided that in so doing they observe the limits imposed by natural law and the gospel.

The practical ways in which the political community structures itself and regulates public authority can vary according to the particular character of a people and its historical development. But these methods should always serve to mold men who are civilized, peace-loving, and well disposed toward all—to the advantage of the whole human family.

Political Participation

It is in full accord with human nature that juridical-political structures should, with ever better success and without any discrimination, afford all their citizens the chance to participate freely and actively in establishing the constitutional bases of a political community, governing the state, determining the scope and purpose of various institutions, and choosing leaders. Hence let all citizens be mindful of their simultaneous right and duty to vote freely in the interest of advancing the common good. The Church regards as worthy of praise and consideration the work of those who, as a service to others, dedicate themselves to the welfare of the state and undertake the burdens of this task.

If conscientious co-operation between citizens is to achieve its happy effect in the normal course of public affairs, a positive system of law is required. In it should be established a division of governmental roles and institutions and, at the same time, an effective and independent system for the protection of rights. Let the rights of all persons, families, and associations, along with the exercise

of those rights, be recognized, honored, and fostered. The same holds for those duties which bind all citizens. Among the latter should be remembered that of furnishing the commonwealth with the material and spiritual services required for the common good.

Authorities must beware of hindering family, social, or cultural groups, as well as intermediate bodies and institutions. They must not deprive them of their own lawful and effective activity, but should rather strive to promote them willingly and in an orderly fashion. For their part, citizens both as individuals and in association should be on guard against granting government too much authority and inappropriately seeking from it excessive conveniences and advantages, with a consequent weakening of the sense of responsibility on the part of individuals, families, and social groups.

Because of the increased complexity of modern circumstances, government is more often required to intervene in social and economic affairs, by way of bringing about conditions more likely to help citizens and groups freely attain to complete human fulfillment with greater effect. The proper relationship between socialization on the one hand and personal independence and development on the other can be variously interpreted according to the locales in question and the degree of progress achieved by a given people.

When the exercise of rights is temporarily curtailed on behalf of the common good, it should be restored as quickly as possible after the emergency passes. In any case it harms humanity when government takes on totalitarian or dictatorial forms injurious to the rights of persons or social groups.

Citizens should develop a generous and loyal devotion to their country, but without any narrowing of mind. In other words, they must always look simultaneously to the welfare of the whole human family, which is tied together by the manifold bonds linking races, peoples, and nations.

Let all Christians appreciate their special and personal vocation in the political community. This vocation requires that they give conspicuous example of devotion to the sense of duty and of service to the advancement of the common good. Thus they can also show in practice how authority is to be harmonized with freedom, personal initiative with consideration for the bonds uniting the whole social body, and necessary unity with beneficial diversity.

Christians should recognize that various legitimate though conflicting views can be held concerning the regulation of temporal affairs. They should respect their fellow citizens when they promote such views honorably even by group action. Political parties should foster whatever they judge necessary for the common good. But they should never prefer their own advantage over this same common good.

Civic and political education is today supremely necessary for the people, especially young people. Such education should be painstakingly provided, so that all citizens can make their contribution to the political community. Let those who are suited for it, or can become so, prepare themselves for the difficult but most honorable art of politics. Let them work to exercise this art without thought of personal convenience and without benefit of bribery. Prudently and honorably let them fight against injustice and oppression, the arbitrary rule of one man or one party, and lack of tolerance. Let them devote themselves to the welfare of all sincerely and fairly, indeed with charity and political courage.

Politics and the Church

It is highly important, especially in pluralistic societies, that a proper view exist of the relation between the political community and the Church. Thus the faithful will be able to make a clear distinction between what a Christian conscience leads them to do in their own name as citizens, whether as individuals or in association, and what they do in the name of the Church and in union with her shepherds.

The role and competence of the Church being what it is, she must in no way be confused with the political community, nor bound to any political system. For she is at once a sign and a safeguard of the transcendence of the human person.

In their proper spheres, the political community and the Church are mutually independent and self-governing. Yet, by a different title, each serves the personal and social vocation of the same human beings. This service can be more effectively rendered for the good of all, if each works better for wholesome mutual co-operation, depending on the circumstances of time and place. For man is not restricted to the temporal sphere. While living in history he fully maintains his eternal vocation.

The Church, founded on the Redeemer's love, contributes to the wider application of justice and charity within and between nations. By preaching the truth of the gospel and shedding light on all areas of human activity through her teaching and the example of the faithful, she shows respect for the political freedom and responsibility of citizens and fosters these values.

The apostles, their successors, and those who assist these successors have been sent to announce to men Christ, the Savior of the world. Hence in the exercise of their apostolate they must depend on the power of God, who very often reveals the might of the gospel through the weakness of its witnesses. For those who dedicate themselves to the ministry of God's Word should use means and helps proper to the gospel. In many respects these differ from the supports of the earthly city.

There are, indeed, close links between earthly affairs and those aspects of man's condition which transcend this world. The Church herself employs the things of time to the degree that her own proper mission demands. Still she does not lodge her hope in privileges conferred by civil authority. Indeed, she stands ready to renounce the exercise of certain legitimately acquired rights if it becomes clear that their use raises doubt about the sincerity of her witness or that new conditions of life demand some other arrangement.

But it is always and everywhere legitimate for her to preach the faith with true freedom, to teach her social doctrine, and to discharge her duty among men without hindrance. She also has the right to pass moral judgments, even on matters touching the political order, whenever basic personal rights or the salvation of souls make such judgments necessary. In so doing, she may use only those helps which accord with the gospel and with the general welfare as it changes according to time and circumstance.

Holding faithfully to the gospel and exercising her mission in the world, the Church consolidates peace among men, to God's glory. For it is her task to uncover, cherish, and ennoble all that is true, good, and beautiful in the human community.

APPENDIX "D"

SHERATON-MT. ROYAL HOTEL
MONTREAL 2

OCTOBER 14, 1966.

Dr. Harry Harley, M.P.
Chairman
Committee of the House of Commons
on Health and Welfare
House of Commons
OTTAWA, Ontario

Dear Dr. Harley:

I am pleased to communicate to you the contents of a resolution adopted without opposition by the members of this Federation in the course of our conference held in Vancouver in June of this year:

"Planned Parenthood

BE IT RESOLVED that the Government of Canada be requested to amend the Criminal Code, Chapter 51, Section 150, 2(c) to provide that the words "preventing conception or" be deleted."

Among the comments that were made in the course of the adoption of this resolution were those expressed by a number of elected municipal officials to the effect that this section of the Criminal Code is being deliberately defied at the present time in all or most parts of Canada; birth control information is being made available and that articles and drugs for the prevention of conception are indeed being offered for sale in contravention of the law. It was the expressed feeling of most delegates that the law cannot readily be applied and enforced in this area and that careful and judicious information on the availability of articles or drugs for the prevention of conception should be allowed in such a manner as to prevent abuse and offense to public morals.

I enclose a copy of the current membership of the Federation which will give you an indication of the geographic nature of the support given to this resolution.

Yours sincerely,
Henry Alan Lawless
DIRECTOR

APPENDIX "E"

THE PENTECOSTAL ASSEMBLIES OF CANADA

OCTOBER 18, 1966.

Dr. Harry Harley, M.P.,
Chairman, Health and Welfare Committee,
House of Commons,
OTTAWA, Canada.

Dear Sir:

Further to our telephone conversation relating to the proposed amendments of the Criminal Code and your invitation to send a written presentation of the position of the Pentecostal Assemblies of Canada on the related subject matter.

Because of the shortness of time involved, we felt that we could not do justice to a regular brief unaccompanied by a presentation of a brief by a delegation and the normal explanations.

Because of this, we decided that the better course to follow would be the forwarding to you of copies of the authorizing Resolution adopted by our recent biennial General Conference. This contains the heart of the position officially taken by the Pentecostal Assemblies of Canada.

It is to be noted that we do not take a rigid position against the revision of the Criminal Code as it is presently worded, but we strongly oppose anything that would give legal sanction to sexual relations outside of marriage. We deeply feel that any permissiveness beyond this violates the sanctity of marriage which can only lead to the undermining of the foundations of our nation.

The reason for the delay in presenting a brief was that until authority had been given by our General Conference, the highest court of our denomination, no representative had any authority to make representation.

We wish, through you, to thank all members of the Committee for having waited upon us. We are sorry that the dates of our National Conference made it impossible for us to meet your deadline.

Yours is a very grave responsibility in having a part in shaping moral values in Canada for years to come. We pray that Divine Providence will assist you in your heavy responsibilities.

Sincerely,
Reverend Tom Johnstone,
General Superintendent.

Resolution No. 36—

WHEREAS our Canadian Parliament now has before it four private member's bills which would amend the Criminal Code to legalize the public sale of contraceptive devices and drugs, and the dissemination of birth control information, together with grounds for legal abortions,

AND WHEREAS a number of Protestant Denominations and agencies have sent representatives to appear before the Standing Committee on Health and

Welfare now dealing with these matters in Ottawa, and have presented briefs or resolutions largely in favor of such amendments to the Criminal Code,

AND WHEREAS, we, as members of the General Conference of The Pentecostal Assemblies of Canada, while recognizing individual convictions in these matters, oppose such permissive amendments on the grounds that they will tend to increase immorality among the youth of our nation, with resultant increases in social disorders,

THEREFORE BE IT RESOLVED that we go on record as opposing a type of relaxation of the Criminal Code, that would give a legal sanction to sexual relations, outside of marriage, and that a Committee be appointed by the General Executive to prepare and present a brief and to appear before the Standing Committee on Health and Welfare as soon as possible to register our protest to the permissive character of proposed amendments to the Criminal Code.

A copy of Resolution duly Moved, Seconded and Carried at the 25th Biennial General Conference of the Pentecostal Assemblies of Canada in session at Winnipeg, Manitoba, Tuesday, August 30th, 1966.

Reverend Tom Johnstone, General Superintendent

Dr. C. M. Wortman, General Secretary-treasurer

OFFICIAL REPORT OF MINUTES
OF
PROCEEDINGS AND EVIDENCE

This edition contains the English deliberations and/or a translation into English of the French.

Copies and complete sets are available to the public by subscription to the Queen's Printer. Cost varies according to Committees.

LÉON-J. RAYMOND,
The Clerk of the House.

HOUSE OF COMMONS

First Session—Twenty-seventh Parliament

1966

STANDING COMMITTEE

ON

HEALTH AND WELFARE

Chairman: Mr. HARRY C. HARLEY

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 19

FRIDAY, NOVEMBER 18, 1966

Respecting the subject-matter of

Bill C-22, An Act to amend the Criminal Code (Family Planning);
Bill C-40, An Act to amend the Criminal Code (Birth Control);
Bill C-64, An Act to amend the Criminal Code (Family Planning);
Bill C-71, An Act to amend the Criminal Code.

INCLUDING

(a) Third Report to the House
(b) Index of Briefs presented
(c) List of witnesses heard on subject-matter of Bills C-22, C-40, C-64 and C-71
(d) Index of Estimates
(e) List of Appendices

WITNESS:

Rev. Gordon R. Upton, of Ottawa, Pastor of Bethel Pentecostal Church and Sectional Presbyter of the Capital Seaway Section Eastern Ontario and Quebec District, Pentecostal Assemblies of Canada.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

24813—1

STANDING COMMITTEE ON HEALTH AND WELFARE

Chairman: Mr. Harry C. Harley

Vice-Chairman: Mr. Gaston Isabelle

and

Mr. Ballard,
Mr. Brand,
Mr. Brown,
Mr. Cameron (*High Park*),
Mr. Chatterton,
Mr. Cowan,
Mr. Enns,
Mr. Forrestall,
Mr. Howe (*Wellington-Huron*),
Mr. Knowles,
Mr. Laverdière,
[1]Mrs. MacInnis (*Vancouver-Kingsway*),
Mr. Matte,
Mr. O'Keefe,
Mr. Orange,
Mr. Pascoe,
Mrs. Rideout,
Mr. Rochon,
Mr. Rock,
Mr. Rynard,
Mr. Simard,
Mr. Stanbury—(24).

(Quorum 10)

Gabrielle Savard,
Clerk of the Committee.

[1]Replaced Mr. Prittie on November 15.

ORDER OF REFERENCE

TUESDAY, November 15, 1966.

Ordered,—That the name of Mrs. MacInnis be substituted for that of Mr. Prittie on the Standing Committee on Health and Welfare.

Attest.

LÉON-J. RAYMOND,
The Clerk of the House of Commons.

24813—1½

REPORT TO THE HOUSE

MONDAY, December 5, 1966.

The Standing Committee on Health and Welfare has the honour to present its

THIRD REPORT

On February 21, 1966, your Committee had referred to it the subject-matter of the following bills:

C-22, An Act to Amend the Criminal Code (Family Planning),

C-40, An Act to Amend the Criminal Code (Birth Control),

C-64, An Act to Amend the Criminal Code (Family Planning),

C-71, An Act to Amend the Criminal Code.

Your Committee held 15 meetings on the above subject-matter, heard statements and recorded expert evidence from many interested organizations and individuals. In addition, your Committee received valuable assistance from the Department of National Health and Welfare and the Department of Justice.

General Remarks

It is striking, in view of the number of interested organizations and individuals heard from, that only one opinion was expressed in support of retaining the existing legislation, Section 150 of the Criminal Code, paragraph (c) of subsection (2), which states:

> "(2) Everyone commits an offence who knowingly, without lawful justification or excuse,
>
> (c) offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means, instructions, medicine, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage."

Bills C-22, C-40, C-64 and C-71 would change this legislation making dissemination of knowledge of birth control legal, but offer to do so in two differing ways:

(1) the removal of the words "preventing conception or" from the Code as above, or by

(2) listing agencies of a public nature (such as counsellors, family planners, doctors, pharmacists, nurses, etc.) to whom the section would not apply.

It should be made clear that this Report deals only with family planning and birth control and does not deal in any way with abortion, a subject which the Committee proposes to discuss at an early date.

You Committee feels that the dissemination of family planning knowledge should be completely available and free from any fear of illegality, as a matter of personal choice.

Marketing

Fears have been expressed, if changes in the law were made, that contraceptive devices would be sold openly and publicly, as any other commercial item. Another fear was expressed that advertising of such items might become blatant and in poor taste. You Committee feels both these practices to be undesirable and therefore proposes in its recommendations, certain preventive courses of action.

Family Planning

Medical knowledge and technique are at a level today where intelligent family planning can be carried out relatively easily. The present laws of Canada have made this impossible in its fullest sense. It is the feeling of your Committee that family planning is a personal decision of a married couple and the State should not interfere with action or laws in any way to influence such a personal decision.

The Church

Your Committee is grateful for the views of the Church bodies. Your Committee commends the Canadian Catholic Conference, as well as the other church groups which appeared before it, for their progressive views on the legislation respecting birth control and for their clarification of the position of the Church. One Church body expressed the view that the law should remain as at present, if it is not possible to legislate any change in such a way as to apply only to married couples.

Recommendations

You Committee makes the following recommendations which should be carried out in conjunction with each other:

1. That Section 150, subsection (2), paragraph (c) of the Criminal Code be amended by deleting the words "preventing conception or"

Your Committee feels that birth control and family planning are matters of personal decision on the part of married couples. This amendment will make legal the dissemination of knowledge and literature on these subjects, as well as the distribution of contraceptives.

2. That the Food and Drugs Act be amended in order that the word "device" in Clause 2 be extended to include contraceptives.

There is some question as to the present meaning of device under this Act, and this amendment would clear up any misunderstanding.

3. That the Food and Drugs Act be amended (probably under "Devices" in Sections 18, 19 and 20) in such a way as to control the advertising of contraceptives.

Conclusions

The intent of these recommendations is to remove the matter of birth control from the Criminal Code and place necessary regulations on the distribution and advertising of contraceptives under the Food and Drugs Act.

A copy of the relevant Minutes of Proceedings and Evidence (Issues Nos. 1 to 11 inclusive, 18 and 19) is appended.

Respectfully submitted,

HARRY C. HARLEY,
Chairman.

MINUTES OF PROCEEDINGS

FRIDAY, November 18, 1966.
(25)

The Standing Committee on Health and Welfare met this day at 9.55 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), and Messrs. Brand, Chatterton, Cowan, Enns, Harley, Knowles, Laverdière, Orange, Rock (10).

In attendance: Rev. Gordon R. Upton, of Ottawa, Pastor of Bethel Pentecostal Church, also Sectional Presbyter of the Capital Seaway Section of Eastern Ontario and Quebec District, Pentecostal Assemblies of Canada. The Committee resumed consideration of the subject-matter of Bills C-22, C-40, C-64 and C-71.

The Chairman presented the Second Report of the Steering Subcommittee on Agenda and Procedure as follows:

> "Your Subcommittee, which met on Friday, November 4, 1966, has agreed to recommend that due to lack of time, the subject-matter of Clause 1 of Bill C-40 be not dealt with at the present time."

On motion of Mr. Brand, seconded by Mr. Knowles, the subcommittee report was adopted unanimously.

The Chairman referred to correspondence exchanged with regard to further hearings of the Committee. He read into the record a letter dated November 11, 1966, from Canada Central District, Church of Nazarene.

The Committee proceeded to the consideration of the Statement of the Pentecostal Assemblies of Canada.

Reverend Upton was introduced.

He made short remarks and was questioned on the brief.

On motion of Mr. Cowan, seconded by Mr. Knowles,

Resolved,—That the Statement of the Pentecostal Assemblies of Canada be printed as part of today's proceedings. (*See Appendix "A"*)

Rev. Upton was further questioned.

The Chairman thanked the witness for having appeared before the Committee and for having added his personal remarks to the brief.

Rev. Upton expressed appreciation, on behalf of the Pentecostal Assemblies of Canada, for the opportunity of presenting their views to the Committee.

At 10.15 a.m. the Committee adjourned to the call of the Chair.

FRIDAY, December 2, 1966.
(26)

The Standing Committee on Health and Welfare met *in camera* this day at 9.50 a.m. The Chairman, Mr. Harry C. Harley, presided.

Members present: Mrs. MacInnis (*Vancouver-Kingsway*), Mrs. Rideout and Messrs. Brown, Cowan, Enns, Forrestall, Harley, Isabelle, Knowles, Matte, O'Keefe, Rock, Rynard, Stanbury (14).

Other Member present: Mr. Ian Wahn, Sponsor of Bill C-40.

The Committee considered a draft Report to the House on the subject matter of Bills C-22, C-40, C-64 and C-71. Amendments were made, and on motion of Mr. Stanbury, seconded by Mr. Forrestall, the Report, as amended, was adopted on the following division YEAS, 9; NAYS, 1. The Chairman was instructed to present it to the House as the Committee's Third Report.

At 11.05 a.m., the Committee adjourned to the call of the Chair.

Gabrielle Savard,
Clerk of the Committee.

EVIDENCE

FRIDAY, November 18, 1966.

The CHAIRMAN: Gentlemen and madam, there is a quorum present.

Before we discuss the brief before us, may I say that the steering committee met on Friday, November 4, and I would like to present its second report:

> Your subcommittee, which met on Friday, November 4, 1966, has agreed to recommend that due to lack of time, the subject matter of clause 1 of Bill C-40 be not dealt with at the present time.

By way of explanation, this is the portion of that bill which refers to abortion. The subcommittee felt, with the session this far advanced, that there was nothing really to be gained by trying to proceed with that term of reference at this time.

Could I have a motion for the adoption of the steering committee's report. Is there any discussion on this?

Mr. BRAND: I so move.

Mr. KNOWLES: I second the motion.

Motion agreed to.

Since the last meeting, at the Committee's instructions, I wrote, I think, to the five names that Mr. Cowan provided me with. In addition to that I phoned one other group, the Association of Mayors and Municipalities, which had already sent us a brief, and I gave them the same opportunity to appear this morning. They said they were quite content with their brief as submitted and they did not wish to appear.

There was no answer to one communication. However, we have one other letter which I think we should read into the record. It is from the Church of the Nazarene, Canada Central District. It reads as follows:

> Dear Doctor Harley:
>
> I wish to thank you for your letter of November 1st, inviting a representative of the Church of the Nazarene to appear or to present a brief to the Committee on Health and Welfare, which is now considering Private Members Bills dealing with Family Planning and Birth Control.
>
> I was not aware until recently that these matters were being considered by your committee and at this late date it is impossible to prepare a brief dealing with these subjects.
>
> Speaking unofficially for the Church of the Nazarene in Canada, however with some degree of responsibility, I would state our position briefly. We would have no serious objection to amending the criminal code as related to family planning and birth control, provided that the amendment provides regulations restricting the advice and sale of drugs and devices to married persons. To amend the code without such safeguards puts the government in the position of condoning, if not approving, illicit and irresponsible sex relations. I realize that when one speaks of

regulations, questions of implementation are immediately raised. This need not be any more difficult than regulating the sale of certain drugs, firearms, alcohol, licenses and tobacco. All of these may be purchased, providing the purchaser meets certain requirements and the onus is on the purchaser to prove to the satisfaction of the vendor, whether he be an agent or a merchant, that these requirements have been complied with.

Also, it is likely that liberal thinkers will state that you cannot legislate morality, using this as an argument to amend the code, removing all restraints on the advice or sale of contraceptives. But in our society we have found through experience that it is necessary to have laws relating to health, safety, honesty, decency and a multitude of other areas. We are all aware that the regulations in these various areas have been violated but you do not change the laws, which are made for the good of society, merely because these laws are disregarded by some. Such is the case before your committee. I believe that married persons ought to be free to seek the best professional advice for planning a family without either the practitioner or the parents violating the criminal code in so doing.

I feel that the code, as it now stands, adequately provides for therapeutic abortions when and where medically necessary, and therefore the criminal code at this point should be left where it is.

I do appreciate the privilege of presenting this summary to you and regret that it was not possible to present an officiel brief or to appear in person. You and your committee do have a grave responsibility and I do pray that you shall have Divine guidance in carrying out those responsibilities.

Sincerely yours,

Reverend Bruce T. Taylor,
District Superintendant,
Rexdale, Ontario.

The group that was to present a brief this morning—and the brief has been in your hands—are representatives of the Pentecostal Assemblies of Canada. However, the two people who were to come to present this brief were unable to do so because of the transportation problems in Canada at the present time. They asked the Reverend Gordon Upton, who is the Pastor of Bethel Pentecostal Church in Ottawa, to come and speak to the brief. I mentioned to Reverend Upton that it is not necessary that he read the brief but we would like to discuss it with him.

Would you like to make some comments, Reverend Upton? I do not think I have given you your full titles. If you would like to introduce yourself more fully, please do so.

Mr. KNOWLES: Do you require a motion that the brief be printed as an appendix to today's evidence?

The CHAIRMAN: Yes; thank you. May we have a motion that today's brief be printed as an appendix to today's minutes and proceedings?

Mr. COWAN: I move that the brief be printed as an appendix to today's Minutes and Proceedings and Evidence.

Mr. KNOWLES: I second the motion.

Motion agreed to.

Reverend GORDON R. UPTON (*Pastor of Bethel Pentecostal Church, Ottawa*): I might say that I am very pleased for the privilege of being here this morning. I do feel somewhat at a disadvantage in that I have just had this brief in my hands for about 30 minutes and have just been reading it over while I have been here. The two men who were to appear were unable to come, as was stated, because of the transportation problems.

I really can add nothing more to what is in the brief. This explains our position rather fully and if I can answer any questions you have, I will be very pleased to do so.

Mr. KNOWLES: Mr. Chairman, from reading the brief I note that your position is similar to that taken by the Church of the Nazarene, as stated in the letter which was just read, namely, that you respect individual convictions, that you are not opposed to the practice of family planning by married couples, and that your one concern would be that if we make any change in the law, we try not to make the kind of change that would go far beyond that.

Mr. UPTON: This is very true. Of course, the matter of family planning is an individual conviction, and we recognize this. Our main concern is that the law not permit this type of thing outside the bonds of marriage.

Mr. KNOWLES: You do not defend the present law exactly as it is? You do not insist that it remain as it is which, if I may say so, seems to prohibit information being given to anyone?

Mr. UPTON: As I said, this is a personal matter and we cannot speak for the individual. We feel that the Criminal Code, as it is now, safeguards this information being made available to unmarried persons. We appreciate this in the Criminal Code at present. We would want to see a relaxation which would permit legalized sale and distribution of these devices where they would be made available to unmarried persons.

Mr. KNOWLES: Our problem is that at the present time the law not only prohibits the sale of materials or the dissemination of information to unmarried people; it prohibits it to married people. You recognize that that is a problem?

Mr. UPTON: Yes, I do, Mr. Knowles.

The CHAIRMAN: Are there any other questions of Reverend Upton? I think the brief is really quite explanatory of your position.

Do you have any further questions, Mr. Knowles?

Mr. KNOWLES: No.

The CHAIRMAN: Do you have any questions, Mr. Cowan?

Mr. COWAN: No.

The CHAIRMAN: Is there any other discussion on it.

Mrs. MACINNIS (*Vancouver-Kingsway*): Would Mr. Upton care to add to the brief any explanatory material of his own?

Mr. UPTON: I could only state that personally my convictions are outlined in this brief, and I could only enlarge on what already has been said in the brief.

We are concerned today with the relaxing of moral standards and what is now being referred to as situation ethics. We recognize that God's Divine laws have been established for the benefit of mankind and when our society moves away from these laws it can only be to its detriment and disadvantage. Therefore, we take a strong position in upholding the moral laws as set forth in the word of God and we take strong exception to any move to relax the provisions of the Criminal Code which would tend to increase immorality or to make more free and more easily the distribution of contraceptive devices, which most certainly would fall into the wrong hands. We feel very strongly that the Criminal Code should either remain as is, or we would permit the amendment of it to the extent that it could be controlled and kept within the confines of marriage. This is our basic position. We are concerned about the fact that these materials are being used outside of marriage, which tends to increase immorality with all of its resultant evils in our society.

I would just add this to endeavour to strengthen our position, and to state that we do hold very strongly to these ideals.

The CHAIRMAN: Is there any other discussion. I should point out to Reverend Upton, as a matter of clarification, that there was some reference in the brief to abortions. I mentioned to Reverend Upton that we were not concerned with abortions at this time but we were only concerned with family planning.

Is there any other question or discussion?

Mr. ENNS: I wonder if the Reverend Upton has had any opportunity to know of or be familiar with the briefs presented by other church bodies before this Committee. Most of the major denominations in the country have appeared before us with some very excellent and well documented positions on this question, mainly in support of the general aim of amending the Criminal Code. How distinct would your position be from that of the other churches, or am I being unfair to presume that you have heard and know of the position taken by others?

Mr. UPTON: I have known that other religious denominations had presented briefs but I must say that I am not thoroughly conversant with those briefs this morning. I do not know that I could state exactly what their position would be in relations to ours. We do know that there is a general trend, even amng clergymen and among some churches today, to relax these provisions more. We do not wish to be unreasonable; we do take a strong stand in the fact that these things could fall into the wrong hands.

Mr. ENNS: You do speak of this being a matter for individual judgment to a great extent and, therefore, I suppose to that extent you are not too different from, say, even the Roman Catholic church where there has been general acknowledgement of the need for change but still an admonishment to the adherence of the church, that they deal with this on an individual basis. This seems to be the position you are taking.

Mr. UPTON: Yes, we recognize that periodically there is a need for change. The Criminal Code, as was stated in our brief, was prepared many years ago when thinking perhaps ran along somewhat different lines in certain areas. God's laws never change. There are times when our own personal outlook may change when it is not contrary to the law of God or the moral law and, therefore, there are times when a change is necessary for the good and betterment of society as a

whole. Of course, our position is that the use of family planning is a personal matter. Some are opposed to it in any form; others accept it in the confines of marriage. We believe it is an individual matter and that the government should safeguard this area by keeping the Criminal Code intact to the extent that it prohibits the use of this among unmarried persons.

Mr. ENNS: If you were being approached by a young couple about family planning, would you think that—I should not put it on a personal basis—most pastors in your congregation would support the desire that there needs to be family planning, or would they rather advise against any attempt at family planning? Would you have any way of giving a consensus that might come forward from the church.

Mr. UPTON: It would be my personal opinion that our ministers, generally, would not advise against family planning in marriage but would, again, discuss the matter and leave it entirely to the couple themselves.

The CHAIRMAN: Are there any other questions? If there are no other questions of Reverend Upton, I would like to thank him for coming to, shall we say, pinch hit, for the members of his Pentecostal Assembly who could not make it here. We would like to thank him for coming and giving us his personal remarks on the brief.

Mr. UPTON: May I say to the Committee this morning we appreciate the privilege that has been afforded us in appearing here and presenting our brief. I want to thank you very much.

The CHAIRMAN: The meeting is adjourned to the call of the Chair.

It is the hope of the Chairman that the steering committee will meet at 2 o'clock on Tuesday in my office. However, notices will be sent out.

Mr. COWAN: Mr. Chairman, before we adjourn, what opportunity do I have of putting this article which appears in *Time* magazine of Nov. 18, 1966 on page 77 entitled "Contraception, Not Yet", on the record because I would like to have it in the record so that people who study this matter in the future will know what evidence has been given before the Committee?

Mr. KNOWLES: Out of what magazine?

Mr. COWAN: The great Canadian magazine that Mr. Gordon and Mr. Pearson found. I have been reading it ever since I found it was Canadian.

The CHAIRMAN: What was the name of the magazine?

Mr. COWAN: *Time*. The one from New York—the great Canadian magazine.

Mr. KNOWLES: What you need, Ralph, is a sense of humour.

Mr. COWAN: I have been 40 years in the business and I know a New York paper "ain't" a Canadian magazine.

Mr. KNOWLES: Mr. Chairman, for a long time Ralph and I have been quiet, and it is time I disagreed with him again.

The CHAIRMAN: Not since the last time we met.

Mr. KNOWLES: The newspapers and magazines are full of articles on this subjet. Where do we draw the line?

Mr. COWAN: Can I read that article to you, Mr. Chairman?

The CHAIRMAN: I think it would be highly irregular.

Mr. KNOWLES: You mean, read it to him in his office?

Mr. COWAN: No, right here.

An hon. MEMBER: Why do we not call Mr. Cowan as our next witness?

Mr. COWAN: All right. Give me that clipping.

Mr. KNOWLES: We have lost our quorum, Mr. Chairman.

Mr. COWAN: We lost it a long time ago when Mr. Chatterton left.

The CHAIRMAN: Mr. Cowan, I think it would be highly irregular to do this. If it were done in this case, it would mean that every Committee member could come in and quote from publications of one kind or another.

Mr. COWAN: Is that your ruling Mr. Chairman?

The CHAIRMAN: Yes. Meeting adjourned to the call of the Chair.

APPENDIX "A"

STATEMENT OF THE PENTECOSTAL ASSEMBLIES OF CANADA, TO THE HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH AND WELFARE

November 18, 1966.

RESOLUTION No. 36

WHEREAS our Canadian Parliament now has before it four private member's bills which would amend the Criminal Code to legalize the public sale of contraceptive devices and drugs, and the dissemination of birth control information, together with grounds for legal abortions,

AND WHEREAS a number of Protestant Denominations and agencies have sent representatives to appear before the Standing Committee on Health and Welfare now dealing with these matters in Ottawa, and have presented briefs or resolutions largely in favor of such amendments to the Criminal Code,

AND WHEREAS, we, as members of the General Conference of The Pentecostal Assemblies of Canada, while recognizing individual convictions in these matters, oppose such permissive amendments on the grounds that they will tend to increase immorality among the youth of our nation, with resultant increases in social disorders,

THEREFORE BE IT RESOLVED that we go on record as opposing a type of relaxation of the Criminal Code, that would give a legal sanction to sexual relations outside of marriage, and that a Committee be appointed by the General Executive to prepare and present a brief and to appear before the Standing Committee on Health and Welfare as soon as possible to register our protest to the permissive character of proposed amendments to the Criminal Code.

A copy of Resolution duly Moved, Seconded and Carried at the 25th Biennial General Conference of The Pentecostal Assemblies of Canada in session at Winnipeg, Manitoba, Tuesday, August 30th, 1966.

Reverend Tom Johnstone,
General Superintendent.

Dr. C. M. Wortman,
General Secretary-Treasurer.

The General Executive of the Pentecostal Assemblies of Canada thanks the House of Commons on Health and Welfare for the invitation to testify on the subject matter of Bills C-22, C-40, C-64, and C-71.

The Pentecostal Assemblies of Canada is a national denomination of Christians which received its Federal Charter from the Canadian Government in 1919. We have membership from coast to coast. The 1961 Federal Census reported the Pentecostal adherents as numbering 143,877. These comprise about 700 local congregations, which are organized regionally on a district conference level in addition to five non-English conferences, which are organized on a language basis rather than geographical.

The delegation present has been authorized to speak on behalf of the denomination by Resolution No. 36, duly passed at the 25th Biennial General Conference in Winnipeg, on Tuesday, August 30th, 1966.

General Conference Resolution

We would give the following explanation concerning the resolution:

Prior to its adoption, many of our leaders felt that no one had a right to speak in any representative capacity for our Communion. It will be noted that, even in the Resolution we recognize "individual convictions in these matters." Hence we do not presume to speak for all of our Pentecostal people.

We believe that there are two main types of strong religious convictions on the general question of birth control and related matters: (1) those who believe that any kind of prevention of conception is morally wrong and a violation of the law of God and therefore sinful; (2) and those who believe that within marriage there is a place for family planning, that it is both normal and desirable when practiced within the framework of Judeo-Christian ethics. This concept involves the use of the so-called "rhythm" method, mechanical devices and medical means such as "the pill," within marriage only.

We believe that we can say that our people are unreservedly opposed to any form of abortion to abort a conception in a medically normal person. We believe that we would be prepared to leave to a special medical-legal tribunal the question of an abortion of a medically proven malformed fetus, or where medical contra-indications were that the mother's life would be in grave danger without such surgical intervention.

The Essence of Our Position

The burden of the position expressed in the Resolution is that we believe most deeply in the sanctity of human life and the sanctity of marriage, and that therefore, we believe that it would be a most distressing sign of our nation's moral well-being if our Federal Government should legislate or, in any way give the State's sanction to the violation of God's law in these areas that were established before the institution of human government.

We of course recognize that there are two areas of authority: "that which is God's," the distinctly moral area where Bible-believing Christians take their convictions from what they believe to be a higher than human authority; and "Caesar's," the area of human government, in which legislators should govern equitably all parts of society, believers and non-believers. But we do not believe that the latter in any way sets aside the unchangeable nature of God's immutable attributes, nor in any way lessens the ultimate retribution of both individuals and nations who violate God's moral laws.

We recognize that this Committee is not a committee on theology, therefore we will seek to refer to basic Judeo-Christian truth only so far as we believe that the issues so require.

The Nature of Our Objections In Proposed Amendments

Bill C-22

We believe this amendment is deficient because it would provide an opportunity to persons exempted from the provisions of the Criminal Code to give

instruction in the use of contraceptive materials or devices to persons for use outside of the bonds of holy matrimony.

We recognize that there is a desirable place for pre-marriage consultation between affianced persons, physicians and the clergy, which includes the spiritual, economic and physical aspects of the marriage union. But this is a vastly different matter than the permissiveness that this resolution might give to amoral counsellors in social agencies and others covered. The fact that these persons are licensed by a province does not assure that their standards would be such as to maintain the sanctity of the marriage relation as recognized in the Judeo-Christian ethic.

We are cognizant of the argument that there is no way to enforce a law restricting such counselling and dispensing of contraceptive devices to married persons only. We admit that it may be difficult, but so is the enforcement of many of the laws and regulations within the purview of the administration of the drug section of the National Health and Welfare Department. But we still retain these difficult to enforce laws, and do not sanction their breach because of the difficulties involved.

BILL C-40

We believe that the grounds for a therapeutic abortion referred to in this amendment, viz., "if the pregnant woman requests the termination of her pregnancy and the termination of such pregnancy is desirable to preserve the mental or physical health," are open to too wide an interpretation.

We are aware of the extremes to which the grounds of "mental cruelty" is stretched in divorce courts in the United States jurisdictions. Our fear is that this amendment will lend itself to the same kind of interpretation.

We appreciate the limitation of this amendment to an active treatment public hospital and that a second medical doctor must give concurrence.

Again, we fear that this amendment would legalize not only the malformed fetus abortion, but would open the door to abortion as an alternative to contraceptive measures where the use of a contraceptive has failed. We must register our strongest possible objection to any legislation that will legalize the murder of the unborn normal fetus.

We are amazed that many who have strong objections to the taking of the life of a convicted murderer by due process of law, apparently have no compunctions of conscience in taking the life of an unborn child. This is to us, a sad commentary on the morality (or lack of it) and logic (or lack of it) of our times.

We are in agreement with the principle enumerated in Clause 2, of the Explanatory Notes, in limiting advertising to all but medical journals, in keeping with our comments on Bill C-22.

BILL C-64

Our objections to this amendment are the same as those to Bill C-22, except that we believe this amendment (C-64) is worse in that it widens the categories who are exempted from inclusion by the Criminal Code.

BILL C-71

Our objections are the same to this amendment as to Bill C-22, except that we believe this bill to be even more permissive than Bill C-22. Bill C-71 would

permit the most blatant type of advertising, and the sale of devices in coin-vending machines to everyone, with no control whatever, with all the resulting social evils.

General Observations

Our objections to the proposed amendments are not based on the premise that the present Criminal Code is sacred or infallible and therefore beyond alteration. We believe that it was written in another age and reflects the thinking that was prevalent in most circles in that day, that sexual relations were in the biblical ideal limited to that of pro-creation. This we believe is out of harmony with both the over-all teachings of Holy Scripture and human experience in a wholesome unitive family relationship which has as its heart the "one flesh" relationship of man and wife, which at its best is relatively constant, making allowances for the variations of the demands at different ages.

SUMMARY

Much of this brief might appear to be negative and critical. Therefore we wish to summarize what we believe is the positive side of the Judeo-Christian ideal of marriage and that all legislation should be framed to accomplish these positive ends.

The whole Judeo-Christian view of life implies sexual continence before marriage as well as outside of it. Intercourse before marriage militates against true oneness in marriage, degenerates to lust and exploitation, frequently robs women of their opportunity for marriage and involves the strong possibility of children out of wedlock. While society in general, and the Christian Church in particular, should deal sympathetically and constructively with those who err, spiritually, physically, emotionally, socially and we believe, legally, intercourse demands the permanent and responsible relationship of holy matrimony.

Moral order and the maintenance of morality as much as is humanly possible is the duty of the state. Lawmakers, law enforcement officers and social scientists are all involved in the concerns of human behaviour. Each makes its contribution to the whole. The Bible-believing clergyman and Christian teacher has a unique contribution to make which none other has, the Gospel of Christ, which alone possesses life-changing power.

There are occasions when the leadership of the church needs to join forces with social and law-enforcement agencies when the moral welfare of the society as a whole is endangered. Although the Church is called to be a "transforming" agency rather than a "reform" agency, it is also called to be a witness for righteousness like the prophets of the Old Testament. No less must the spokesman for the Christian Church speak out and recognize its God-given task in sharing their insights with statesmen, teachers, and communication media people that we and our children after us "may lead a quiet and peaceable life." (1 Timothy 2:2)

We believe that the enlightened Christian views sex as being part of his total personality and a part of the total context of life. Nor does a Bible-believing Christian accept the purely naturalistic and humanistic concept which divorces sex from God's moral law and rejects man's accountability to God his Creator for his use of sex. This view is practically atheistic in its orientation. Nor does the convinced believer in divine revelation view sex merely as a facet of

sociological aspects, as if sex were to be evaluated only as it affects society in its mass relationships.

Each of these unsatisfactory views seems to be reflected in varying degrees by the proposed amendments to the Criminal Code as it is now before your committee.

We pray and trust that any revisions that will be finally presented to Parliament will write the safeguards which we believe are not found in the amendments, and that the final draft will reflect the Judeo-Christian morality upon which this nation was founded. We pray that this nation may continue to be a nation upon which the blessing of God may rest and that it shall not go the way of other civilizations which have ignored the claims of a righteous God.

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