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LAC DU BONNET	Oscar F. Bjornson	Lac du Bonnet, Man.
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THE LEGISLATIVE ASSEMBLY OF MANITOBA  
8:00 o'clock, Friday, March 13, 1964

MR. CHAIRMAN: Before we begin tonight, I would like to make a suggestion that might help to speed things along without undue hurrying. Most of the things that we have discussed this afternoon, after the opening addresses and so forth, are covered in items which will come before us in the Health Division, either the psychiatric or the health services and if they do, and I'm quite sure most anything we will discuss will do that, may I just offer the suggestion that perhaps we might reserve any comments that we have concerning any of these items on hospitals, and so on until we come to those various items, then when we deal with them then make our contribution and the Minister will be able to answer. It will just, I think, speed matters along. We are just in the beginning now (a) . . .

MR. DESJARDINS: Mr. Chairman, Oh, excuse me -- I thought you were calling -- Were you calling 'a'?

Yes, well I think it might be a good idea that we proceed as such, but nevertheless there are certain things that the Minister had started with some answers that we would not gain any time by rehashing this all over when we come in the estimates proper after the salaries, so I think we might as well finish this.

I was asking the Honourable Minister what the policy would be; if there would be any change in the government's policy as we have now; that any new building they would have to raise 20 percent, the first 20 percent, and it seems now that this is practically impossible. We have had an awful lot of hardship on this; we might even lose the Victoria Hospital, and I certainly would like to hear something from the Minister on this.

While we are on matters on the funds, I wonder if there is any proposal for raising this money for the plan, for getting this money. The Premier himself not too long ago stated that the Plan was in pretty critical condition financially, that we needed more money. Is it the intention of the government to raise the premiums soon; or is it the intention of the government to curtail some services? It seems that that might be it to a point when we were told that the Hospitals were told that they would have to hold the line. I would be interested in knowing what's in store for us -- how we will raise this money. I think that it's practically impossible. It's wishful thinking to think that the hospitals themselves will be able to raise the money. The money has to be raised by the Commission, and therefore the government. I know that the Commission will have only a certain amount of money, and I think that they will have to fight with the treasury, those who hold the purse, to get a little more money, because I still feel that we'll have to give the services to these people who are paying these premiums.

Now there is one thing that I'm particularly interested in that I'd like the Honourable Minister when he has time, either tonight, or maybe later on to explain and that's the administration costs. It seems that the cost, we talking only -- what is it -- about 4¢ on the dollar but I don't think this is the true picture. It's the amount that we are spending, it seems to be very very high. I spoke on this last year. I feel that we had people in the hospital, administrators that could do a lot of this work. We have duplication now, and I'd be very interested to know how many employees they have taking care of this administration, I'd like to know how many they had last year, and so on for the last five or six years, ever since this plan was in operation; their salaries, or their raise; and also what is projected for the following year. This administration -- it seems to be very high apparently -- I can't verify this, but some of the information that I'm given is that Alberta spends about half the amount that we do on administration. Now as I say, this is something that I've heard, I haven't any proof of that but I think that we are spending an awful lot of money here in administering. This started as an insurance fund and now it seems that the government has practically taken over the hospitals. They seem to be dictating, telling them what they are going to spend, and the service that they are going to give, and tell them that they will have to curtail certain things.

Now the Minister before dinner was talking about the great importance of research. I think he probably misunderstood me. Last night I did mention the business about research and I'm all for it. But what I said was this: what's the use of having research if later on we haven't got the money to put this in practice. This is what I said, because we are told this year that the hospitals were told, "well this is it and you're not spending another cent," and this apparently has not been done. There hasn't been any discussions with the administrators on this.

Now, I would -- don't want to come back to all the things that I've said yesterday. There's

(Mr. Desjardins, Cont'd.) . . . one thing that I'd like to know though -- well, I said this 20 percent and where are you going to raise the cost of administration? And there's another thing that I brought up yesterday and I'd like to have an answer on this. I still feel that the nurses should receive some pay. I'm told that the Commission feel that these nurses count; that they should be doing quite a bit of work and there's no remuneration at all. I don't think that they should have a high salary, but if we want to attract the proper girls -- there's a shortage of this, of nurses -- I think that maybe they should at least get the \$5.00. At one time they were talking about raising this, and all of a sudden there's nothing at all. I'm very sincere in this; serious when I say I say that I think that those student nurses should be getting something. We're talking about minimum wages; we're talking about training on the job; we're talking about giving the prisoners something for the work that they are doing; surely to God we could help those young girls when they're in training.

Now, there's another question that I wanted to ask. It seems that the physiotherapy -- I haven't got the page now -- that physiotherapy work for the people in the hospitals, well, this is paid, this is fine. But then, the out-patient department -- the out-patient can receive this physiotherapy, the treatments in certain hospitals, in this Rehabilitation Hospital in Winnipeg, but they can't get it, they can't receive anything in St. Boniface. Now to me that doesn't seem reasonable. I'd like to know why. Has anything been changed now? If they're a patient at the hospitals, fine, they get this physiotherapy aid. But if they are out-patients and if the doctors want them to keep on these treatments, well if they go to the Manitoba Rehabilitation Hospital, that's fine, but if they go to St. Boniface, no. I'd like to know. There must be an answer, there must be a reason for this. It doesn't seem too practical. I think that this again is another way to keep people in the hospitals. If they need this care they're going -- it's going to be paid for them. Well that's fine they're going to stay in the hospital a few more days, because if they have to come out they'll be charged. I think the Honourable Minister is getting the answer now, so I'll probably get satisfaction on this.

Now, Mr. Chairman, I'll follow your suggestion and try to speed this up a bit. I'd like to get answers now on this from the Honourable Minister on these few points that I brought up, and then we'll wait.

MR. GRAY: I have always and will now accept your suggestion to deal with each item separately. I don't think that I have ignored your suggestion at any time, but there are just one or two items I wish to mention under the Minister's salary. He could be assured that I'm the last man in this House to reduce anybody's salary. At the outset, I want to wish the Minister success in dealing with the estimates, and also in accepting, in my opinion, the most important useful and humanitarian portfolio, and his job I realize will be not so easy; and that I promise as far as I'm concerned will co-operate with you. I realize his position. It's quite easy for a doctor to take up the course of education, it goes together -- although I wasn't very happy about the First Minister's choice -- not of his successor, but in general. I think all of the Ministers who have changed their portfolios have done an exceptionally fine job and now for reasons of someone else they have been assigned to different positions. But as I said, a doctor can always be a teacher, but I was a little bit afraid of a reforestation man, a fisherman or a hunting man to get a portfolio which requires medical attention; it requires a big heart -- I don't say he hasn't got it -- which requires a lot of sympathy; and which requires to put the patients, the suffering of the patients above the dollars. So take my advice: history will not judge you by the money you will save; but history will judge you by the human beings that you have saved; by the TB cases and other contagious diseases; and particularly your help in the mental institutions, which I think so far, as far as I know is the finest anywhere. So, you need a lot of sympathy and you need a lot of advice. I realize that my advice is very seldom taken in this House, but nevertheless you cannot throw away my sympathy that came from my heart and I think that you have now in front of you a very very big and important job. Carry on! We will try and not condemn you on every item which may come up in these estimates.

You're also fortunate to submit your estimates now at a time that we are celebrating -- well, not exactly celebrating -- the Annual National Health Week of March 8th to the 14th, so you still have another day to put in all your good efforts, because the Annual National Health Week looks up to all the Ministers of Health to receive their ideas and ideals. This is being celebrated nationally -- supposed to be in every province -- and I feel that you are fortunate

(Mr. Gray, Cont'd.) . . . to carry on your estimates in the same week, and perhaps open up your heart a little bit more to those who are now suffering. The main items -- I don't say the main items, I'm interested in everything -- but the main items in the estimates, looking over it, is the prevention and not so much the cure -- although the cure is also important. I have in mind the excellent progress which in our province we have made in the mental institutions. I might as well, even if I am condemned tomorrow by someone, I must admit, being here so many years, that a life saved -- the lives saved and the discharge of the mental patients in the last 22 or 23 years in here, I can't help but admire it. Probably you could have done better; you could have done more work; but the work that has been done has accomplished a lot, and whoever is responsible for it, whether the present Minister or the former Minister, both of them are taking this situation seriously.

I'm not so much pleased with another item of preventative medicine, and this is the TB. According to the return shown a couple of weeks ago, not very much progress has been made. Of course the justification is that among those in TB you'll find 113 Indians and 130 are Eskimos paid by the Federal Health Department. That doesn't interest me, who pays for it. It comes out of the same pocket. The taxpayer pays for it. But the taxpayer is willing to pay. We cannot afford -- after making such a big progress in tuberculosis treatment and life saving, we find even now a considerable number of patients still carrying around -- or carriers of tuberculosis. I think some attention should be given. This is just as important as anything else that we have to take care of.

Now the future program. I say again that our children for whom we have prepared a wonderful world -- if Cyprus or some other country would not interfere -- we have given them sidewalks; we have given them buildings; we have given them homes; we have given them universities; we have given them health resorts; we have given them health prevention. They could well afford to pay a little bit more when they grow up and not worry about that. If another million dollars is necessary to preserve human lives, do it, and you'll get the blessing of the future generation. Don't worry about it. Some members say, "Where is the money coming from? Where is the money coming from?" When I came into this Legislature the expenditure was \$20 million -- the budget. Now it's a \$150 million. Where is the money coming from? The money comes from those who can afford to contribute and if they can afford to contribute, they should contribute more. -- (Interjection) -- in your position so take my advice. I'm not more intelligent; I'm not more learned; but I'm older anyway -- this I'm sure -- so it gives me the right to give you some advice. I feel that you have a job to do for the present, for the future and for the coming generations. Don't sell it for a dollar. Don't be a hero by saving money; be a hero by saving human lives.

MR. PETERS: Mr. Chairman, I've been waiting quite anxiously since last night, and as the Honourable Minister of Health knows, I'm going to come on to my pet subject of Canada Approved meats.

About three years ago, Mr. Chairman, I brought in a resolution dealing with this subject and at that time there was quite a scare in Ontario. The scare was that certain unscrupulous persons were selling meat from sick and even dead animals to people for human consumption. My resolution at that time received favourable consideration and I thought that by this time we would have had a few forward steps. I agree with the Minister that it is a very difficult proposition to have all slaughterhouses in the Province of Manitoba under Canada Approved system because water is one big problem, not having water and water pressure and all the rest of it, but what concerns me, Mr. Chairman, is right here in the City of Winnipeg we have -- I don't know how many dozen of meat-processing plants that I thought by this time some of them at least would have been under, if not Canada Approved, at least by the Provincial Government -- not on a weekly or a monthly or even a daily inspection. We hear the Minister of Industry and Commerce saying that we are looking for new jobs to create employment. Here's one field you don't have to look into; you have it right here. We have dozens and dozens of these meat-processing plants in this province and in the City of Winnipeg, and in the Metro area there is only one that is under the Canada Approved System.

Now, Mr. Chairman, these other plants are getting bigger and bigger every day. They can come under the Canada Approved inspection and it doesn't cost them anything. The Federal Government will supply the inspectors. You can drive down almost any street and you'll see

(Mr. Peters, Cont'd.) . . . these people that are operating these plants advertising -- great big billboards -- to buy their products. Mr. Chairman, as far as I'm concerned, if they are allowed to advertise then on big billboards, in there in bold letters, just as bold as they advertise their meat products, should be right across the bottom or across the top, "Buy our product but we are not under Government Inspection Canada Approved, or Provincial Government. We are inspected -- oh, periodically."

Even if you inspect it once a day, Mr. Chairman, that's not good enough, and I'll tell you why. Although most of these places use Canada Approved meat that are processed in slaughterhouses that are under Canada Approved inspection, they also get meat that does not come from places that are under government supervision. They cry that they can't afford it, that it's economically impossible for them. This is nonsense, Mr. Chairman, because you can go into any place where they sell their products and you're paying more for them than you are for products that come out of a plant that is under supervision. There are many many meat-processing places in this province, in this city, and people have the idea that because they have over the years gained a name for themselves that they are buying Canada Approved products. They are not. They can well afford -- it doesn't cost them anything, Mr. Chairman. This is what amazes me; it doesn't cost them anything. They can get these inspectors from the Federal Government and it's the sanitary conditions that count. Although they are getting Canada Approved meats and some meat that is not coming from Canada Approved plants, they manufacture products and we don't know if they are under sanitary conditions or not. Certainly I know that the inspector goes there. He may go there -- even if he goes every day, they get to know him and they watch for him, but the minute he's gone, then they go on their old merry-go-round.

Now I can give you an instance, Mr. Chairman, where not too many years ago -- as we all know that there are meats, carcasses that are hauled by truckers and meat that is hauled by the railroads, and if there is an accident where a truck goes off the road and it turns over and there's the meat carcasses in the truck and they get all mucked up, the company or the packer that sends that meat out has the first call on that meat, and if he feels that he doesn't want it then the insurance company gets it. Where does that meat go to? I've seen some of this stuff, Mr. Chairman. It's filled with dirt, with oil, with grease, and it finds its way into these plants that do not come under government inspection and they use it in manufacturing sausage, head cheese and different products like that and you never see it.

When I introduced my resolution, Mr. Chairman, everybody said, "Well, this is just an isolated occasion. It could never ever happen again." Well here I have an item from the Vancouver Sun, December 12, 1963, Mr. Chairman, where the firm admits selling canned goods with the larvae and insects -- dead insects, mold and larvae in it. This is just a few months ago, Mr. Chairman, and this is just because it got caught up to by accident. The same thing can happen right here in this province in these meat-processing plants. Even though they use Canada Approved meats, their sanitary conditions are not up to score, and the Minister, he can send his inspectors there every day if he likes, but unless that inspector is there all day long to see that there is cleanliness in that place, that there's no dirt gets into any of the equipment that's there--this is happening right here -- whether the Minister cares to admit it or not, this is happening here.

I have a little plant -- it was a little meat-processing plant -- right in my own constituency that opened up about three or four years ago. You go and take a look at that place today. It's expanded; it's ten times the size that it used to be, but go in there. Is there any inspection of any kind? No! If the inspectors come along from the City of Winnipeg or from the Provincial Department of Health, these fellows get to know them and by the time they get into the back where the processing is done everything is cleaned up.

No, Mr. Chairman, this with me is -- it's a very sore point with me. If they were underselling other products, but you're paying a good high price for it -- some of the products over a dollar a pound -- and when you're paying that kind of money, Mr. Chairman, then you should be sure that you're getting the best and we're not getting the best because there's too many things that can happen.

I think I've said enough on this item, Mr. Chairman, but I would like to say a few things about what the Honourable Member for St. Boniface mentioned about the nurses not getting any pay -- the nurses in training. Well I hope he has better luck than I had because I remember

(Mr. Peters, Cont.d.) . . . very clearly, Mr. Chairman, in 1958, the first time I sat in this House, the maiden speech that I made. I mentioned then that the nurses in training were not getting paid enough money; that they should get a little something extra. They were dedicated people and we should try and help them along. Well I sure must have made a good impression on the government because instead of getting \$5.00 they get nothing now. So I hope the Honourable Member from St. Boniface has been able to put a better impression on the government that I was able to in -- (Interjection) -- Well, he can try that too.

Now, Mr. Chairman, I want to bring out a little bit about -- I suppose that under new hospitals we can bring that up under The Manitoba Hospital Commission, but I want to warn the Minister that I intend to bring up the question of the new hospital that is supposed to start -- or the building of it is supposed to start this fall -- and that is the Concordia Hospital in Elmwood. We need a hospital there very badly and I mentioned this at the same time in my maiden speech. Under the schedule of the Willard Commission, it is supposed to start in the fall of 1964 and I'm just giving the Minister warning that I intend to bring that up at that time. He can take notice of it.

Another thing that I want to give notice of is the registered psychiatric nurses at Selkirk, and I'll bring that up under the psychiatric services, but I want to warn him now that I intend to bring it up and he better have the answers ready for me. I had an Order for Return in of how many there are employed and the separations -- the people that have quit -- and it is pretty high. I want to know -- and I'll tell him now -- if he is recruiting people from overseas, whether they are going to be fully registered people or just practical nurses. This is just a warning for him to be prepared for this.

Now there is one other thing that I would like to bring up, Mr. Chairman. I was under the impression that when this hospital scheme was instituted in this province, that in standard ward coverage there would only be four beds for each room. Much to my surprise during the supper hour, there were some people over at my house this evening and they tell me that in the hospital -- I don't want to mention the name because I don't think it's right, I'll tell the Minister in private if he likes -- that there are eight beds in one room. Then when I told one of my colleagues this, he says, "Well I can go you one better. I'm sure that there was at least -- oh, twelve, fourteen beds in the hospital that he had visited and seen, so this is something that I want to get cleared up. Is it supposed to be that there are only supposed to be four beds in a standard ward or is this still going on the old system where there used to be as many as -- I remember seeing ten and twelve beds in one room.

I want to mention about the waiting period of getting into a hospital. I had the experience, Mr. Chairman, of myself waiting to get into a hospital. I suppose I could have waited another month if needed be because it wasn't a serious thing that was wrong with me. It's a thing that I had to have done but I did have to wait one month, and it wasn't that I was waiting for a standard ward bed. I put in for a semi-private and I waited a whole month. The situation is getting very serious where people have to wait for a long long time to get into the hospital, and if they can't afford semi-private, then unless they're in a very serious condition they wait, I understand, up to two months.

Now I think this is wrong, Mr. Chairman, because we're not going ahead as we should have with our hospital building, that we should have had more beds available by now. As I say, I didn't mind waiting but there are people that -- I understand that it's just this year that cancer is treated as an emergency, that people with cancer or suspected cancer get a bed immediately. I understand that a year ago cancer was not considered an emergency. It was considered as urgent but not as an emergency, and these are some of the things I would like to have answers to, Mr. Chairman. The other items that I mentioned, I warn the Minister I'm going to ask them when we get to the items.

MR. WITNEY: In answering some of the questions that have been posed tonight, the policy of 20 percent local equity in a hospital has not been changed and will continue to function in the province. What the Michener Commission will say about that particular matter I couldn't tell you.

With respect to the Victoria Hospital, the construction and the renovation program of the Victoria Hospital as recommended by the Survey Board was approved by the government of June, 1961, within a very few weeks after the Survey Board Report was received. The hospital

(Mr. Witney, Cont'd.) . . . has however encountered difficulty in raising the owner's equity of 20 percent of the total cost as required under the legislation. The government still stands ready to provide the usual financial support as soon as the board of this hospital is able to make the necessary arrangements and in the meantime a considerable amount of planning has been completed.

The Honourable Member for St. Boniface asked about any future increases in premiums, and I can only say to him at this time that there will be no change in the premiums as they stand at present.

With respect to the physiotherapy, the Hospital Commission established a physiotherapy experiment with the municipal hospitals and the Rehabilitation Hospital. They have not as yet to my knowledge assessed what the results have been of the experiment, but I understand that it has been underway for the past year at those two places and I have yet at any rate to receive a report as to what the results have been.

I would like to thank the Honourable Member for Inkster for the kind words and the best wishes that he extended to me as the new Minister for Health, and tell him that I think it's always wise to listen to the wisdom of those who have lived a little longer than we have and that I will always respect the opinion and the observations that are made by the honourable member.

With respect to TB, TB is no longer a heavy killer of people as it used to be. It still does apparently cause a fair amount of sickness and we anticipate that tuberculosis is a disease that will be with us for some time, but new methods are being developed all along. Practically over the past five years the methods of treating TB, it is my understanding, have undergone some radical changes and I understand from the department officials that TB is well under control. There are times when it does break out. This is apparently common in all countries and also in other administrations in Canada. But the methods that they use and with the TB central registry which has a complete file on all TB cases throughout the province, and also a complete file system which takes into account all the cases which may move from, say Saskatchewan to Manitoba or Manitoba to Ontario or from the United States into Canada, or even from other countries such as Great Britain and the western countries, the files are kept up to date so that there is a complete record kept of these people and the necessary precautions can be taken. I understand that within the past year they have increased the term of observation and checking from five years on former TB patients up to a period of 20 years. In other words, the records will be continually established and for a period of some 20 years the former people who have had TB will receive constant attention and check-ups to make sure that they do not cause any undue spread of this disease.

The Honourable Member for Elmwood, as I anticipated he would, mentioned the matter of slaughterhouses, and he has, instead of the slaughterhouses, more or less concentrated his remarks on the processing plants here in Winnipeg which, as revealed in the statement which I made the other day and he states too, for processing Canada Approved meats. I have the assurance from the department that all of these establishments do meet the public health requirements, but in view of the statement that he has made tonight, I would ask that this matter be held until we come to Environmental Sanitation and I will have a further comment to make to him with respect to these processing plants. He has had a statement on the slaughterhouses, but with respect to the processing plants I hope to have more information for him, except to say to him that, as I understand the situation at the present time, that all of them meet the public health requirements. There is a co-ordinated campaign on with the federal government and with the provincial government to improve the whole situation of slaughterhouses and of the processing plants within the province to be sure that people are receiving meat that will be safe for consumption.

Another factor that may be of interest to him is that the number of slaughterhouses in the country has been reduced quite substantially over the past two or three years. They are now down from 240 to 55 and an active program is being developed with those people at the present time to advise them of certain new regulations which we feel will be necessary in order to improve the establishments and bring them up to a level where we can turn them over to the federal government and have them establish Canada Approved facilities.

In answering the Honourable Member for St. Boniface and the Honourable Member for Elmwood with respect to the nurses' salaries, I have found this is a particularly interesting

(Mr. Witney, Cont'd.) . . . subject since not only have these two people mentioned it but it has been mentioned by official groups in my own constituency, and it has come, not only from the labour people in the constituency of Flin Flon but also from the Chambers of Commerce. When I began to look into this matter a little closer, I was rather surprised to find though that the Association of Registered Nurses themselves do not approve of nurses receiving payment, and I would like to say that none of the nurses in the hospitals at the present time are subjected to any exploitation of any type.

I learned that the students in the hospitals spend about an average of 14 hours a week in providing lectures or in work on the floors and there is about 26 hours that is devoted to other types of training. I'm also advised that the nurses of course receive room and board, that the nurses receive free uniforms, and that there has been considerable improvement over the past years in the working hours and the working conditions, and the areas where these people live have been improved rather considerably. For instance new nurses' residences have been constructed at Misericordia General Hospital, The Victoria General, The Winnipeg General, The Children's Hospital, The Salvation Army Hospital in St. James and in Brandon, and the Brandon General Hospital will be undertaking construction program in the very near future. So I must look into this matter further, except I am interested that the Association of Nurses themselves are recommending that the nurses not be paid since this is a purely educational program. It is also interesting to learn that there is no shortage of nurses who wish to go in -- or student nurses to go in to our hospitals. As a matter of fact I understand that there are more now than can be accommodated in the present facilities.

MR. PETERS: Mr. Chairman, I have one further question then regarding the nurses. The Minister tells us that they get uniforms and they get this and they get that. I would like to know if they are still docked or have to pay for any equipment or anything that they might by accident break, or anything like that.

MR. WITNEY: Mr. Chairman, I'm sorry I can't answer the question but I'll get the necessary information.

MR. DESJARDINS: Mr. Chairman, would the Minister repeat -- I was trying to get the hours. Did he say 14 hours only -- the nurses spent 14 hours on the floor?

MR. WITNEY: Fourteen hours on the wards, Mr. Chairman.

MR. DESJARDINS: On the wards. That's the only time they spend a week, eh? I think there's one thing the Minister should mention also, and maybe it doesn't seem like very much, but I think that they are also paying tuition, \$250 or so for three years. Isn't that a fact that they're paying? --(Interjection)--They're not paying anything to register? --(Interjection)--Well board and room then? They're paying something before they go in. It doesn't cost a girl anything to go in training for a nurse?

MR. JOHNSON: Well nothing in connection with the work that I know of. I'm just speaking from experience.

MR. DESJARDINS: I'm asking this question. Does it cost the young girl going in nursing, does it cost her anything? Now, I'm not playing on words. Is it board and room, is it tuition -- I don't know -- but isn't it a fact that they have to pay approximately \$250 before they are accepted? -- (Interjection) -- It isn't, eh?

MR. WITNEY: Mr. Chairman, it is my understanding too that they do not have to make that payment, but the matter can be checked and I can give the honourable member the answer.

MR. DESJARDINS: . . . is still open. The Honourable Minister has accepted -- he seemed to show some interest and he feels that with the advice, not the advice, but the suggestions that he has received today and also from the people of Flin Flon and certain things, that he is not quite sure, that there might be a possibility that we look into this. Can I take this as the answer?

MR. WITNEY: I don't think the item need be left open, Mr. Chairman, because the information can be obtained for the honourable member.

MR. MOLGAT: Mr. Chairman, I'm very concerned about the government policy on this 20 percent voluntary contribution insofar as hospital construction is concerned, and I really don't feel that the Minister has clearly outlined what the government policy is going to be in this regard. I think that the problem exists mainly here in the Greater Winnipeg area where apparently the greatest need for major construction exists at this time.

Now at the time of the Throne Speech debate I touched on some of the particular problems

(Mr. Molgat, Cont'd.) . . . and some of the particular recommendations of the Willard Report, and just to bring the matter up into present context I'll run briefly over it. This is by no means an exhaustive analysis of what the Willard Report recommended, but for example in the case of the Children's Hospital, it had recommended an addition to be commenced in 1963, and this was I believe to provide some 100 additional beds. In the case of the St. Boniface hospital, the survey board recommended a 300 bed extended treatment hospital to be constructed on the grounds of St. Boniface Hospital, and this was recommended to be commenced in 1963. In the case of the Victoria Hospital, which is probably the one that is the best known at the moment in the City of Winnipeg, the recommendations there were for an addition of some 135 beds and the survey board recommends that this project should begin early in 1962.

Well, here we are in 1964, Mr. Chairman, and not a single one of these projects has yet been started. Now surely when the government commissioned Dr. Willard and the others to prepare this report, the whole program, the whole idea behind this, and this was stated to us many times by the Minister, was to provide for an orderly systematic construction of hospital beds according to need, and I agree with the Minister, because if you simply let any area or any hospital decide by itself that it wants to expand here or there you may end up with over-construction in certain areas; under-construction in others; and not meeting the needs that are evidently before us in the Province of Manitoba.

Well the Willard Report went through all this. It analyzed every hospital in the province, every area in the province, and it came out with these very formal recommendations, specific recommendations, Mr. Chairman, for construction at specific dates. Now the Minister can say, "Well the Willard Report was in error; these were not needed," but I haven't heard the Minister say that and I think that the facts and the waiting lists at the hospitals indicate that the Willard Report was not in error. Now if it is in error I'd like the Minister to say so, but if it's not in error then what I want to know from the government is exactly what steps is the government going to take to resolve this problem. I know that there is a problem with the 20 percent voluntary, but be that as it may, Mr. Chairman, if it can't come out at the moment from voluntary contributions of the public, this does not absolve the government from evolving a policy that will provide for the hospital construction; because unless they come out with a policy, then what is going to happen, or are they simply depending on Deer Lodge Hospital being transferred to them from the Federal Government to solve this situation for them. If that is their solution, then I would imagine that it's only a temporary one in any case because again the Willard Report has further recommendations.

Now surely the government can't sit back and let hospitals like the Victoria Hospital go into a study of its own to prove once again to the government that the Willard Report was right, and the government not come out with any specific recommendations. If the 20 percent voluntary system is not working, if it is not going to provide for the specific recommendations set out here, then I want to know from the government what is their policy to see to it that these hospitals do get built if these hospitals are needed. Now they must either tell us these hospitals are not needed or they must come out with a clear-cut policy as to what they're going to do to see to it that they're built. I have not heard this as yet from the Minister.

MR. PAULLEY: Mr. Chairman, I wonder if we're going to have a full discussion at this time on hospitals? I had a few points or questions that I was going to ask on the matters pertaining to hospitals. I thought maybe we would defer them until we got down to the item on hospitals and hospitalization, but it does seem to me that we're into the area of discussion of hospitals at the present time and maybe it would be as worthwhile now to raise the points.

Now first of all my colleague from Elmwood has raised the question in connection with Concordia Hospital in Elmwood. Now a couple of years -- I'm not positive, Mr. Chairman, whether it was last year or the year before -- the then Minister of Health gave to the members of this committee a schedule of contemplated hospital projects for future construction grants for the years 1962-63 to 1969-70. I don't know whether it is the intention of the present Minister to do this or not, but if one looks -- in respect of Concordia Hospital -- one looks at the Willard Report, the report did recommend that insofar as Concordia Hospital was concerned, that there should be increased accommodation provided for with the commencement of building in the year 1964. I believe the Honourable the former Minister of Health will remember that last year I came in here during the discussion of his estimates and I told him of seeing a new

(Mr. Paulley, Cont'd.) . . . sign up on the property which is owned by Concordia Hospital which I thought at that time indicated that hospital construction was going to take place in the fall of 1963. I was corrected by my honourable friend --- and while I haven't looked up Hansard at all to see whether or not he corrected me by saying that it would commence in the fall of 1964 -- I did take a second look at the sign and incidentally, Mr. Chairman, the sign is still there, that construction will commence in the fall of 1964 with the new buildings insofar as Concordia Hospital is concerned.

Now I want to make an appeal, Mr. Chairman, to the Minister of Health that permission is granted and that arrangements are made in order that the expansion may take place insofar as the Concordia Hospital is concerned. I've a little personal interest now, Mr. Chairman, so far as Concordia is concerned, in that I spent three weeks there last fall. I was very happy to be there too under the circumstances in which I was rushed in, and had the opportunity while I was there, thanks to the management and the advisory board of the hospital, to be able to survey all of the facilities of the hospital, and I'm sure that the former member, the former Minister of Health will agree with me that there's lots of room for improvement.

MR. JOHNSON: I would have brought you flowers had I known you were in.

MR. PAULLEY: Yes, I'm sure, Mr. Chairman, that the present Minister of Education would have brought me flowers had he of known that I was in there. I guess, Mr. Chairman, that I can be equally sure that there are others that would have liked to have brought flowers to my bier after I had passed through Concordia Hospital.

A MEMBER: No, we would have brought beer with your flowers.

MR. PAULLEY: However, Mr. Chairman, I do appeal to the Minister to give us a clear decision as to what is going to take place this fall.

When one studies the Willard Report we can appreciate the financial aspects of hospital construction. We can also appreciate the fact that the Willard Report was in general a guide to construction for the years ahead. And while I am not suggesting that the government should not go ahead with construction as laid down by the Willard Report, I am prepared to accept that circumstances do alter somewhat from year to year. I want to again come back and appeal for expansion of Concordia Hospital. It is serving a large area and we in the City of Transcona more and more I would suggest, Mr. Chairman, are using the facilities at Concordia Hospital. If one reads the Willard Report it recommends that there be no other hospital built in East Kildonan or the Elmwood district of the City of Winnipeg or North Kildonan while Concordia Hospital is there.

I also want to pay a tribute, Mr. Chairman, to the people who were the backbone of Concordia Hospital, the Mennonite people, and indeed the word "Concordia" originated because of the fact that they did set up a sort of an insurance basis for hospitalization where all of the people at that time, of the Mennonite faith in the general area, were taken care of in the hospital and had for the first time in Manitoba pre-paid hospitalization. I think, Mr. Chairman, that we in this Legislature and the Government of Manitoba can recognize the contribution that has been made by the Mennonite people in their connection with the Concordia Hospital by seeing that their plans and their dreams are fulfilled. And having said this and paid a tribute to the Mennonite people, for a long time there was the feeling that the Concordia Hospital was solely or, in general, a hospital for the Mennonite population. I want to assure you, Mr. Chairman, and the Minister of Health, that this no longer is true, that more and more the hospital is serving all peoples in the general area in which it is located.

Now speaking of hospitals in general, Mr. Chairman, I want to direct a question or two, or ask the Minister of Health, or possibly he may refer this to the former Minister who is a medical man. I sometimes question, Mr. Chairman, whether or not we are beginning to get ourselves in the Greater Winnipeg area into the same jackpot as I understand that they are in in many other areas, and I'm thinking right now of the City of Toronto where I understand a survey has been made, and they're beginning to find, as I understand the survey which I read a synopsis of, they're beginning to find that in many cases hospitals are beginning to get too large for efficient operation.

Now I think the committee would agree with me in general that there is a point of no return, and I want to ask of the Minister of Health whether in some of these hospitals at the present time in the Greater Winnipeg area, whether we're not reaching the point of no return by

(Mr. Paulley, Cont'd.) . . . continuously adding beds to the hospital. I read one or two articles where it is now deemed that the proper medium for a hospital is one having, say between three and five hundred beds and no more, that beyond this large number of beds in a hospital you start losing efficiency, that you have to provide services that are not conducive for the best treatment of the patients in the hospital. Now I don't expect my honourable friend the present Minister to be able to answer this because I appreciate the fact that he may not have had time to study this aspect. All I'm saying, Mr. Chairman, to him, is that I have read of this in other jurisdictions and ask, through him, the previous Minister, whether this is not a problem.

Also dealing with the question of hospitals and the hospitalization, Mr. Chairman, I wonder whether the present Minister or the previous Minister is in a position to outline to me whether or not certain representations made to me are correct insofar as the services of the hospitals being available to all doctors who are qualified to practice in the Province of Manitoba. We've had, and I'm sure the Minister has had, many complaints directed to him because people are not able to get into hospitals for treatment, and I think we, as members of the Legislature, can appreciate that there are problems connected with this, but more and more, Mr. Chairman, questions are being directed to me as to whether or not in some of our hospitals, and in particular our larger hospitals, that there is a group of doctors who are receiving favoured treatment in respect of their patients being allowed to enter into the hospitals. Now I'm not going so far as to say that, like the little old red schoolhouse, that the general practitioner is still the answer in the field of medicine as some feel that the little red schoolhouse is still the answer in education. I'm not going that far. But I still think, Mr. Chairman, that there is a place here in the Province of Manitoba for the general practitioner, and I sometimes wonder whether or not in our hospitals, and in particular our larger hospitals, whether favoured treatment is being given to our medical clinics and our specialists and our named doctors. By named, I mean those that we all hear about and we all take great pride because Doctor so-and-so, the specialist, took out my appendix instead of the general practitioner, who I'm sure could have taken it out on the kitchen table with just as much effectiveness, but because of the fact that it was done by a specialist, well then the appendix that came out was a worse appendix than it would have been if the general practitioner had done it.

Now I know, Mr. Chairman, that a lot of people do not agree with me that there is much place in this advanced medical society that we're living in today for the general practitioner. As far as I'm concerned, I would trust my life and limb any day with the general practitioner and feel that they're fully qualified, but I'm sure that many general practitioners, and others as well, feel that they are being limited in their being able to use the facilities that we through our Manitoba Hospital Services connections and the building of these hospitals are making the provisions for them. I think they're being limited, and I wonder whether or not, and I hope that I'm not touching on a touchy subject in the field of medicine and hospitalization, when I ask the Minister of Health whether or not he has had any questions directed to him as to the availability of services in the hospitals which are being built, from those who are not directly connected with named clinics, because Mr. Chairman, I repeat once again, more and more patients of general practitioners and relatively lesser known doctors in the community are telling me, telling me that they're not able to obtain entrance into hospitals because of the name of their doctor, and in some instances, Mr. Chairman, I'll even go so far as to say that after their general doctor has referred them to one of the well-known-in-name doctors they have received an open sesame into the hospitals in Winnipeg and they got in a lot quicker.

Now if this is the case -- and I'm only raising it because it's been directed to me -- if this is the case, Mr. Chairman, then I say that something is wrong. Either something is wrong with the hospitals, those responsible for the entrance to the hospitals of patients, or -- and I don't believe this for one moment -- there must be something wrong with the training that is being given to the general practitioner, but again, Mr. Chairman, I say that I don't believe the latter at all. I think they are qualified and I rely on them, but these are some of the problems that have been directed to me, Mr. Chairman, and I wonder whether my medical friend or the present Minister of Health can give me any clarification on this. And again I'll land up back to good old Concordia Hospital that gave me darn good treatment for three weeks while I was there, and I urge and beseech the Minister to make it possible for the expansion of that hospital, because it is serving a growing area and the people there are of the highest calibre,

(Mr. Pauley, Cont'd.) . . . and the staff are really on their toes to render service for people such as the Leader of the New Democratic Party who was forced to go in there last October.

MR. DESJARDINS: Mr. Chairman, oh, excuse me, would the Minister sooner answer now? I don't know if the Minister received his information but I have verified mine, and I can tell him that at least in one hospital the tuition is \$205.00. Now that's not very much but I'm very surprised to see the former Minister get up and say they're getting free uniforms and so on and not know that there is \$205.00 tuition. No wonder nothing has been done in this field if they're not familiar. I think this is wrong. I think that the present Minister should make sure that he's familiar with this.

Now there's been -- saying that these people were not exploited. Now this was not my word. Now "exploited" is a dirty word. You think of people working in the mines and so on, young children 14 years old; and this is not the picture that I'm trying to paint, but I think that to a point these people are exploited. What I'm told is that they are told how much time they must be on the ward. The first year they spend 25 percent of their time on the wards, the second year from 40 to 50 percent, and the third year from 60 to 70 percent and that's not -- what was I given -- 14 hours. That's more than 14 hours. And now a lot of this time is at night and you don't have to work too long at night to learn how to work at night. They're not getting the education then, and I think that they are used to save money for the Plan. I'm not blaming the Commission now. I'm saying that these people are used because this seemed to be such a high cost but this is not fair. Why should they subsidize? They should have a better chance. They should have a month a year less at night and they'd learn an awful lot more. These children -- these young girls are going there to learn, not to work for nothing, and they are spending too much time on the wards and they are spending especially too much time at night. They are told when to go, and I understand that in certain hospitals are told that they will have to do with less instructors. What is the reason for this?

The Honourable Minister a while ago said that there wouldn't be any raise in premiums. Now, are we going to be told here today that it won't cost more this year for the Plan to take care of the people? That it won't cost more next year? I didn't start by blaming the government. I asked the government to look at this squarely and to see the problem that it's facing -- not only the government, all the people of Manitoba. And I want the government to be honest about this and not to pretend that everything is rosy. This is a problem. Now, I'm not running the Plan for that. They're not the one -- they have to get the money somewhere. The hospitals can't raise it. I'm told that they're still going to go ahead with this 20 percent. Well, they won't raise it. A lot of them won't raise it. They'll go back on the same people that'll have to pay for all this, the same people -- the taxes went up and so on. They're paying -- they're paying on their differential rates -- they're paying more than actually the difference is.

A while ago the Honourable Minister said that well they didn't expect to have any more raise in premium, but I think that we've got to find some money, and we want to know where this is, because we'll be in real trouble; and if we can do it and if the government will give the Commission the right to say to these hospitals, "This is what you spend, and you don't spend another cent," -- I think that this is not reasonable, especially when they don't discuss these things with the administrators. I think that they'll have to have another look. The Minister still hasn't answered me about the compulsory part of the Plan, and the Minister still hasn't answered me about -- I'm not saying this is everywhere. These hospitals are doing a great job and so is the Commission, but I still say that some people do not receive what they're paying for and I'm still saying that the government, or the Hospital Plan, is breaking a contract with some people. Even if it's only one, that's too many. I'm sure that there's an awful lot more than that. We've heard different things; I'm not going to rehash many things. I'm not satisfied with this; we were told that there was an experiment in physiotherapy and the Minister hasn't heard anymore. Why an experiment in certain hospitals when they've got everything necessary in, let's say in St. Boniface. Why can't they try the same experiments there? I think that you probably would save beds and save money if this was used, because the people would go to the hospital and come back for these treatments. And the home care -- we're told they're still studying. This is not good enough. The people are ready to go. Deer Lodge politically -- maybe I should skip this one, but I'd still like to know if we're going to go ahead and build this hospital in St. James when the Minister tells me that the question is still open about Deer Lodge. This is important. There's 640 beds there that might be turned over.

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(Mr. Desjardins, Cont'd.) . . . I mean , what are we going to do with this second hospital when we get this? Now, if there's a good answer to these questions, that's fine. I still -- well, maybe we could wait for this administration cost. I still think that we're spending way too much money on that.

Now, there's another question in this information sheet. In 1960 we were told that there were 43,000 residents for about one in every 20 Manitobans who were exempt from paying Manitoba Hospital Service Plan premiums. I wonder if the Minister could get this information and tell us now, bring us up-to-date. I think that this would help.

Now I wonder -- does he understand my question -- this information sheet that we received from the Department of Industry and Commerce. It was over -- this was dated June 24, 1960: "Over 43,000 residents, or about one in every 20 Manitobans are exempt from paying Manitoba Hospital Service Plan premiums, Honourable George Johnson, Health Minister, has reported." I wonder if we can have this report up-to-date.

Now, there's another thing. We're spending so much money -- we're talking about hospitals, and apparently -- now, this might have been corrected. I'd like to get the answer from the Minister. Apparently certain hospitals, and I remember reading certain things about Concordia Hospital that my friend was talking about -- these hospitals will not give emergency services at night or times like that. Now, I'm not blaming the hospital if this is the case, but I think that there's not a single hospital that should not be ready to accept emergencies. Now, if they need a grant to pay for this this is a service that we should have. We can't bring somebody that has been shot to Concordia Hospital and say well, no, there's nobody here tonight; come back at 9 o'clock tomorrow morning, or go to another hospital. Now, as I say, this might have been corrected, but I'd like to check into this. And I'm again not blaming the hospital, but I think that a hospital with all the facilities that they have, somebody should be there on duty. It might be a senior interne, I don't know, but somebody should be at least on call, where we can give these emergency treatments, because the people will think immediately and automatically of a hospital if there's any injuries, and I think it would be much better.

Oh, there's another thing before I sit down. I understand that the depreciation that is allowed on equipment -- the method of allowing this amount of depreciation is outdated too. I understand that we're still basing ourself on equipment of many years ago, and the cost of many years ago, and I understand that the hospitals have a hard time replacing the present equipment, and I'm told that this is certainly not adequate. I wonder if the Minister would have anything on it.

Continued on next page . . . . .

MR. WITNEY: Mr. Chairman, in talking about the 20 percent equity and the matter brought up by the Honourable the Leader of the Opposition. The 20 percent equity has been the subject of several meetings between the municipal officials, the hospital authorities and the Manitoba Hospital Commission over the past month apparently, and it is interesting to note, when I had a meeting with the Associated Hospitals in my office at one time, and I was asking them, since I have been in office, about this 20 percent equity, that there is not complete unanimity of opinion in them as to what ought to be done about it. When I was at the advisory meeting in Ottawa on hospital costs, I found also that this equity position in hospitals varies quite considerably across Canada, and in fact that Manitoba is one of the most generous in this particular field. Here in Winnipeg, in some areas in Winnipeg and out in the country, there has not been difficulty with the 20 percent equity. For instance, to my knowledge, I understand that the Winnipeg General Hospital has not had any difficulty in raising its 20 percent equity, nor did the Salvation Army hospital have any difficulty in raising theirs; in fact I believe they had a vote of the ratepayers in St. James in order to raise the 20 percent equity at that time. And with the St. Boniface Hospital, I mentioned to the Honourable the Member for St. Boniface today that the Hospital Commission did approve back in 1961 for I think it was some 250 extended treatment beds -- that number of 250 can be checked back into the reply I gave you just before we adjourned for the dinner hour. But we have been held up because the hospital, the St. Boniface hospital people have been making plans as to what they would do with their whole complex, and there have been meetings held in the past with the Minister of Health, the former Minister of Health, the Hospital Commission and the St. Boniface people or the, I believe it's the Grey Nun people who run it, in trying to determine just exactly which way the hospital want to go. And it is my understanding further as I mentioned to the Honourable Member this afternoon when we were discussing this item, that the St. Boniface Hospital people advised the Hospital Commission that they would be meeting with them at the end of March in order to advise of their decision. And so it appears that some of the major hospitals in Winnipeg can raise the 20 percent and others cannot raise the 20 percent; and out in the country, so far at any rate to my knowledge, they are not having any difficulty in raising the 20 percent equity; and I can only assure the honourable member that when I spoke the last time I was unaware that there had been these meetings with the municipal officials with the hospitals and with the Commission, and it is my understanding that the municipal people particularly are awaiting the Michener report which might have something to say about this particular subject.

In speaking re the Concordia Hospital, I note that the Honourable Leader of the NDP -- he did advise me at one time that he would be mentioning this matter, and I'm sorry that I didn't get any further information for him, but I do see that the survey board report recommends that the hospital undertake a construction program commencing in '64 to increase the rate of capacity to 150 beds and to provide additional and improved services. I find that this has been re-scheduled for 1965-1966 for extension to provide 69 additional beds, raising the capacity to 150 beds, and for interior renovation and the preliminary planning is underway at the present time. Now what causes the one year from this report to the figures that come out now -- I'll be able to get more information for you when we deal with the item on the Hospital Commission.

He asked me also if I had had any complaints from doctors that they were being denied hospital facilities, and since my time in office, I have not received any complaint from any doctors, either from the Manitoba Medical Association or individual doctors or the College of Physicians and Surgeons; and it is my understanding, although I stand to be corrected on this point, that the matter of doctors is a policy of the board themselves. But in answer to the direct question, have I received any complaints, the answer to that is "no."

The Honourable the Member for St. Boniface asked about the administration costs and the administration costs of the Hospital Commission amounted in '63 to \$1,524,700 which represented 3.5 percent of the total disbursements of the Commission -- 3.5 percent of the total disbursements. I think he also asked for the numbers of staff, and I'm sorry at this moment that I have not got that particular information.

He drew my attention to an article that had been released in June 24, 1960, that over 23 hospital people had received free hospital premiums. I believe that was the ...

MR. DESJARDINS: 43 thousand.

MR. WITNEY: 43,000. And in 1963, over 56,000 persons were exempt from the payment of premiums, and these include recipients of the Old Age Security Pension with little or no

(Mr. Witney, cont'd)... additional income; all persons in receipt of support from the province; some students between 19 and 21 years of age who can qualify as dependants under their parents' registration.

In the matter of the nurses, I just drew to him some of the items at any rate that had been drawn to my attention since I have become the Minister of Health, and I thank him for slipping out to get the further information; and I too will receive further information from the people in the department.

I think that as for the depreciation of equipment, that is an item that at this moment I regret I cannot answer. I would like to draw this matter to the attention of the committee, however Mr. Chairman, that the 250 beds which are going to be built at the Salvation Army hospital in St. James -- and the Salvation Army hospital at St. James is going to go ahead -- that these 250 beds are approximately a year in advance, and it is my understanding that the 174 beds that are being built by the Winnipeg General Hospital at the present time are in advance. And then we will also be able to use, I think it is 250 beds at the Arlington Street hospital, which will be vacated by or at least which is run by the Salvation Army -- so in the future we have this added bed capacity coming into the area of Metropolitan Winnipeg.

I have had complaints. The odd person has phoned stating that they cannot get into the hospitals at this moment because they were having what has been termed elective surgery. I suppose that during the time that I have been in office that there have been some four such complaints made to me and of course I have heard that there are waiting lists at all of the general hospitals, but I was interested to find out that when I was at the advisory committee on hospital costs in Ottawa just in January, that this problem is one that is being faced by all hospitals all across this country and indeed, in general, all hospitals, and it's my understanding that it is a problem that is faced under the British health scheme at the present time, and I must emphasize again that I have been advised and assured that anybody who needed emergency treatment in the hospitals here in Manitoba will be able to receive that treatment. On the matter of elective surgery though, it is different. The people do have to wait for items that may not be necessary to do this week or possibly the week after that, and I must say that if we were to provide a bed for every occasion that arose I think the honourable member will realize that the cost would rise quite high in hospitals. I think that those are the questions that have been posed to me in the last few minutes.

MR. MOLGAT: Mr. Chairman, insofar as the Willard Report then again, do I gather from the Minister that insofar as the St. Boniface Hospital -- that's the extended treatment hospital -- that the decision not to go ahead with that was strictly the hospital's decision? Is that correct?

MR. WITNEY: That is my understanding, Mr. Chairman. I understand from the prepared paper that I had this afternoon that in 1961 a decision was made to go ahead with it and then, taking the whole complex of St. Boniface, that the Sisters decided to review the situation, which they have been doing, and that they have advised that by the end of March they would have a decision.

MR. MOLGAT: Fine, Mr. Chairman. I wonder if there has been some correspondence between the government and/or the Manitoba Hospital Services Plan and the hospital in this regard, and if so whether the Minister would be prepared to table that correspondence?

HON. GEORGE JOHNSON (Minister of Education) (Gimli): Mr. Chairman, maybe I can help out just at this particular point. The Hospital Plan Commission has become such a very wide and fascinating thing but nonetheless expensive, it's very difficult I am sure, for the Minister to grasp this detail and I think he's doing a tremendous job in coming to understand the problems that the Plan presents.

Just to be brief, with respect to the St. Boniface situation, and I think the honourable member knows that this hospital, like certain other voluntary . . . received a letter saying we concurred in the Willard recommendations and according to our scheme of things planning should start in such and such a year and building in another, and of course the report, as we appreciate, has been a blueprint and it was realized fairly early in the game that as new knowledge comes to bear that hindsight is often better than foresight and we wanted to be flexible. The hospital boards were also anxious that we be flexible in looking at the plans. The St. Boniface Hospital had some -- the administrators, the Order who own that hospital, met informally with

(Mr. Johnson, cont'd)... the Chairman of the Hospital Commission and myself last summer following a letter from ourselves to them with respect to the recommendation that had been made some time before. At that meeting a general discussion took place following which -- I believe there is one letter on file from the Sisters confirming that meeting. I think that might be available to the honourable member.

While I'm on my feet I may be able to -- I think one point has been brought up here that I might be able to assist with briefly. I must say that in, oh the privilege of being Minister of that department for some time, that I think we are indeed fortunate in Manitoba in that all the citizens of our province are really most co-operative, most progressive and most health-minded in the operation -- and most patient -- in the operation of such an implementation of the Willard Report and the operation and implementation of the Hospital Plan itself. I would say that for any member to suspect any political interference I just can honestly not point to any time was the department subject to what could be called political interference in any nasty sense whatsoever. The frankest discussions have always taken place between the various boards of the hospitals with the professions, and in trying to do the right thing in making Manitoba's dollars go the furthest, and I think Manitoba can be proud of a first-rate hospital system evolving.

But with respect to the Willard Report, let me say this, to complement what the Minister has said. The 20 percent principle of course was evolved by government -- the government wished to go a long way with voluntary hospital boards so that they may retain their local autonomy, and I have found trustees and hospital people in general favour the autonomous principle, and a few years back I think we can all recall that if a hospital had been offered a deal of 20 percent it would have been "bananas from heaven!" The 20 percent, of course, was welcomed where we have a municipally-based hospital but the problem is quite obvious with certain voluntary hospitals that have been mentioned this evening finding certain difficulty in raising the necessary local equity, and in discussions with these boards -- there have been many discussions take place, informal discussions between the various hospital boards that have been mentioned here tonight, members of the Associated Hospitals and municipal officials concerned wherein these hospitals lie, all searching, and desiring by and large nine to one that hospital boards should remain self-autonomous. The alternative, of course, if the government were to put up all the capital and all the operating you would have, in effect, a DVA system of hospitals evolving, and I think the fact that hospitals do remain autonomous is something which should be maintained because after all, for example the religious organizations and others who have developed their hospitals over the years desire, and I think should, remain autonomous. The whole matter has been discussed with municipal people and informal discussions took place between members of the Hospital Commission and I think the commission studying finance, to bring out these problems as we have been discussing them in the House this evening. What the ultimate recommendation will be I think remains to be seen, but I think the boards of the hospitals concerned understand that there may be something in the Commission report which will point the way towards these voluntary hospitals finding the basis for their 20 percent. This is a complex matter and involves the people of Manitoba as a whole.

Just quickly, with respect to the -- but on balance, as the Minister has said, your general hospital has gone ahead as scheduled to try and maintain the balance of beds as predicted by Dr. Willard. The Grace Hospital is off the deck and approved and future planning there for the future with respect to the former Grace and old Grace Hospital should fit in with a balance of beds that will keep us pretty well on track in the province.

Now with respect to doctors and the question raised by the Member of the NDP and favouritism and so on. I think probably in my time only one or two doctors ever spoke to me about this matter and in those particular cases it was largely a matter of misunderstanding. I think you have to understand that in our large teaching hospitals this is where the more serious cases are treated. For example, a general practitioner in the country, all his difficult surgery, all his cancer really gravitates to our larger hospitals at larger centres and especially to our teaching hospitals in Winnipeg and the bigger hospitals. And when the major work and major surgical procedures and so on are carried out in these facilities they naturally have the highly trained specialists in these hospitals and especially in the teaching hospitals. Of course you must remember the board are entirely responsible for the operation of the hospital and the board chooses a chief of medical staff who is responsible for the conduct of the medical

(Mr. Johnson, cont'd)... personnel. One hospital, for example, they have an organized medical audit system. Every doctor that wishes to come to the hospital is free to come but on the basis of his qualifications he is given certain privileges within his capabilities. This is the board and medical profession's method of assuring the public of the safety and the efficiency of their care and this is becoming of course more refined. I think in Greater Winnipeg under -- most people -- many people have a family physician; many people are more sophisticated these days. When baby gets sick they call a pediatrician; when mama gets sick they call an obstetrician; when grandpa gets sick they call a geriatrician; and when he gets sick he just calls the old family doc because we're pretty well expendable. However, this tends to shape the pattern of staffs in your hospital and I would say on balance -- and I think it is a wonderful thing in Manitoba that very seldom have I heard in my time, and people never seemed to hesitate to call when they had a problem or complaint, and very seldom did it have anything to do with charges of favouritism. I think that we're fortunate in having a very solid and able medical fraternity in our province and I say that honestly and sincerely, but it is the pattern of things that tends to -- the way the public use medical services is as much to do with this as anything else. I know that members of boards that I met in the biggest hospitals are very sensitive about the GP and the family -- the general practitioner -- and certainly I would say if anything, since the introduction of universal hospitalization, our hospitals have probably been more open than ever before and as I say, the public has a lot to do with the way medical services are used as we have pointed out. I think that it's a very fascinating thing, but I think in the future in -- general practitioners, of course, in the Greater Winnipeg area are competing with specialists in these various fields, and a family physician's life in Greater Winnipeg is a lot different than in rural areas. I just thought I'd bring those points out to -- I don't imagine any system is ever perfect but I do think that the audit system such as is in some of the hospitals -- most of them now -- and so on and, the fact that the boards, lay people, voluntary citizens, municipal and other men are on these boards, is our assurance that they're run in a democratic fashion. Of course on certain teaching wards there is a restriction of staff but this is for teaching purposes. However, many GP's admit their cases to hospital. If there's a bed on the teaching ward a person is sent there, and of course most doctors who have an interesting patient and wish to share it with other doctors, they usually ask the patient. I'm sure that the honourable member from Radisson submitted to the interne's examination and this case was discussed with the senior people in the hospital.

However, that's my small contribution. I think in general terms when we look back and realize that in 1948 we had 4.8 beds per thousand in Manitoba, we didn't talk of the crises in hospitalization then. Today in our Winnipeg area we have seven beds per thousand which is very favourable on the national and world average, and I think these are in facilities, they're enjoying a higher standard of care than we thought possible some years ago, and when you consider that 70 percent of the surgery that's done today was not possible in 1948, you get some idea of the tremendous advances that have been made through research and other methods, and the fact that Winnipeg and Manitoba are keeping up. I think this hospital plan needs a lot of tender loving care in the years to come. I think many of the questions asked are certainly very necessary, but I think there's a lot of administrative policy which we've been living with for six years which is good policy and quite detailed, and I think it's a matter which the Minister can always get answers to, but some of them are complicated and require a lot of time.

MR. PAULLEY: Mr. Chairman, I want to thank the Minister of Education for his education in respect of the situation insofar as the physicians are concerned. It was most interesting listening to my honourable friend and he tells me -- first of all the present Minister told me that he hadn't had I think he said but one complaint since he took over, and he took over somewhere toward the latter part of last year so this has been three months. And my honourable friend the previous Minister, who of course is a member of the medical profession, says that he has but very few complaints, or something along this line, insofar as admissions to hospitals are concerned. Well, Mr. Chairman, I can well understand, particularly in respect of the Honourable the Minister of Education, that it would be rather difficult, I would suggest, at least in many circumstances, for a man of the medical profession to cry "stinking fish" -- if stinking fish is the proper phraseology -- of the fact that he's having difficulty in having patients admitted to the hospitals, but I want to say, Mr. Chairman, that such is not the case as far as I'm concerned. Now the Minister mentions, the minister mentions that it is the

(Mr. Paulley, cont'd) . . . hospital boards, and I presume that in general it would be the medical hospital board that sets up as to who is going to be granted the privileges of practicing medicine within the hospital. Pardon?

MR. JOHNSON: The board is the authority.

MR. PAULLEY: Yes, the medical board of the hospital.

MR. JOHNSON: No, the Board.

MR. PAULLEY: Well, the Board. All right. The board; but I would suggest that the board is either dominated or mainly influenced by the medical personnel connected with the hospital, because if it wasn't, Mr. Chairman, if it wasn't, Mr. Chairman, then we would have non-medical people telling us who were going to practice in the hospitals and I don't think that this would be a desirable situation. I think it must, of necessity, be the medical personnel connected to a hospital who says in general insofar as qualifications -- there may be other reasons for saying that Joe Blow can't operate or perform operations in here because of some other factor other than medical, and I'm sure it's obvious what I mean, but so far as the rights or the limitations that are imposed on any doctor is through the medical board of the hospitals, and here, Mr. Chairman, is where I find that there is a considerable area of complaint.

Now, I may have an entirely wrong conception of what constitutes a graduate from the faculty of medicine, but I presume that when we teach a boy or a girl, when they graduate from our medical college and are entitled to put up their shingle, as a doctor and surgeon usually -- it's doctor and surgeon I think in this country as against the method which they have over in the old country, Great Britain -- but I presume that once a boy or a girl has been given the certificate entitling them to practice medicine and put up a shingle "Dr. Jones M.D., Physician and Surgeon," that the facilities should in general be available to them in order that they might treat their patients, and if they can't treat their patients at home then I suggest, then they should not be deprived after having received their qualifications to do so, they should not be deprived of the right to treat them in our hospitals, but Mr. Chairman, it's my understanding that they are being deprived of this by virtue of the medical boards, and in particular, as the complaint has been laid to me, in some of our larger hospitals, and the suspicions are that the larger clinics are dominating the boards of our larger hospitals who are deciding as to whether Doctor Jones or Doctor Smith or Doctor Johnson is qualified to perform services within the hospital. Now I appreciate the fact as raised by my honourable friend the Minister of Education that we have now in the field of medicine, and surgery or course, specialists who are more qualified to handle certain parts of the anatomy than the general practitioner. But what has been laid to me as complaints is that more and more you have to have the say-so of one of the specialists before you can obtain entrance into the hospital, and that if you're just an individual who is being treated by a fully qualified doctor, by virtue of him having his shingle M.D., you have a lesser chance of being able to use the facilities of the hospitals to which a contribution of about 80 percent of the cost is now -- and this is in the course in respect of new construction and the likes of that -- being contributed from public treasuries of either the provincial or federal levels; and this is the point, Mr. Chairman, that I raise here in the House, and I think that it is a valid point.

Now my friend the Minister of Education was speaking a moment ago that we have to be concerned with the area of safety and efficiency of care. Well surely, Mr. Chairman, if we are going to graduate our young men and women and give them a licence to practice, then I respectfully suggest that irrespective of whether they're going to practice here in the Greater Winnipeg area or whether they go out into the rural area where there are these smaller hospitals, that they should be entitled to use, or have at their disposal, the hospital facilities. Why should we be able to grant or -- and this is the way I see it -- grant to a doctor who is a graduate here, entitled to go into practice, we allow him in our hospitals outside of the Greater Winnipeg area or the smaller hospitals, we allow him the services of the operating room if there are operating rooms and all of the other facilities, when here in the Greater Winnipeg area unless he has passed a further medical board, as I understand it, he can't use the facilities of the hospitals, which brings me to a point, Mr. Chairman. I wonder, I wonder whether or not -- we may not have reached the time yet but this is possible -- but I wonder whether or not it might be a better idea that if rather than boards of hospitals who decide whether Joe Blow should be able to use the facilities of the hospital or not, that whether the College of Physicians and

(Mr. Paulley, cont'd)... Surgeons, or in College of Physicians and Surgeons, should be the authority to say that now Doctor Johnson is qualified to practice medicine and surgery, and because of his qualifications and his capabilities he is therefore qualified to perform services within any hospital under the ambit of the Hospitalization Plan.

Now, I don't know if I'm thinking a little too advanced on this, Mr. Chairman, or whether I'm just talking up in the air, but it does seem to me that this would be a reasonable situation with my conception of when we do graduate a doctor that he is qualified. I appreciate the fact that after that he can specialize, and if a general practitioner were to call in as a consultant a man who can take out an appendix or a gallstone far better than a general practitioner, then I would say that this is fine, but I would suggest, though, that the general practitioner should have the right of putting the patient in the first instance into the hospital and then calling the expert on, to use it again, appendix, into the case. But I greatly suspect, and I've had complaints directed to me in this, that the general practitioner is somewhat behind the eight-ball in doing it, and that the reverse trend is in effect and, as again I said at the offset, I greatly suspect that the larger clinics -- with all due respect to them and I know that they're doing a good job -- but the personnel attached to the larger clinics have a better chance of getting their patients into the larger hospitals.

Now, I'm leaving this for the time being, Mr. Chairman. I'm sure my honourable friend is going to make a comment or two on this, but there was another question that I did ask of the two gentlemen opposite, my two medical friends opposite -- the question of the -- I said "point of no return." I meant "point of diminishing returns" insofar as the largeness of hospitals are concerned, and I would like to hear an opinion from my honourable friends respecting this, because I have read of this.

There's one other thing I would like to say to my honourable friend, the member for St. Boniface. He mentioned something in connection with Concordia Hospital -- no emergency services or the likes at night. I think that this situation has been overcome. I want to assure him that Concordia Hospital, and I'm speaking from experience, that if anybody needs emergency service it's there almost within the twinkling of the eye; and there is one thing that Concordia Hospital is proud of, and justifiably so, Mr. Chairman, they have the highest ratio of RN's than any other hospital in the whole of the Greater Winnipeg area and they are the tops as well.

MR. DESJARDINS: Mr. Chairman, I would like to thank the Honourable Leader of the NDP for this information. I'm very pleased to see that this was rectified. I was going to try to wait to see what the Minister had to say on some of these questions, but I'm afraid the lights will go out and I might not have a chance to get my question in. I don't think this is too healthy either. Wonder what's going on.

There's one think -- I would like to feel, as the Minister of Education does, on this question of autonomy and this question of 20 percent. I agree with him that we must bring this Plan up with loving care, but oftentimes if you think of loving care you think of defending and of protecting something, and I think that this 20 percent -- we can't just say, well, this is what they want; we had no trouble. This is not right. We're going to have an awful lot of trouble with this 20 percent. We're going to have an awful lot of trouble, because the hospitals have no means of raising this money. The Honourable Minister mentioned St. James -- no trouble there at all. Definitely. They loaded it on the backs of the home owners again. It's another tax. Now I think, if the Honourable Minister of Education will recall, that at first the idea was a very good idea. I'm not suggesting there's anything wrong, but I think that now we have to face this, not close our eyes to it. The idea was that this 20 percent mostly would come from donations, and we can see now that there's practically no donations at all. The people that were giving donations feel that they're probably overtaxed on that. They're paying more than their share. A lot of other people feel that this is the government; this is free; they don't need any money. Other people would direct this more for research now, some of their donations. I think these are all facts. This is not insulting the Minister, but I think that the Minister should be ready. He has to face this. Now, where will this 20 percent come from? This is what I want to know, because it's not going to come from the hospitals. It might come from different municipalities. Is that what we want? Because then it's costing more money. It won't be any donation, and apparently the Minister, the former Minister, has not explained where we will get these funds.

(Mr. Desjardins, cont'd)... The only thing that I can see, and I'd like to be corrected if I'm wrong -- interjection -- Well, somebody's . . . . lights, I don't know. So, the only thing that -- Maybe they're trying to save money for the Hospital Plan, I don't know. Maybe this is the way to raise it.

MR. MOLGAT: . . . they haven't paid the bill.

MR. DESJARDINS: Could we check to see if there's a faulty switch, or if they're trying to be -- interjection -- There's a storm? Oh. I thought this Shared Services was only coming in on Monday.

MR. STEINKOPF: . . . . get the Hydro estimates a little further.

MR. DESJARDINS: I didn't get that. There's not only a storm, but there's no power. I can't hear you.

No, I would like in all honesty -- seriously, Mr. Chairman I think that we have to look at that, all of us here. The Metro Corporation are very worried about this. Will this be dumped in their lap? Some people are going to them. Now, will it become the role of the municipalities to pay for this? This is going on the back of the people. Now, what are we going to do for this 20 percent? If this is where it's going to come from, fine. But let's not kid ourselves that this hospital will raise this money. This is putting too much on them. They can't do it, unless the Municipality of St. James say: "All right, we will take this over." I don't think that many hospitals -- we have the example of the Victoria. What's going to happen? I think that we have to define this, and we can't just say: "Well, they want this," or "This will protect -- there will be more autonomy in this way. This is fine." This is wishful thinking. I'd love to see that too. And talking about this autonomy, I don't know if this existed much, as the Honourable Minister of Education would have us believe. I understand that most of the hospitals, or all the hospitals, were told, "Well, this is it. No deficit this year or you pay for it yourself." Now, am I right? This is a question that I'm asking -- is this right? That there will not be any payment of deficits this year? And am I also right when I say that this was not discussed with the administrators of these hospitals. I mean, is there a war between these people and the members on the Plan, or haven't we got any confidence in them, or do we think they're trying to rob us? What's the score? I think that we should discuss these things with these people. I think that we should show confidence in them and I think there'd be a lot more co-operation. Well, if I'm wrong, my Honourable Minister of Education, tell me. If this was discussed, tell me. I understand that it wasn't, and if it wasn't I don't think it's right. The Honourable Minister of Education might think so. I don't think it's right. I think that these things should be discussed with the different professional groups, with the administrators of different hospitals; and this is certainly not showing any confidence in these people. We're not using -- and this is why I want to question, and I advise the Minister now that when this will come up I certainly will want more information on the administration costs. I don't care if it's 3.4 percent. I'm looking at one and a half million dollars. And then we're paying -- I think that this is not the true picture, because we're paying administrators of certain hospitals who could help in this, and this is the point. I mean are these people going up? Are there more employees? That I don't know. This is one of the questions that I ask and I'd appreciate if the Minister would have that ready on Monday so there won't be any delay. Now why should this go up and the hospital will have to have, let's say, less teachers, less instructors? Now the problem is all a problem of money and a compulsory plan. We have this plan -- now the government will. . . . to find a way to raise the money, because it's going to go up. We're not going to reduce the cost in the hospitals, not for a few years anyway. And I think that we have to take a more realistic look at this 20 percent, for instance. We'll have to try to use the administrators of these hospitals a little more. I think the members of the Board will have to get some of the work done from these people and they'll have to try to reduce their own administrative costs.

Another thing I would like to -- I'm told, and I think I've got part of this question answered, that we're going on with this hospital in St. James. I'm very pleased to know that. What I would like to know -- we are negotiating with the government, with the federal government, for the Deer Lodge Hospital apparently. I would like to know what we will use that for if it's sold. I'd like to know -- before negotiating, we must be ready. Will this be extended service? Will this be turned into a motel? I don't know what it is, but I'd like to know what we're going to, why we're negotiating. Do we need it?

(Mr. Desjardins, cont'd)... And another question that I would -- I don't think there's any call on this. I would like to have this. This is just a simple question. I'd like the Honourable Minister to inform the House, is there any study being made, or is there any possibility in the near future, is there any call for a hospital in the north end of the Greater Winnipeg area? I think this has been questioned. Maybe there's no thought about it at all, but I know that this is a question that is being asked very often.

Now, I would also suggest to the Honourable Minister that he was pretty brave when he said that he hasn't had any but one complaint in the months that he's been there about people not being able to get in the hospitals. I don't know. I hope for his sake that this will not be construed as an invitation to phone him, because I think his switchboard would be pretty busy and he might need a little more help, because I'm told that the question is a little more serious than that. Maybe they're too busy phoning their own MLA. Maybe this is the reason. I don't know. And if this is the case, this is all we're doing here today. We're doing our duty, and bringing these complaints to you, saving you bother in the middle of the night. You're late at night. The people are phoning us, and we're bringing this -- we only have once a year to bring it up and this is what we're doing now. This is what the Honourable the Leader of the NDP is doing, I'm sure, and this is what I'm doing, so I think we're just showing an awful lot of co-operation.

MR. WITNEY: Mr. Chairman, I would like first of all to draw this to the committee's attention, that when I spoke of the talks I had with the Association Hospitals and that there was not unanimity of agreement on the 20 percent, I'd like to just emphasize that those were very informal talks that I had with members of the association, as I have had the opportunity to speak with them. The other thing I would like to mention is that we are having a very good co-operation with the Sisters of Charity in the St. Boniface Hospital and, while they have indicated they will be in touch with us before the end of March to present their proposals in this respect, I would not like to have left the impression that we were expecting them to be coming at the end of March because they are working on the problem at the present time.

The Honourable Leader of the NDP spoke of the largeness of the hospitals and I had occasion to ask that myself of the hospital authorities about the largeness of hospitals and he mentioned that some said that there was about 500 beds. I believe that it has been drawn to my attention that there is some feeling that about 1,500 beds are perhaps the maximum size. All I can say is that as far as I can assess the situation at the present time, there is no real one figure that is available in answer to the Honourable Member's question because some hospitals have a different type of function, but the largeness of hospitals I'm quite sure is a matter which is being watched by the Manitoba Hospital Commission.

With respect to the hospital costs that the Honourable Member for St. Boniface mentioned, when I was at this advisory committee on cost again, if I recall correctly there was some indication from the minutes -- or not from the minutes, but from the discussions that took place there, that hospital costs have begun to level off somewhat and over in Saskatchewan I recall that they advised me that since they have had their hospital plan in operation for a period of about ten years, that they have apparently experienced a levelling off of hospital costs. Now I'm not saying that they're going to, I just draw this to the Honourable Member's attention in some of the discussions that I have had.

He asks the question about Deer Lodge -- what will the beds be used for, and when the former Health Minister wrote, it was to use these beds as acute beds, in the general community of beds throughout the whole of the Metropolitan Area. He also referred to a hospital in the north end. I can only say to him that I have heard discussion on this matter and I believe that it's being considered by the Hospital Commission in the overall consideration that they give to the problems of beds and hospitals in the Province of Manitoba. I can assure him that I am not making an invitation to phone calls at three o'clock in the morning. I'm not very pleasant at three o'clock in the morning. Perhaps I'm not at most times, but at three o'clock in the morning I'm exceedingly unpleasant, and I was just actually at that time stating just a fact that had taken place.

MR. PETERS: Mr. Chairman, late last year I was down here with a group from Concordia Hospital and we spoke to the former Minister of Health and at that time he told us that -- and he can correct me if I'm wrong but I'm pretty sure this is what he said, that the emphasis was on decentralization; instead of building great big hospitals that we'd build smaller hospitals but we would centralize on laundry services, and in certain hospitals they would have certain facilities

(Mr. Peters, cont'd)... such as the Cobalt bomb and different facilities, specialized facilities, that they wouldn't be duplicated. Now I'm just wondering, Mr. Chairman, if this has all been changed now because the present Minister of Health says now that they're talking about that the maximum hospital unit should be 1,500 beds, and if I remember correctly I think the former Minister said the maximum would be about 400 beds and they would have them spread out; they would have a centralized laundry unit and different hospitals would have specialized services as I mentioned, for Cobalt bomb, for this and that and all the rest. I'm just wondering on the statement that the Minister has now said that the maximum unit should be 1,500. I think that's wrong.

And one question the Minister didn't answer me was when I was up before Mr. Chairman, was about this business of having 8 people in one room; and while I am on my feet I would like to ask this question, now that they've okayed the Grace Hospital to go ahead in St. James, I know that there is an old part in the Grace Hospital, and they have a newer part -- what are they intending to do with that facility? I know what Concordia is intending to do with their facility when they start the construction in building the hospital, that they are going to use it for a residence home for the nurses, and I would ask the Minister to tell me what they're going to do with the facilities that they now have at Grace.

MR. WITNEY: Mr. Chairman, I would just like -- interjection -- there's plenty of them tonight. Mr. Chairman, I would like to just make this statement, that I didn't say a maximum hospital size should be 1,500. I was just drawing it to the attention that these are figures that I have heard mentioned. I have no expert opinion myself as to what a maximum size of a hospital ought to be, and as for the centralizing of facilities, that matter certainly is still under the consideration of the Manitoba Hospital Commission, particularly with respect to such matters as laundries and other such services, but I think I should stop there because I'm not fully conversant with just how far they have gone. He mentioned about the eight beds to one ward instead of four. I'm sorry, at this moment I can't answer that question.

MR. MOLGAT: Mr. Chairman, I want to come back for a moment to the Willard Report again because I really feel that this is of vital importance to the people in Manitoba. The situation right now, and for some years, has been that the Government of Manitoba collects from every citizen in the province except for those that it covers itself under a welfare scheme or where the provinces cover, but every citizen who can, who is in the financial position to do so, must pay a compulsory hospital premium. He has no alternative to do this. In addition to this, every citizen must pay 3 percent of his income tax, I believe it is, to the government for the purposes -- or is it 6 percent -- 1 percent? One percent, whatever the figure is, of his income tax to the provincial government to provide hospital services. In view of the fact that this is compulsory, Mr. Chairman, then the government has an obligation automatically to provide hospital services to these people, because you cannot force them into contributing, you cannot make them members of the plan on a compulsory basis and at the same time not provide them with the facilities when they're needed. Now we've heard a lot of complaints over the past year or two about people being unable to get in the hospitals. People who want to go to hospital and need to go to the hospital, and who can't get in; waiting lists at the various hospitals. What I would like to know from the Minister, has he conducted a survey to find out what the waiting lists have been at the various hospitals? That's one question.

The other one then relates, Mr. Chairman, back to my original point that I made some time ago and I discussed three hospitals in particular. Well, the Minister told me that in the case of St. Boniface Hospital, that was the decision of the hospital itself not to proceed. But there are several others, Mr. Chairman. What about Children's Hospital? What about Victoria Hospital? Because we must go back to the time when the Willard Commission was set up. At that time the government said, "Well, hold back on hospital construction. Let's wait and see what the Willard Report is going to recommend." And they urged the hospitals at that time not to proceed on any construction plans -- in fact I have here a clipping from the Free Press, back in March of 1961. In that clipping, the headline is, "Hospital Official Charges Building Program Stalled. The president of the Board of Directors of the Children's Hospital charged Tuesday that the hospital's 'very necessary building program' had been delayed because the Willard Commission Report had not been submitted." So here we are back in March of '61 and the hospitals are saying they are being delayed in their construction plans because the Willard Report hadn't been submitted.

(Mr. Molgat, cont'd)...

Well, Mr. Chairman, the government had the Willard Commission, and I well remember the ex-Minister he used to tell just wait till the Willard report comes in and everything will be smooth and rosy. This is going to be the Bible, for when this is in there'll be no further troubles. And he set it up and I don't quarrel at all with the work that was done. I think this was a sensible approach. And here's the terms of reference Mr. Chairman. "The Minister indicated that he would like the recommendations of the Survey Board to cover the five-year period from 1961 to 1965, but that the Board should, in arriving at its decisions, take into account considerations relating to the succeeding five years, 1966 to 1970." Well, Mr. Chairman, there's the situation. Back in '61 before the report's in the hospitals are told, "Hold back." The hospitals at that time wanted apparently to build. They're complaining that they can't build, and they are waiting for the report. The report is now in. It's been in -- my copy came to me in August of 1961, so it's now some 3 1/2 years. Certainly -- well, we're about half way through the period that they were supposed in investigate, and already we're behind time on some hospitals by as much as a year or two, and there are no programs yet, that I know of, for the construction of these hospitals. The government still hasn't told me this evening how they're going to overcome this 20 percent voluntary figure which must come from somewhere, and I say that it's not good enough for the government to say, "Well, we have to wait and see and let the hospitals dig it up themselves." Because it's the government that's accepted the responsibility of the Hospital Services Plan. It's the government that collects the money in premiums. It's the government that collects the income tax to do this. Automatically then, the government must accept the responsibility to provide the services, and I want to know from the Minister, what is he doing in the case of, for example, the Victoria Hospital? What is his recommendation to these people who are prepared to go ahead and build. They have proven that they need the service. They have had their own survey in addition to the Willard report. What are they doing about the Children's Hospital, where the situation is the same and where I think one of the largest waiting lists is presently in existence? Now it's not good enough for the Minister to sit back and say, "Well, they've got to get the 20 percent from voluntary contributions" because if this keeps on, Mr. Chairman, then the hospitals are not going to get built, the services that are guaranteed to the public under the Hospital Services Plan, will not be given to the public and there's no one whom we can blame except the government.

MR. WITNEY: Mr. Chairman, first of all I have not made a survey of the waiting lists that the various hospitals have. I have the Hospital Survey Report here which says that the commission continued the implementation of the hospital construction program which is based on the recommendations set out in the report of the Manitoba Hospital Survey Board submitted in 1961. And the status of the program, as at December 31st, '63, is as follows: including certain projects approved prior to the completion of the Survey Board Report, 34 construction and renovation projects have been completed at a cost of \$21,400,000, and construction of five further projects costing \$3 million is underway, construction of 10 projects costing \$16 million is expected to commence in 1964, and 23 additional projects estimated to cost \$20,300,000 have been approved and will be undertaken during the years 1964-68. When the honourable member speaks of us being behind I would point out to him that in some cases we are ahead of the Willard Report in hospitals that have raised the 20 percent in the Metropolitan area and I have mentioned them to him. I mentioned the Salvation Army Hospital in St. James; I have mentioned to him the Winnipeg General Hospital, and I have mentioned to him the problems that we are having with the St. Boniface Hospital at the present time, and I understand that the two hospitals at the present time that are having difficulty with the 20 percent are the Victoria Hospital and the Children's Hospital.

Now he asks what am I doing about the Victoria Hospital. The Victoria Hospital's recent brief on the basis of the study that they had was sent to the Premier and it has been referred now to the Manitoba Hospital Commission. The brief came in I think roughly about a week ago and I have not had any recommendation from them at the present time, and I must say to him again that there are some of the hospitals who still want to retain the 20 percent equity because they feel that that helps them to maintain their autonomy. The problem of the 20 percent equity is going to be discussed for a while yet, but I have also said to him that the

(Mr. Witney, cont'd)... policy of the government is at the present time to continue with the 20 percent equity.

Now I'm not sure whether I missed something else that the honourable member mentioned except that I did not make a survey of the waiting list. To add this one point, that I don't believe here in Manitoba that our waiting lists are any greater than they are anywhere else in any jurisdiction in Canada as far as I can understand it in sitting and listening to the various administrations speak when they were at the advisory committee on hospital costs. And I don't think that anybody in this province who are paying a compulsory premium are being denied hospital facilities. As I have pointed out, when it comes to an emergency the hospital facilities are there and the people who are on the waiting list -- I'm not sure just at this moment how long they might have to wait but they do receive service. Now if we are to give service tomorrow -- somebody comes in and wants to have something done with his shoulder and they expect to have a bed there tomorrow, then the costs will rise and rise rather substantially. And I pointed out also that the 20 percent is one of the most generous in the Dominion of Canada. In Ontario I believe that the -- and here again I'm talking only from what I recall at this meeting -- I believe that the equity in the Province of Ontario is some 40 percent. For the moment that's all I have to say.

MR. PETERS: Mr. Chairman, just on the statement that the Minister has made I think he's going to make the people in Elmwood and Concordia Hospital very happy because they have no trouble raising their 20 percent and I hope by the remarks that the Minister has made that we will go on schedule building that hospital in Elmwood that is needed very sorely for the area of Winnipeg North. We used to have a hospital in Winnipeg North -- St. Joseph's-- and we had the Children's Hospital that was moved out, and we don't have a hospital at all. All we have is Concordia left now which is about, I think it's about an 80-bed hospital, and the plans as I understand them now and-- when we get to the Manitoba Hospital Commission I have something here that has been given to me just a very short while ago -- I haven't been able to study it -- of what they intend to do, and I think it will be a real shot in the arm for the people living in that area that this hospital gets underway in the fall of '64, and the statement that the Minister has just made gives me every hope, and the people in Concordia, to believe that this hospital will start in the fall of this year.

MR. MOLGAT: Mr. Chairman, I just want to clarify one further point then. The government, I take it then, has no policy at the moment, or no intention of changing the policy insofar as the 20 percent. It is not the government's intention to have the municipalities put this up and it's not the government's intention to have Metro put this up. Is that correct?

MR. WITNEY: Mr. Chairman, right at this moment there is no plan to change the policy. I understand that some representations are to be made to me, by the papers, from the Metropolitan District of Winnipeg, and certainly in view of the problems I have an open mind to continue to study it, but right at this moment the 20 percent equity is still in effect.

MR. MOLGAT: But Mr. Chairman, it's not the government's intention to force the municipalities or Metro to take over this responsibility. Is that correct?

MR. WITNEY: The policy at the present time, Mr. Chairman is 20 percent equity.

MR. PAULLEY: Mr. Chairman, just one point that the Minister mentioned about the question of selective patients going into hospitals and the likes of this. He mentioned the fact that there were provisions in every case of emergency admittance to hospitals -- nobody in an emergency had been kept out of a hospital, so all I ask of the Honourable the Minister, to make sure that there is a growth of availability of hospital beds so that those that are on the selective list for surgical operations and waiting do not become emergencies in order to get into the hospitals. Now this could well be that we could keep these people who are just waiting for a month or two or four or five months back out of the hospitals until they became emergencies. Now I certainly hope that we're going to progress to the degree that this won't be necessary for too long.

MR. PETERS: Mr. Chairman, I asked the Minister a question and I had to go out for a few minutes and I don't know if he answered. If he did then I'll read it in Hansard, but what are they going to do with the facilities of Grace Hospital as it is now when they move into the new one?

MR. WITNEY: I'm getting some side advice here but I'd better get some -- well, I won't go that far, but I will find out for sure because that particular problem is being negotiated with the Manitoba Hospital Commission at the present time. May I just say to the Honourable the Leader of the NDP, seven beds per thousand at the present time in Manitoba and that is one of the highest in Canada -- not the highest but it's right up on top with the rest of Canada.

MR. PAULLEY: May I ask my honourable friend, what province is the highest?

MR. WITNEY: Right at this moment, Mr. Chairman, I haven't got . . .

MR. PAULLEY: May I tell my honourable friend what province is the highest?

MR. WITNEY: Oh, certainly.

MR. PAULLEY: Pardon?

MR. WITNEY: Certainly.

MR. PAULLEY: This poor down-graded province to the west of us. Saskatchewan, Mr. Chairman.

MR. WITNEY: Mr. Chairman, . . . . . say that my wife and family thank you for passing 1 (a). The bills are starting to pile up at home.

MR. JOHNSTON: Mr. Chairman, I'd like to ask the Honourable Minister a question dealing with the Manitoba Hospital Services Plan. It's my understanding that physiotherapy services are provided under this plan. Is that correct? It's provided as part of the service one receives when they pay their premium? The information I have tells me that this is so, but it's only provided in part of the province. For instance, I understand it's provided in Dauphin, Brandon, the Manitoba Rehab Centre in Winnipeg, and the three municipal hospitals in Winnipeg -- Now it's not available in the other Winnipeg hospitals which perhaps for a Winnipeg citizen who requires this service isn't too serious because he can get the service by only travelling a very short distance in Metro Winnipeg, but what about the rest of the province, the equipped hospitals that are available to provide the space but they need the physiotherapists? I'm thinking now of the hospitals for instance at Morden or Selkirk or Portage la Prairie. All these people in the Province of Manitoba pay their premiums. Are they not all entitled to this service? Now I know the Minister may say that this will come with time but has not this plan been operating for six or seven years and isn't it just about time this service was made to all of the people in the province?

MR. WITNEY: Mr. Chairman, it is my understanding that the program was introduced about a year or two ago and it has been introduced on an experimental basis, and one of the problems of course has been to obtain the necessary people for it and we have had in the past year at the -- I think it is at the Manitoba School of Medicine, I believe we are having the second year for physiotherapists' training so that more of these people can be available to expand it as we are able to receive them and as we are able to get experience in this matter.

MR. JOHNSTON: Mr. Chairman, to take the matter another step that I neglected to mention. In Portage la Prairie it's available on a twice-a-week basis and it's brought out from Winnipeg by the Canadian Arthritis and Rheumatic Society, and it is my understanding that the people who desire this service there have to pay for it. Naturally the Society has to pay its way where possible. I understand that they do make it available free to people who cannot afford to pay, but this seems to me to be quite an inequity that some people in the province get it provided under the plan and other people have to pay for it.

MR. WITNEY: I will have to get some clarification on the points raised by the honourable member. As I understand it, there is a slight charge made by the Canadian Arthritic Society in some areas but if people can't afford that then of course the service is done free, and in the estimates there is a provision in here -- because the Arthritic Society obtains most of its funds from the Department of Health -- there is a provision here for another physiotherapist for the travelling clinic.

MR. CHAIRMAN: (a) passed (b) passed.

MR. MOLGAT: Mr. Chairman, . . . . under (b) there's an item here, Grant, Alcohol Education Service. Now we've discussed in the past the co-ordination of the Alcohol Services under one department and I understand from the government this year that they were prepared to do that and that henceforth all of the various grants to the alcohol education or alcohol treatment or other aspects of alcohol, would be concentrated under the Department of Health. Is this then the only item now insofar as the alcohol services?

MR. WITNEY: Mr. Chairman, in the Health Education this is the only item here in Health Education, the grant for Alcohol Education Services which has been raised from \$30,000 to \$36,000.00. And in the Rehabilitation Program, as we go along a little further, the moneys for the Alcoholism Foundation are found there, and also an increased grant for the Salvation Army. The grant for the Salvation Army has been raised from \$10,000 to \$20,000; and the grant to the Alcoholism Foundation has been raised from \$60,000 to about \$76,000; and when introducing the estimates the other night, I made a full statement on the alcohol program that we have, indicating that it will all be co-ordinated under the Director of Rehabilitation and brought under the Department of Health.

MR. MOLGAT: Mr. Chairman, under the Rehabilitation then, there's no special item is there for this? It doesn't show it as such. Could the Minister indicate where that is?

MR. WITNEY: No, it doesn't show it as such, Mr. Chairman, It is found under Item VIII 1, (d), (1)(c) -- (under c) - Grants to Organizations re Vocational Rehabilitation of Disabled Persons.

MR. MOLGAT: \$76,000.00?

MR. WITNEY: For the Alcoholism Foundation, \$20,000 -- that's, yes that's an approximate figure at any rate; and then \$20,000 to the Salvation Army.

MR. MOLGAT: \$20,000 to the Salvation Army? And \$36,000 under this item, for a total of \$132,000.00? Now, is that then the total of the provincial grants now in this regard, or are we going to find again in other departments such as Education or Welfare or some of these others, also grants to other alcohol services, because this has been, I think, a source of confusion here in the past, that we could never find out in what department this was concentrated, and who was doing what. Now, we had the assurance I think from the Minister this year that this would be concentrated.

MR. WITNEY: Yes, it is all in one, and I regret that under Health Education I forgot that there was \$40,000 there for the type of advertising that had been done by the Manitoba Committee on Alcohol Education. As I mentioned in the statement last night, the Committee on Manitoba Alcohol Education will be disbanded as of April 1, 1964, but the Chairman of that Committee will be taken on as a consultant to the Health Education section in order to provide continuity for the type of work that they are doing. And then, we intend to have a large advisory committee to review once or twice a year the work that is being done toward alcoholism, and the people who are presently on the Manitoba Committee of Alcohol Education we hope will form the nucleus of that larger advisory body.

MR. MOLGAT: Mr. Chairman, did I understand the Minister correctly to say that \$40,000 under Health Education is going to advertising? Could he indicate where that figure is, because there's no increase of \$40,000 anywhere in the Health Education figures.

MR. WITNEY: The Manitoba Committee on Alcohol Education figure in here will be \$40,000, and then we will have the Adult Education Service in here as \$36,000; and then in (c), the Grants to Organizations Re Vocational Rehabilitation of Disabled Persons will be \$76,000 for the Alcohol Foundation, and \$20,000 for the Salvation Army; and that is where all these monies are found.

MR. MOLGAT: Mr. Chairman, I can see the \$36,000, it's evident, and the Minister tells me that \$76,000 and \$20,000 will be \$96,000 under (d); but he's mentioned \$40,000 for advertising. Now, where does this figure come in?

MR. WITNEY: Under the (b) item -- 1 (b)(2), Supplies, Expenses, Equipment and Renewals.

MR. MOLGAT: But, Mr. Chairman, this can't be, because the department last year had a \$98,000 figure. It's dropped this year to \$70,000.00. Last year this Alcohol Education, I think, was in another department altogether. It was in the Department of Education. Now, how can you eliminate it in the Department of Education, bring it into this department and still show a reduction in the item? Now, I don't want to pursue the Minister on this, but every year so far we have asked the government to concentrate this and give us one figure that we could deal with, and I don't see how this is evident in these estimates.

MR. WITNEY: Mr. Chairman, if the Honourable Member will look over for the year ending March 31, 1964, he will see a figure there of \$98,100.00. The actual expenses under this section last year was \$31,000, but when they set these figures up they used the amount of money that was under Education last year, \$67,000, which made the figure there of \$98,100.00. Now, that \$67,000 which has been increased to \$76,000 -- I'm sorry, the \$40,000.00. Last year -- I know what it is now. Last year in this Appropriation and Education it was for \$67,000.00. It is now down to \$40,000 in this particular figure in here, and we have taken it down to that \$40,000 figure, because we are going to be able to utilize some of the present services and resources of the Health Education Department, and we figure that we will be able to get the same type of service that had been provided for this lesser amount of money.

MR. MOLGAT: . . . we simply have one figure, Mr. Chairman? I don't care where the Minister gets it from but could he tell me how much he's going to spend on Alcohol Education, Rehabilitation and Advertising? This is the one item I would like to get cleared up, and I wonder if the Minister would tell us whether he feels in view of the revenues from the Liquor Department and what is spent in other fields in liquor enforcement and so on, whether he's satisfied that this amount will do the job that he has in mind.

MR. WITNEY: Mr. Chairman, in the Rehabilitation section, there will be a total of \$96,000 and in the Advertising section there will be a total of \$76,000.00.

Under Rehabilitation we will be able to get some sharing with Ottawa at the same time, since we have brought it into a rehabilitation program. As to whether or not we can do the job that we want to with the present amounts of money, I believe that we can, because we are going to be able to co-ordinate now all of the activities under the alcoholism education program. We have been able to establish good liaison between the groups that are in this field. We are providing for a monthly co-ordinating meeting with those groups under the Director of Rehabilitation, and as I mentioned, we have the larger committee. As we go along, it may be necessary to increase the amounts of money that are here, but I do believe that for the forthcoming year we can do an effective job with this amount of money.

. . . . . Continued on next page.

MR. CHAIRMAN: (c) passed. (d) passed.

MR. PAULLEY: Mr. Chairman, under (d), and I want to get back to alcoholism and rehabilitation, it seems to me that -- I'm sorry, George. It seems to me that this is the first time that this item has appeared under the item dealing with rehabilitation, that is, alcoholism treatment. Previously we had our Committee on Alcoholic Education, we had our Alcoholic Services Association that dealt with the high school children and the likes of this. Now, I want to know, what is the actual program insofar as the rehabilitation of alcoholics now that it becomes a joint program as I understand it under the present appropriation with the government of Canada? We had Nassau House previously, where those who unfortunately were afflicted with the disease of alcoholism could go in there and be treated. It was my understanding that under that particular basis of care it was primarily a provincial responsibility with contributions from the individual. Now it seems to me that this has been shifted into some shared program with Ottawa for the rehabilitation of alcoholics. Now, I wonder if the Minister has got a brochure or can explain fully to the committee exactly where we are at the present time or under what appears to me to be a new set-up. Now, he might say to me, well it's not really a new set-up. It's just the fact it's a new appropriation, but as I read the estimates that are set before us this evening and have heard some of the answers that the Minister has given to the Leader of the Opposition, that there are changes that have taken place; that Ottawa it appears is going to take up some of the cost. Now, what is the program? Again, I think the simplest way I could put it, what is the program now? Under the section that we have Rehabilitation Program, what is the program insofar as the rehabilitation of alcoholics for the future? What are we going to do in this joint program? Yes, I might even have to take the cure one of these days, because Mr. Chairman, in all seriousness, this is one of the problems that we're facing today; and while my honourable friend the member for St. Boniface, I'm sure, was only speaking very facetiously, this is one of the things that can happen to anybody, and there has been a new approach and a different approach to this problem, as we're all I think, all of us, or in general, most of us at least if not all of us, are now aware of the problem of alcoholism; that whereas before we used to think that it was just a weak-kneed individual that became an alcoholic, that more and more, as we know more of the problems of individuals, we recognize this as a disease. And I say to my honourable friend, the member for St. Boniface, yes it can happen to me. I say to you, Mr. Chairman, in all deference to yourself and your past, it can happen to you. -- (Interjection) -- It can happen. Yes, even Mr. Chairman.

SOME MEMBERS: Oh no.

MR. PAULLEY: Yes, Mr. Chairman, it can even happen to the Honourable Member for Lakeside, and we are -- let's not even -- (interjection) -- let's not -- let's not joke about this, Mr. Chairman.

MR. MOLGAT: I'd like to end up on your defense, Mr. Chairman.

MR. PAULLEY: Let's not joke about this, Mr. Chairman, and this is one of the problems that we've had with alcoholism in the past, that we have joked about it, but thank God, people, scientists, the medical profession and our social workers are realizing more and more that this is a problem, this is a disease that can happen to anyone, and it's in this vein, Mr. Chairman, that I'm talking. But let's get back to the estimates that we have before us. What is the plan of the government, and what is the area in which there are shared services with Ottawa in this big problem that we have?

MR. WITNEY: Mr. Chairman, the program that is going to be set up now under the Department of Health will be what we term as a fully co-ordinated program with all the resources that are available to the alcoholic at the present time. The Alcoholism Foundation will continue to operate Nassau House and Nassau House at the present time is operating in a very dynamic fashion. I think the Honourable Leader of the NDP mentioned that he might like to go there for a visit and I'm quite sure that there would be an open invitation for him to go at any time, or any of the members, to go to Nassau House to see just exactly what is being done and to talk to the directors and executive directors of the Alcoholism Foundation.

They also have a counselling service. They are also doing research work. Dr. Pincock the former provincial psychiatrist is doing research work at the present time, and we have some very active counsellors now who travel all through the Province of Manitoba, who travel to speak to executive groups, who travel to speak to any groups of people that employers might

(Mr. Witney cont'd) . . . . . wish to have spoken to, who will go to see professional groups such as teachers, and the nurses and doctors, any professional group that wants them. And one of our counsellors made quite an outstanding success at a recent speech with the Rotary Club here in Winnipeg as an indication of the type of person who is being spoken to by these people. Any one asking for their services, they will provide them, of course within the limitations of time and the availability of the members. They are also doing such work as going into prisons to talk to people who are suffering from alcoholism, and it is most encouraging I feel to see the dynamic approach that the Alcoholism Foundation now has.

With the Salvation Army; the Salvation Army themselves are conducting a very dynamic program, and the Alcoholism Foundation and the Salvation Army are able to work together on a program for rejuvenation of the alcoholic. And I really have some hopes for it. I must say to the honourable member that I had quite an interesting meeting with members of the Alcoholism Foundation and it so happened that these people had been alcoholics themselves, and they stressed to me the dangers of alcoholism. They stressed to me the fact that once you are an alcoholic that there's just a thin red line that divides you from stepping over, and becoming what you had been, and that the problem of alcoholism is a very real disease, immense; and of course with the Alcohol Education Society, or the AES as we term it, they have been doing a considerable amount of work in the schools, also with such things as publishing brochures, etc., and that work will continue throughout the whole of this province, and I think that the Adult Education Society, in the work that they have done in schools in the past, has been very commendable and that it will continue in a more active pace than it has up to the present time. It's a very dynamic, a very active and a very efficient group.

You are familiar of course with the type of advertisement that has been placed in the newspapers and on the television and on the radio through the Manitoba Committee on Alcohol Education and there will be continuity to that service and it will be with the guidance of the former chairman of the Manitoba Committee on Alcohol Education. I think that it will come under the department of Health Education in order again to utilize the resources that are available in that particular section of the department. And perhaps one of the most encouraging things about the program that is underway at the present time is the co-ordination of all the various resources that are available for the alcoholic. They understand each other, they know that their common goal is the same, and they are prepared to work in very constant liaison. They are prepared to attend the monthly meetings with the director of rehabilitation services, the head of the Alcoholism Foundation, the Salvation Army, the Adult Education Society, and the consultant to health education, in order to make sure that the program is going to be a dynamic and an effective one.

Mr. Chairman, since I have been the Minister of Health the Honourable the Member for Inkster referred to 'Health Week' in Canada. And of course, as he pointed out this is the last day. The health education section has been doing work, combining with other agencies in doing work towards this national health week, and it is quite an easy matter to stand up and say that people should be in good health and that people should take care of their teeth, etc., but as I have gone around and been into the mental institutions, as I have been into some of the hospitals, and as I have talked to the alcoholic group, I can only appeal to the members of this House who have no difficulty, who have no problems with children, no one ill, no one sick, no one who has any mental deficiency of any type at all, no one who has an alcoholic problem, to be very thankful for that, but not only to be thankful, to make sure that they don't have it, and to accept an individual responsibility to see to it that their health of themselves and of their families is kept fully intact. Now I trust, Mr. Chairman, that the Honourable the Leader of the NDP has had his question answered.

MR. SCHREYER: Mr. Chairman, the Minister said, and I quote, that, "the government through the Alcohol Education Service was conducting a well co-ordinated program utilizing all resources available to the alcoholic," and I presume he meant service. Well I would presume, Mr. Chairman, that at all times a government branch or service is conducting a co-ordinated program. I would hope that it's never conducting an unco-ordinated one, and so therefore the question becomes, has any major innovation been made in this particular service, and if so what kind? If there has been no major innovation is it then a case of simply tightening up -- is it a case of tightening up on an existing old program?

MR. WITNEY: Mr. Chairman, one of the major innovations is to bring the whole operation

(Mr. Witney cont'd) . . . . under the Department of Health. The other innovation is the change in The Alcoholism Foundation Act to make it a tighter operating body and a more dynamic body, and of course the other I consider to be major innovations are the increased amounts of money to allow the Foundation to do its job more effectively; the same with the Alcohol Education Society, and with the Salvation Army. This matter of co-ordination and being able to have them all three come together -- they weren't exactly disco-ordinated but I think they will be better co-ordinated under the present system. If the honourable member recalls that it was divided at one time between the Department of Education and between the Department of Health, and that is perhaps the major factor is that it is now brought all under one department and under the guidance of one man, which is the Director of Rehabilitation with the Minister being responsible for any failures that take place.

MR. CHAIRMAN: (d) passed. Resolution . . . .

MR. PAULLEY: Before we pass (d), I know the hour is late but I'm disturbed with one problem and I didn't know whether I should properly bring this up under the Department of Education estimates or whether it should come up under this estimate of (d), Rehabilitation Program; and seeing as both the Ministers are together, maybe one or the other might be able to put me straight, or answer my question. I'm concerned -- we have made provisions for the establishment of a school for the deaf here in the Province of Manitoba. Once again it's been announced that we're going to have a new school. Now I'm concerned with the problem as to the provision of teachers for the contemplated school for the deaf. Now whether it comes in this particular item or in another item under the Department of Health estimates, I'm not aware Mr. Chairman; but somewhere along the line -- now I realize that we have passed the Department of Education estimates -- but somewhere along the line I want to be able to direct a few questions insofar as the provision of teachers for the contemplated school for the deaf. If I missed it in the Department of Education I certainly want to raise it under the Department of Health in the rehabilitation of children. It's one of these in between sort of deals. Now I don't want to press the question tonight but I want to be assured that I can ask it.

MR. JOHNSON: I can help the honourable member. The pre-school centre -- you know, for the deaf and cerebral spastic that was opened last year under the auspices of the Society for Crippled Children and Adults has remained with Rehabilitation and Health. The school for the deaf comes under Special Services under the Department of Education, and as announced the \$1.8 million was set aside for the school for the deaf.

MR. PAULLEY: Mr. Chairman, I apparently missed the opportunity by virtue of not raising it on the question of the \$1.7 million but may I have the indulgence to ask the question now then, seeing as we are dealing with these, pardon . . . . . seeing as we dealing with the question of rehabilitation and I think this comes within the ambit of rehabilitation. What provisions are being made by the Government of Manitoba to make sure of the provision of adequately trained teachers to teach the deaf children of the Province of Manitoba.

MR. CHAIRMAN: . . . . if the member were willing.

MR. PAULLEY: Well I can leave this, Mr. Chairman.

MR. CHAIRMAN: We're just on the verge of this resolution and I didn't know whether that would suit you too.

MR. PAULLEY: Well, Mr. Chairman, I'm quite prepared to do that because there is another item dealing with a school; the word 'school' is mentioned on another item a little later on in the estimates; maybe at that time I can raise it and I'll accept your ruling for now.

MR. CHAIRMAN: Item (d) pass. Resolution 52 passed.

MR. EVANS: Having accomplished that full resolution, I'll move that the Committee rise.

MR. CHAIRMAN: The Committee rise and report. Call in the Speaker.

MR. MARTIN: Madam Speaker, the Committee of Supply has adopted a certain resolution and directed me to report the same, and asks leave to sit again. Madam Speaker, I beg to move, seconded by the Honourable Member for Dufferin that the report of the Committee be received.

Madam Speaker presented the motion and after a voice vote declared the motion carried.

MR. EVANS: I move, seconded by the Honourable the Minister of Health that the House do now adjourn.

Madam Speaker presented the motion and after a voice vote declared the motion carried, and the House adjourned until 2:30 Monday afternoon.