

## THE LEGISLATIVE ASSEMBLY OF MANITOBA

8 o'clock, Thursday, April 8th, 1965

COMMITTEE OF SUPPLY

MR. CHAIRMAN: The Honourable Member for St. Boniface.

MR. DESJARDINS: Before dinner, Mr. Chairman, the Honourable Minister had expressed his belief that, his surprise anyway, that the hospital should not know -- the individual hospital should not know the different standards that should be used while preparing the budget. I'm very surprised that he is not aware of this and to help him out I'll read a letter that was sent by the chairman of the advisory board of St. Boniface Hospital, that was sent to the Chairman and members of the Commission of Manitoba Hospital Commission on September 16, 1964. "Gentlemen: The last regular meeting of our board the following motion was discussed at length and unanimously carried: whereas the Manitoba Hospital Commission has been advising this hospital that certain standards for policy are utilized by the Manitoba Hospital Commission in determining allowable budget for nursing services; and whereas these standards or policy are unknown to our hospital; and whereas the Manitoba Hospital Commission in letters dated September '64 and June '64 has refused to make these policies known; and whereas the hospital finds it impossible to project a budget adequately if the policies governing the budget are not made known; now be it resolved that the members of this board request the Manitoba Hospital Commission to outline in writing and make available to this and other hospitals all standards, policies and any other rules and regulations which are used by the Manitoba Hospital Commission in determining their acceptance of budgets and the establishing of approved costs. We hope that you may be able to advise us in this regard at your earliest opportunity."

Now there's another letter, I don't know if -- I thought I had it here. Well anyway the answer that was given to the board is that the only policy that they had that they could make public, because the other thing was supposed to be secret, was that every different hospital should get their fair share. Well this is certainly understandable but this does not help when you are preparing a budget. If you don't know, if you allow so much let's say for cancer treatment or a delicate open heart surgery, an operation, who's going to tell -- well you have five and the next person, the next patient well, you wait, we're only allowed five in this hospital. I wouldn't want to be the one that has to tell the father or husband or wife, well we can't operate now because this is it. I know this is difficult but the Commission has to give us our standards. So I can see the Honourable Minister is not too versed in this -- I don't think he's been informed, and as I say I'm surprised because this motion was brought out from the floor I understand of the Associated Hospitals.

Now, I'm certainly not satisfied with the explanation. I think that in all fairness that the Minister said that he'll come back to this -- this letter from Metro. He did quote a paragraph that said "this is not final" but then the Honourable Minister himself just before dinner, started quoting the six percent that the hospitals should contribute and he was saying that this might be the case in certain times, and certain times certain hospitals won't be able to pay anything. Well what autonomy, what independence have we got if Metro says without discussing -- this is my big point, Mr. Chairman -- this has never been discussed with these hospitals, different hospitals. Now some hospitals wanted to build and the Commission said "Go ahead." That hasn't been discussed with Metro but they say, go ahead and Metro will find the money. Well this is not what the Honourable Minister explained last year. And now we're supposed to have this autonomy. We're supposed to have different people having pride in their hospital; this is what we were told last year at great length. And this year again we were told that the policy hadn't changed at all. But there's nothing personal about this. The Chairman of Metro doesn't talk to the hospitals. He writes a letter -- not of Metro, excuse me, of the Commission -- writes a letter to Metro and he says, well it's going to cost so much, so much this year, so much this other year, now we can't be asking you for a different amount every year, we'll project this into a number of years and it'll cost you a million and a half, period.

Now we don't know what hospital can contribute something. We don't know those that can't. I think that I can be safe in assuming that very few hospitals -- the time of this voluntary contribution is practically gone. The people feel we are paying for this. This has gone. Very few people put this in their wills. Now this is the government. You know how the people feel about the government. This is something, the obligation of the government and no hospital can get this. Sure, the Minister will tell me, St. James did. But this was the municipality

(MR. DESJARDINS cont'd) . . . . . of St. James. Now our point last year, and my point this year again is this -- this 20 percent -- we should follow the Willard recommendation, this should be paid up by the province. You're just bringing in another level of government, you're asking Metro to go ahead; now instead of having more independence from the hospitals, what are you doing? You're telling -- the Chairman tells the Hospital Committee, the Metro, if you want somebody to come and spy on the hospital to make a survey, an investigation, we'll be glad to have them along. And remember Mr. Chairman, nothing has been said to the hospital. Nothing has been said to the hospital. This was not discussed at any time and I certainly think that this is wrong. There's nothing personal. They're going to charge so much for Metro. Those are the taxpayers of the Metro area, and I think it is just another tax on the people of Greater Winnipeg.

As I said before, it is only natural that the people from rural points in Manitoba will come to these hospitals in Winnipeg. Especially for the costly services, because they're not going to have these cobalt treatments in all the small hospitals. They come here, and those are the costly things. But who is paying that 20 percent of capital cost? Who is paying for that? The people of Greater Winnipeg area only, and I think that this is unfair. As we mentioned, the only defence that the Minister had last year -- "Well, we wanted to keep these people independent." Well we can't have more people looking into all these things, we can't have more interference than we have now, when the Chairman of the Commission can go ahead and write to Metro, "and this is what you're going to do and this is what I suggest, and I approve this" -- without discussing to the hospital, nobody's going to make me believe that you're giving the hospital a lot to say.

Now the Honourable Minister himself warned the hospital, this was in October of '64, "Don't misjudge autonomy." And he was telling them "autonomy still depends on public patronage and hospital service to the public," he said. "Whether or not hospitals are aided by the government they still depend on the public." And that's right. And I think we could keep this pride and I think that we can achieve what the Honourable Minister wants, and I might say that I certainly agree with it, and I would like to see the different hospitals pay this 20 percent if it was possible but the Willard report has recommended against this because it isn't possible and I said this to the Minister last year and, oh, no, there was no change of policy and I warned him at the time that this wouldn't be done, and it's a fact. We're in front of it now and I am sure that he cannot deny this. Now I am saying that this 20 percent must be paid by the government, by the provincial government. It's no use bringing Metro into this at all and let's make it fair. This is for the people of the province, let the province pay this 20 percent, and there is no reason--sure you have to be careful, you have to know where the money is going because the government is giving a grant, but you can't go any further than you are doing now unless you take the hospitals altogether and I am sure that the government doesn't want that and the people don't want that.

So I certainly expect a better explanation than this from the Minister about this letter from Metro. You can't just say well this paragraph says that this is not final. I think that we should have something better than that, that we weren't satisfied last year; members of the NDP I think are with us on this, agree with us, and we are certainly not any more satisfied this year.

Now the question also of this tax, the Minister said that this was earmarked --that there's nothing earmarked, I should say, for anything in this province and as I was saying just before dinner when we called it 5:30, that this is not the case. I read from Hansard to prove that it was by the former Minister of Health as well as the First Minister himself that the special session, the First Minister said --"All right, we will try to arrange this thing, the premiums are too high; we believe in ability to pay." So the premiums were reduced and then he put in a six percent income tax and a one percent corporation tax on that, and I'm not going to read it again unless the honourable the members would like me to read it again. It is clear that this money was supposed to go for the hospitals. Now this year --I can't follow the reasoning, but anyway this year this government decided that they wanted to make the collection of tax more adequate. I always thought that the income tax was the best but no, reduce one percent of income tax and we put a tax on, amongst other things, on heat. Well I say this, if the Minister said at the time that this six percent, this total amount, the revenue from six percent, should go to the hospitals and if you reduce one percent I say let's make it up with this other tax because it was just a readjustment of taxes, whatever amount should be brought back on this; and I think that this is a very important thing. If not, what I suspect of course is that

(MR. DESJARDINS cont'd).....we are just getting ready to bring another premium, to raise the premium, especially in view of the fact that the First Minister, as I said before, misrepresents the facts on the .....

MR. CHAIRMAN: As you said it before you shouldn't be repeating it again, and we ask you to get onto a new subject and don't keep repeating the same argument.

MR. DESJARDINS: Well has this been answered? This is the first time that I hear the Chairman try to tell us what we are going to say in Committee. This is the first time that I have heard that.

MR. CHAIRMAN: This is the rules of the House.....

MR. DESJARDINS: I think that this has never been answered.

MR. CHAIRMAN: It is one of the rules of the House that there shouldn't be repetition and if we've heard this --you repeated it yourself as you said before.

MR. DESJARDINS: Mr. Chairman, if you remember it was 5:30 when I was talking about that. There was no answer. I still have the floor.

MR. CHAIRMAN: Yes, but.....

MR. DESJARDINS: And you don't stop in the middle of a sentence on something. You try to make something understandable. This hasn't been answered.

MR. CHAIRMAN: You try....for an opportunity to answer.....

MR. DESJARDINS: We'll give him the opportunity. I think that --I also asked, if you remember right Mr. Chairman, I also asked what's going to happen in the North End in the hospital three times but I've never had an answer yet, and I'm going to keep on asking, Mr. Chairman. We're not here just to make statements. We're here to get answers and this is what we want. I think that you have to be fair on this also. All right, at this time if you feel this is it I'll go by your ruling and I hope I do get a ruling-- an answer.

MR. GORDON W. BEARD (Churchill): Mr. Chairman, before we get too involved in the problems of health in the southern part of the province, I would like to draw your attention to the northern half of the province. I always feel that in many cases we probably get left a little behind, and we've got a lot of catching up to do. I do find though, in discussing the problems of northern Manitoba, particularly in the field of health, that I rather ride the horns of a dilemma. There are two sides, and I do find that one side is probably as progressive as the rockets at Churchill that go up and search the stratosphere, while on the other hand in many cases we're back to the horse and buggy days. But I would like at this time to pause and pay a tribute to the International Nickel Company of Canada's contribution in the field of medicine as far as the town of Thompson is concerned. I believe they have been very generous in their thinking, not only in their employees' contract but also in the planning of the town of Thompson. In the beginning, the company wisely chose a medical director and an advisor in Doctor Blaine Johnson who along with the architects has taken full advantage of the company's generosity and consequently we now enjoy a million dollar hospital that rivals anything in the Province of Manitoba. And we didn't stop there, Mr. Chairman, for we not only had a building but they recognized they must have equipment to go with it, and I am assured that the planners were given a free hand in obtaining equipment in X-ray, operating theatres, etc. that again were comparable to anything in the Province of Manitoba.

Fortunately, we didn't stop there. As a private hospital, the International Nickel Company produced for us a staff that was second to none in the province. They've been efficient, courteous, and certainly a group that we have always been proud of, and they've been effectively replaced from time to time as they have left. But Mr. Chairman, it was not good enough to stop at a hospital and staff. We had to have the professional people to complete this complex, and Dr. Johnson was amongst the earliest of Thompson's pioneers. He first of all communicated with Thompson, or with the area, by bush plane and later by tractor train. As the area started to build up he moved in. He was a man of the north and he was ready to pioneer. He came to Thompson and lived with the men, the construction men, for many many months, until he was able to bring in his family. From then on we have never looked back in Thompson in the field of medicine. We have progressed from working out of temporary housing in the camp and in the town to the complex I have already described. Dr. Johnson has gathered together colleagues in medicine, dentistry and pharmacy, that have kept ahead of the constant demands of the growing community of Thompson. We have a modern medical clinic that serves the community just as efficiently, and certainly offers a calibre of service that should be applauded by all. And I am proud to acknowledge, Mr. Chairman, that final negotiations have been completed to share this Company's contribution with our neighbours on the Bay line in

(MR. BEARD cont'd). . . . . northern Manitoba. To date, the only criticism we had in Thompson was that while we enjoyed the best in the field of medicine, in modern medicine, we did not have the facilities so that we could share them with our neighbours. It was very difficult to turn away those who looked to Thompson for help, and I am proud of my government, International Nickel Company, and the district of Mystery Lake, in having been able to negotiate a plan which will allow for the expansion of these facilities to more than double the size that we now enjoy. Along with this expansion I am assured that we can accept a doubling in size of our medical clinic. This is made possible through the forwardlooking planning of Dr. Johnson and the International Nickel Company, in building the foundation of those important buildings so that they could add on second storeys when the time came. These announcements will certainly meet with approval of all our northern people. While certainly it is not designed to solve all our northern problems in health, it will be a step forward and, I might emphasize, not a small step.

I am also told that we can look forward to an increase in the field of medicine in the community of Lynn Lake. It would be hoped that our progress in this area would continue as the time passes. In the Churchill area we have had our problems in the changeover we have recently passed through. While there must be some further consideration given to the medical facilities in that area, I am sure that the problem will receive government's attention as time goes by. Churchill problems are unique in that the base at the Fort has always been federally controlled and owner-operated, yet we must recognize the people in many cases are residents of the Province of Manitoba.

But, Mr. Chairman, it would not be fair if I were to leave you with the impression that all was well in northern Manitoba in the field of medicine. I have earlier referred to the fact that I am riding the horns of a dilemma. While we have introduced the wonderful world of medicine to our industrial townsites we have not been able to introduce the same advancement in other areas in the Churchill constituency. It could almost be said that we have turned backwards. When the white man first came he introduced many new diseases of a communicable nature that Indians had no physical immunity to. We then scorned the medicine man until we were assured that he was a thing of the past. But Mr. Chairman, while we in our wisdom took away the medicine man, it must be acknowledged that we have not been able to adequately replace him and his medicine in some of our areas. It would be pointed out that we have made settlements in the north. Some are made up of the large part by Metis and light people, while still many others for the most part are treaty Indians. These many many settlements range from populations of 100 or more to some of over a thousand. Some are within the jurisdiction of the Province of Manitoba while others are the responsibility of the federal authority through Indian Health and Northern Health Services.

Some years ago an arrangement was agreed upon where the province took over the treatment of treaty Indians in the southern part of our province, while in the northern part Indian Health and Northern Health Services were responsible for the treatment of the Metis people in that area, and this presented a problem inasmuch as many of these people are actually residents of Manitoba and yet in some part we have no jurisdiction over this program. These settlements are important settlements. They are ones that are required and must be encouraged to grow and advance with the times. They will form an intricate part of any future development of our vast resources. I believe the Honourable Member for Burrows would be the first to agree that both past and future developments, large or small, must look to these settlements for not only knowledge and advice pertaining to the area, but also the manpower suitable for getting our job done.

Some of the settlements are on the Bay line while others are many miles, sometimes many hundreds of miles, from regular lines of communication. Some settlements have nursing centres in which the Federal Government have invested many thousands of dollars only to find that they do not have the qualified nurses to look after them. The stations are closed and often closed for many months at a time. Even at Lynn Lake where we have a good Indian hospital we have had to do without it in the past for many months at a time because of the lack of staff. It was closed down, not for the lack of patients, but because it was too busy and under-staffed. Many of the other townsites are dependent on our so-called "medicine box" that is regularly passed back and forward in the community from one responsible person to the other, and yet in many cases we find that these people do not even have a St. John's Ambulance Course. These people find that they are responsible for the health or for the emergency cases in these areas, and yet they do not have any training to look after the people; and particularly when it falls in

(MR. BEARD cont'd).....the hands of some of the Hudson Bay factors, we find that they are young men who are not qualified to assist the people in their problems. This situation leaves the community with no form of medical assistance which is adequate.

I think that we should also remember that we have problems in the reservations during freeze-up and break-up, where in some cases the settlement is weak, without transportation being made available to the community. The communication lines can also be broken because of adverse weather conditions which can last for days at a time. Emergency cases are dependent on radio communication which can be out for either hours or days at a time. As I understand the situation, each community is assigned a "skip" on their system of approximately half an hour twice a day. If they cannot get through on the radio at that time, then sometimes they find it impossible and they must wait for another 24 hours. This is a far cry from the problem in the city as to whether your ambulances should be allowed to use a siren in rushing an emergency case to a hospital which is possibly fifteen or twenty minutes away. Far too often we find that the emergency plane is chartered only to prove that the patient did not require emergency service.

You can picture what happens when emergency planes come in to take an expectant mother many miles to a hospital, only to find when they get there it was a false alarm. What do you do with her? Fly her back? She may have to wait a few weeks --there is no place to keep her. This involves costly charter trips. She probably has a large family at home and finds that they cannot get along without her, particularly if the father is out trapping or fishing to make a living and keep them off welfare. Should he give up his livelihood to come home? He can't pick up that extra money unless he is in the right spot at the right time. The situation often repeats itself in any one family, year after year, and also many times in each community. Often the men are hesitant in going out when they know that there is no medical assistance for their family. It used to be in the olden days that the family moved out on the trapline together. Now we find, through children's allowance payments being dependent on the children being kept in school, the family then must separate, sometimes for many months at a time, and this is the way of life that is being disturbed by modern progress and our education and attempts to date to overcome this problem have been at times feeble.

I personally cannot see where the medicine box and health almanac is much of an improvement over the medicine man of old. I also point out that this problem is a very old problem. It was not my intention to panic either the government or this Assembly into emergency action. We must keep in mind the fact that our people of Northern Manitoba are self reliant. They are used to coping with the problems that we more supposedly civilized people look to experts for advice and assistance. I also find that the white people who take up residence in the northern communities often take on this ability to look after oneself. We find that while the problem of health has kept at a minimum in the past, we should encourage some steps to take up the slack before we do run into an emergency which does cause panic. Generally speaking the problem is one that must be made up in a large part on a self-help program, with participation and co-operation of the individual communities. The program must be flexible enough to allow it to fit in with the particular circumstances of the individual communities. This will be very important and I believe should follow the thoughts that spark the imagination that is being used by the Minister of Education in dealing with the widespread problems of our public school primary education in northern Manitoba. This in a sense is much different to the secondary education, but just as the primary school education must be dealt with at an individual community level, so must our health problems.

The problem of health must receive the individual community's co-operation if it is to be effective. We can best consider what steps should be taken if we break the problem of health in northern areas into transportation, communication, professional staff and community nursing staff. To a large part we must recognize that transportation will have to remain as it has in the past. We must consider how we can cut down the expense of charter trips that are taking place when it is not necessary. In the field of communication I believe that we must consider a radio system which will allow each of our individual communities in the north to communicate with areas such as Thompson, Flin Flon, The Pas, Churchill or Lynn Lake, where they have doctors who can assist these communities with their health problems. If we can take out --from the Indian residents, if we can get people from each community to come in and train them in the problems of health. If we lose them through integration into other communities this is progressive programming, but we in the past have found that trained Indians often express a desire to return to their own communities. So we should hope probably

(MR. BEARD cont'd).....in this case that the Indian will take his training and return to the community to help assist them on a self-help program. If we can bring about a self-help program, I am sure that the Indian will follow the example of our little communities and come along with a program which will help not only himself but the other people in the community.

Mr. Chairman, I think that when we refer to the Hall Plan we can find that this royal commission has stated these things when they have recommended to our Federal Government some of the programming. I would like to at this time read out a few of the excerpts from the last part of it. They suggest a speed-up in a five-year plan for adequate health services for Yukon and Northwest Territories implementing flying health service system by 1967. They have suggested a twenty-four hour integrated voice telecommunication system for health and other emergencies in the north, using television as soon as practical. They have suggested medical specialists, dentists and consultants to make regular periodic visits to northern stations. They suggest lay dispensers and midwives to be employed in the north with proper training, refresher courses, and manuals and necessary equipment --and this is where the Indian is best able to help himself. They wish to encourage Indians and Eskimos to take progressively advanced education and training in health services. They suggest residents of northern territories requiring special medical attention should be flown out and returned after treatment at government's expense. They suggest community development, including housing, sanitation and other facilities in addition to health, should be undertaken as a centennial project for northern outposts. Lastly, northern residents should be exempt from the one dollar prescription charge applying under the proposed prepaid medical care plan.

I believe that some of these things should be considered when we look to assisting our people of the north in their requirements for health. So Mr. Chairman, we have two sides of the coin: one, when we're progressing in health and keeping up with the rest of the province, and on the other side we have a long way to go, and I would hope that through the co-operation or the co-ordination of governments both provincially and federally, that we can look forward to a day when our people will have the assistance that they so richly deserve.

MR. CHAIRMAN: The Honourable the Leader of the Opposition.

MR. MOLGAT: Mr. Chairman, I want to thank the Member for Churchill for the description he gave us of medical services in the north, and I think that in a number of cases he was very accurate in his description. Certainly a centre like Thompson is today serviced by a very fine medical unit. His description of some of the other areas I think are accurate as well. It did seem to me, however though, Mr. Chairman, that he glossed over one area in his constituency which is in dire need of urgent medical assistance, and that he seemed to indicate that he hoped that this would be taken care of in due course.

Now I don't know exactly what he means "in due course" because we've had that expression used in this House on a number of occasions in the past, and it can mean anything from next year to four years from now. I'm referring to the centre of Churchill, Mr. Chairman, because there were news reports that came out of that area not so very long ago, in fact just before this House met in the month of February, indicating that the medical situation there was very serious indeed. The news reports indicated that there are some 6,000 residents in the vicinity of Churchill and there's only one medical doctor to take care of them. I'm speaking now of a private practitioner. I think there is in addition to that, one government doctor, but he is usually out in the outposts taking care of the settlements away from Churchill. But insofar as Churchill itself, the centre, I understand that in the month of February there was one doctor in private practice and that he was the only doctor in private practice between the Town of Thompson and the North Pole, and there were no others.

Now, when the Honourable Member says that this would be taken care of in due course, Mr. Chairman, I don't think that he can take quite as complacent an attitude as he does, because my understanding is that this situation exists since the month of June when the army base was closed and the establishment that was there then, which I think included something like four medical doctors, were moved out. Now from the month of June until February at least, unless something has been done in the interval, one single doctor was responsible for the whole area. This to serve some 6,000 people. Now surely this is not a situation that can simply wait for something to be done in due course, because it's obvious that no one man can continue at that sort of pace, and in any case no one man can give the type of service that is required. So I would hope that the Minister in charge of the department can give us some further details as to what steps have been taken to service this area. Possibly some have been taken since the month of February, I don't know, but the Member for Churchill certainly did not

(MR. MOLGAT cont'd).....indicate that any had been taken. He simply indicated some hopefulness that it would happen.

Now another topic, Mr. Chairman, which I was disturbed this afternoon when the Minister spoke, is the matter of waiting lists in our hospitals. The Minister indicated that it was improving. Well I think the Member for St. Boniface who was speaking on the subject indicated quite clearly that there was no improvement, that in fact the waiting lists as reported by the hospitals themselves appeared to be worse this year than they were last year; and I can find no indication that the Minister has really made an attempt to really find out what the situation is insofar as the waiting lists. We have to depend on this, on the newspaper reports who have gone to the various hospitals and tried to obtain a clear picture of where they stand, and certainly the reports that have come out from there, Mr. Chairman, are not the least bit hopeful. The Children's Hospital, for example, saying that they have some 400 children on the waiting list to enter the hospital. The Medical Director there said quite clearly that if there were to be an epidemic the hospital could not under its present circumstances take care of it. Going on to other hospitals, such as Misericordia, where it's clear that their waiting list is greater than the total number of beds that they have available; General Hospital, indicating an equally large waiting list; and all the way down the line.

Mr. Chairman, this is a situation which the Minister seems to regard as improving, and there is no indication that it's improving. In fact, one of the medical people from one of the hospitals stated that in a number of cases the waiting list was taking so long that cases that were not urgent became urgent. Now, Mr. Chairman, we are charging the people of this province a large sum of income tax to pay for the hospital services. We collect from them a premium every month for hospital services, and in a number of cases we are unable to provide them with the service for which they paid. I can think of one particular case that was brought to my attention, and this is a resident from the constituency of my honourable friend the member for Churchill. This lady was sent down from the town of Lynn Lake to Winnipeg. She was sent from Lynn Lake by the doctor there to see a specialist here in Winnipeg. Naturally the expense of the trip was her own expense. This is not covered by the MHSB or by Medical Service if you have it. So the lady came down here, saw her specialist here, and he advised that an operation was necessary, but that she could not get into a hospital for some 3 1/2 to 4 weeks, so this lady was faced then with a decision, to either go back to Lynn Lake and pay her own transportation back, come back three weeks later to enter hospital at that time, or the equally costly alternative of staying in Winnipeg in a hotel waiting for hospital admittance. Now in either case, Mr. Chairman, this lady was not getting proper service, and she was not getting what she was paying for through her premium or through her income tax.

Now these cases are not --this is one that I single out because it was brought to my attention, but they are not isolated cases. There are a number of others in the same category; and for the Minister to say the situation is improving I don't think is enough. Now in fairness to the Minister I will say this, that he has now apparently laid on some plans for hospital construction. We apparently are certainly going ahead with the Grace Hospital in St. James. The indications are that the hospital in Winnipeg South will be proceeded with, and I am happy to see that this is done. I point out to him that this is far behind the schedule that was laid down by the Willard Report which had been commissioned by his predecessor in office, in which is clearly laid down the needs in the Province of Manitoba, the priorities for the Province of Manitoba, and the timings for this. Now this has not been followed, Mr. Chairman, and today the government cannot say, well, it's not really anything that we could help, because they had requested the report; they had obtained the information from a very qualified commission; but they did not follow the recommendations of that commission, so that today it is the people who are paying these premiums who are not getting the service, and there are a lot of people in this province right now who are paying for something on which they cannot collect even when they have the need to do so. So I would hope that the Minister will hasten the plans now, to make sure that the delay that has occurred in the implementation of the Willard Report will be corrected soon. It is not fair to charge our people these costs if we cannot supply the service to them.

Now a specific question was asked of the Minister, and I hope that he will have in this regard some information for us as well, and that is regarding a hospital in the North End of Winnipeg. The various parts of the city are now --that is service is being arranged for them. In the centre of the city we have the present major hospitals that exist there; the Minister has now approved a hospital in St. James and one in Winnipeg South. But what about Winnipeg North?

(MR. MOLGAT cont'd) . . . . . The question has been asked of him and he simply has said, "Well, it's under consideration," but in view of the waiting lists that exist, in view of the situation and the dire need for additional hospital beds, it seems to me that the Minister should have some more precise information to give to the committee. What exactly are his plans insofar as Winnipeg North is concerned? Oh I realize that Concordia is in that general vicinity, although it is on the what you might term more correctly the north-east side. There is that additional area to the west of the Red River which is presently not serviced. It is true that there is the Mount Carmel Clinic there providing a very useful service, but it is not of course a complete hospital service by any means, and they of course are operating it equally on only their own funds. If my understanding is correct they are not receiving any assistance for the work that they do. So I would hope that the Minister can provide the Committee at this stage with some precise plans as to when he will proceed with the services which he seems to indicate are in his mind insofar as Winnipeg North is concerned.

MR. WITNEY: Mr. Chairman, we have listened to two or three very interesting comments since we began at 8:00 o'clock, and I think maybe I should say a few words at this time. I would like to say to the Honourable the Member for St. Boniface, because he asked a question this afternoon about full-time professors at the University having to work in the Winnipeg General, there are no such instructions issued by the University. I was in contact with the Dean of the Faculty of Medicine and he advises me that there are no such instructions for full-time professors at the Faculty of Medicine at the University.

I would like to comment for just a few moments about this 20 percent of hospital construction in the Metropolitan area, and I don't think that I need to rehearse all of the speeches that were made last year or last summer when we brought in the bills, because all of the viewpoints are on the record and we had some come from the Honourable Member for St. John's. But there has been drawn to my attention quite recently when I was going through some of the resolutions that have taken place at the Catholic Hospital Conference and also the Associated Hospitals of Manitoba, that the Associated Hospitals had by a majority of decision of the hospitals rejected the recommendation that the Provincial Government take over the full cost of hospitals; that when the 20 percent was passed last year as an amendment to permit Metro to be able to raise the 20 percent, the Catholic Hospital Conference also passed a motion in 1964 approving of the action. And so we have two of the major bodies in the Province of Manitoba who approved of the retention of the principle of 20 percent equity and of the expansion of it to the Metropolitan area. Now this was done mainly to assist the hospitals in this part of the province and in the Metropolitan area, and I believe for the most part that the provinces in the Metropolitan area have welcomed the amendment on the 20 percent and will be taking advantage of it. I repeat that a letter to the Metropolitan Board --and I read to him the paragraph today which emphasized that these were proposals only for the consideration of the Metropolitan Board, and the Metropolitan Board are now taking those proposals under consideration.

When we discussed this matter about the hospital for the North End of Winnipeg, I'd like to point out, and the Honourable the Leader of the Opposition also made note of it --he said the expansion programs with the Winnipeg General, the expansion programs with the St. Boniface Hospital, the expansion programs for the Grace Hospital, the expansion programs for the Victoria Hospital, the expansion programs for the Children's Hospital. Now these are large expansion programs that are taking place, and as I think I have mentioned twice now to the Honourable Member for St. Boniface, all of the whole of the Metropolitan area needs will be kept under constant review by the Manitoba Hospital Commission, and in light of all the construction that is taking place at the present time, any consideration of a hospital in the North End of Winnipeg will have to be taken in the light of the expansion of the project and the plans for the Concordia Hospital that are taking place at the present time.

I live out in the North End of the Metropolitan area. I live out in West Kildonan at the corner of Haney and Petunia and it takes me only about 15 minutes to drive under normal traffic from my corner down to the Winnipeg General Hospital or the Rehabilitation Hospital or the Children's Hospital --just about 15 minutes under normal traffic. I would assume that in the case of an emergency that I would be able to get to the Winnipeg General or the Children's or the Rehab. Hospital even faster than the 15 minutes.

I'd like to comment just for a moment too about the situation at Churchill. In enquiries that were made prior to the estimates being presented to the House I learned that there are two general practitioners operating in the Churchill area now, along with one government doctor. When the Army pulled out, we were faced with the proposition of taking over the hospital, and

(MR. WITNEY cont'd).....we took over the hospital; we established a hospital district and we established a Hospital Board. The Army were able to maintain a staff --I believe it was eight doctors instead of four doctors-- because these doctors were posted to the area. They were under Army discipline. When the Army pulled out and left us with the hospital we had also to staff it with doctors, but this time we could not post them, although we did ask the military authorities if they would retain their doctors there for longer than the period, I believe it was of about August 1st or August the 31st. At any rate, we asked them to keep their military doctors there longer, but they were unable to do so. But the Federal Government and the Provincial Government did agree that they would help to subsidize by an equal amount of money, \$10,000 for the Federal Government and \$10,000 for the Provincial Government, to maintain at least two doctors in the Churchill area; and to my knowledge right now, the Churchill hospital apart from the two doctors, I understand that the nursing staff is up to the required numbers, of the satisfactory numbers, and in order to make sure that nursing staff was kept at the adequate numbers, we increased the salary of nurses being paid at the hospital.

With respect to the Lynn Lake Hospital, there is one doctor up there, which makes it difficult for operating where normally two doctors are needed, and it was my understanding that two doctors were there inside of a month ago but one of the doctors left so they are back to a one doctor situation, but I wonder, in the case of the woman that he speaks of coming from Lynn Lake, why there could not perhaps have been more co-ordination between the doctor in Lynn Lake and the specialist, and the specialist with the hospital, for I am assured by the hospitals in Metropolitan Winnipeg area that if there is an emergency there is a bed. Now, I'm sure that the doctor at Lynn Lake could perhaps have prevented a two-week delay or three weeks or whatever it was that this person, and I can understand that she would be aggravated by the situation. I just wonder whether she needed to have come down and been put to that inconvenience if there had been better liaison from the doctor in Lynn Lake with the specialist in town with the hospital.

I note that the Honourable Member for St. Boniface makes quite a bit of reference to people coming in from outside of the Metropolitan areas into the hospitals. I do not believe that there are that number and it seemed to me that last year we looked into that number and I can't recall what the percentage was at that time. I think we had one figure from St. Boniface, for the St. Boniface Hospital, probably have to go back into the Hansard to take a look for it. But I suggest to him that the people that do come out of these areas, the rural parts of the areas, are people who need a particular type of surgery or a particular type of attention and I suggest to him that they help to keep the specialists, the surgeons, the orthopedists, the pediatricians and all these other specializations, the names that I can't think of at the present time, here in the Metropolitan area. Now you couldn't have in the Dauphin area or the Flin Flon area the concentration of medical talent that you have in the Metropolitan areas. It's because of the concentration of hospitals in the Metropolitan area that you are able to retain the concentration of the medical specialties that we have at the present time, and I suggest that these people that do come from the rural parts of the province are people who aid in providing experience, in providing additional knowledge for the men who happen to be here, and I don't believe that there has been any recognition given to the fact either that the rural hospitals who are for the most part, or all of them at least, are having to raise the 20 percent equity, and the rural hospitals for the most part are raising it on the basis of a municipal tax, are keeping people in the rural areas that might have been in the Metropolitan areas. He may think the argument is an odd one but I suggest to him that he think of it. And I do think that too in the Metropolitan area all we have done is we have given the advantage to the hospitals, the same advantage as we have given to the hospitals in the rural areas where they can raise the 20 percent on a tax basis.

With respect to waiting lists, there has been about every three or four months an investigation into the waiting lists of the various hospitals in this province. The last one was made in February and I do not have those figures here but the figures will be brought down so that I can reveal them to the House for tomorrow night --the waiting list in the various hospitals in the Metropolitan area. But just to read briefly, and I will try to make it brief, a comment that came from the various hospitals in the Metropolitan area about waiting lists, on June 22nd the Hospital Commission met with Sister Ste. Ernestine at the Misericordia and Mr. Paziuk to discuss waiting lists and Sister Ernestine indicated that the current waiting list at the Misericordia was composed of 507 surgical cases and 49 medical cases. The 500 surgical cases were elective cases booked in advance to September. When we talk about these elective cases I was very interested in the comment that was made to me by one of the medical superintendents of

(MR. WITNEY cont'd). . . . . a hospital who simply said that he did not think that the waiting lists in the Metropolitan area were overly large and he pointed out, and he went to some of the people that were on the waiting lists and pointed out where in some cases people had been phoned no less than three times to come to the hospital because there happened to be a bed vacant for them but they did not want to come. They didn't want to come because they were going on holidays or because it was inconvenient or because they just didn't want to come at that particular time. In the Misericordia, July 20th, with respect to elective surgery the hospital books from five to ten patients daily; it is now booked for three weeks ahead. That was in July. It would involve 100 patients and the administrator pointed out that there was very little seasonal fluctuation and that the three-week waiting period applied throughout the year. At the Children's Hospital on July 21st, 1964, the waiting list at that was 250, which was listed to be about average and it was indicated then that the hospital had experienced a decrease in respiratory conditions while the demand for surgery had increased and they stated that it was extremely difficult to predict any trend in dealing with pediatrics, and a hospital such as the Children's Hospital finds a considerable fluctuation in the waiting list at its hospital. And recently, following the article in the newspaper, the Hospital Commission visited the Children's Hospital and while the administrator said he believed that the 400 figure given to the press would be approximately correct, these were mainly elective surgery cases and that about 30 or 20 or 30 or say possibly 50 of them were medical cases, that on elective surgery cases it is true that some of them can develop into emergency situations but no hospital in the Metropolitan area will say that an emergency case will be denied and none are. I have received complaints; I had one recently, a complaint that the woman had fainted on the floor and when we investigated it we found that the hospital did have a bed for the woman but in this particular case apparently the doctor had not taken the woman to the hospital at that time.

Now waiting lists plague all hospitals everywhere and waiting lists are in every province and we cannot simply provide a bed for everybody who wants to go into a hospital tomorrow. If we were to do that you can imagine what the costs of running our hospitals would be. There is an adage that is --it's practically considered to be the rule, that when you build a bed you fill a bed, and so you must plan your beds and you must plan also for a routing of the patient from the acute hospital and, as we mentioned the other day in the report, if they're older people through to the extended treatment care beds, and you have seen the program that we have available now developing for extended treatment care through to the personal care home. There is not only a matter of beds. It's a matter of flow through the hospitals, and particularly with older people, and I suggest to the House, Mr. Chairman that we are providing and planning for that at the present time.

I would like to make a few comments just for the moment while I'm on my feet too about this matter of the standards in hospitals. The Honourable Member for St. Boniface mentioned that he recognized that the Commission has a responsibility to determine policies which will assure that available funds are distributed equitably and justly to all Manitoba hospitals to ensure all residents of Manitoba a reasonable standard of care and the Manitoba Hospital Commission has, over the past seven years, developed through its staff a considerable knowledge about standards and particularly when it comes to budget time and review of the budget. There has been some seven years of experience, not only with the individual hospitals, but with all of the hospitals in the area and when the budget comes down the hospital commission, recognizing that it has the responsibility to see that the available money --and there is never entirely enough money-- that the available monies are distributed equitably. They fall back on that experience. They fall back on the experience of the hospital and they fall back on the experience of all the hospitals in the various areas and then they come down with the grand figure in the budgetary divisions which list the salaries and list the supplies and then the hospital board itself in maintaining its hospital care, it can adjust to those budgetary figures.

But I suggest to the Honourable Member for St. Boniface that in these standards, etcetera, there is experience of the past seven years for the General Hospital, the experience of the past seven years or more for the St. Boniface Hospital, for the Misericordia, for the Concordia, etcetera. Now I don't think that the Honourable Member for St. Boniface would want to have the experience for the past seven years revealed to say the Winnipeg General, or vice versa. This is an internal economic operation at the hospital and it's the hospital's business. The Hospital Commission, because they are in the budgeting procedure, has access to these figures. But they cannot go to other hospitals and say that we are making this decision or that decision because not only is this your seven year experience, but the St. Boniface is this, or

April 8th, 1965

1391

(MR. WITNEY cont'd).....the Misericordia is this, or the Children's is this --they can't. Also, I think it's interesting to note that the hospitals, when they don't agree with the gross figure or the dollar figure that is brought down in the budgetary division for salaries or for supplies, they can ask for a review of it and the review is granted and the Hospital Commission and the hospital debate it and then if there is a deficit, the Commission wants to know in detail why the deficit occurred and if they are satisfied in that manner and then the deficit is paid. There must be another item here somewhere. I think that's all for now.

.....Continued on next page

MR. JAMES H. BILTON (Swan River): Mr. Chairman, I'm only going to take a moment or two. First of all I would like to acknowledge the concern of the Leader of the Opposition insofar as emergencies are concerned and, as you know, Swan River is 300 miles north-west of Winnipeg and I would like to pay tribute to the hospitals in Winnipeg who accept our emergency cases almost on a moment's notice. I've had no complaints in my own particular area in that regard and we have many many patients coming to Winnipeg for treatment that is only available here in Winnipeg, and again I say I would like to pay tribute to the hospitals in Winnipeg and the doctors in Winnipeg on behalf of the people I represent.

But my main purpose in standing at the moment is to question the continued attitude of the Honourable Member of St. Boniface indicating that he feels that the government should take up that 20 percent charge, a policy which was adopted last year. What is he trying to do, create two kinds of people in the Province of Manitoba? Because to date hospitals have been built throughout rural Manitoba under this heading at considerable expense. In the last year we in Swan River were indicated in the report as having a dire situation, a small hospital, 32 beds. Some improvement had to be made, and three years it took to determine exactly what we were going to get. And that three years, Mr. Chairman, was brought about by the interest of the local people who were to put up the 20 percent and they're satisfied by their continuing efforts that they possibly saved \$250,000 in the construction of that hospital.

The outcome of it all, Mr. Chairman, was that a two million dollar addition so sorely needed in the Swan River area was approved, and got underway last year. But before it got underway, the people had the say as to whether or not that expense should be entered into. We had a vote and the vote of the people throughout the Valley were in favour of the development of this two million dollar project and being in favour they proposed to find something in the neighbourhood of \$385,000. This in a community, Mr. Chairman, which is presently carrying a debt well in excess of \$2 million. Are the people of the Swan River Valley any different to the people in Winnipeg? None whatsoever. And I feel -- and in supporting this legislation at the time I did was to give the local people the opportunity as to saying as to how their money was to be spent. If the people of the Swan River Valley thought that they couldn't afford the \$385,000 they would have pretty well turned it down and by the same token the people of the Swan River Valley would have probably taken a hundred years to raise a million and a half dollars that made up the balance for the construction of the edifice that we're all going to be pretty proud of and, apart from being proud, is the facilities such a project is going to provide for the people.

A third of the patients that are accommodated in the Swan River Hospital come from the Province of Saskatchewan, or close to a third. The people of the Swan River Valley originally built that hospital; they don't turn these people away because they contributed. The Government of Saskatchewan of course pay their way. Much has been made of the Winnipeg hospitals catering to the rural people of Manitoba. I want to assure you, Mr. Chairman, that the people of rural Manitoba don't come into the City of Winnipeg for this service with their hat in their hand; they pay their way and pay well for it. And the City of Winnipeg gain in so many ways. Surely this House is not going to be called upon to give them another piece of pie in the sky. Let's all go together supporting the legislation that is on the books and I'm sure the people of the City of Winnipeg want no more than the rural people who, Mr. Chairman, it is fair to say, have to this moment committed themselves for millions of dollars and for generations yet unborn that have to pay those bills, that is, for the construction of hospitals.

MR. DESJARDINS: Mr. Chairman, I was very interested in what the Honourable Member had to say. I agree with him, we should not have two classes of people, I agree with him a hundred percent. We're not going to battle there. I congratulate the people of his constituency for their good work. I do not deny and I'm not trying to suggest that the people from anywhere in Manitoba should not be allowed to come in these hospitals, not at all. Forget this 20 percent, Mr. Chairman, all the rest of the construction is paid by the province, and if my honourable friend follows me there is only the 20 percent of capital cost left. I think that this is easy to follow so far.

MR. BILTON: . . . . . two governments.

MR. DESJARDINS: I'm talking -- everybody's treated the same on this 80 percent, right?

MR. BILTON: Right.

MR. DESJARDINS: Fine, that leaves 20 percent. I agree, I want all the people to be the same, exactly the same. Not a special piece of pie to anybody. That's right. No more,

(MR. DESJARDINS cont'd) . . . . . no less for one than the other; we agree on this. But he is not fair because this is not the case right now. I beg your pardon?

MR. BILTON: What about those that are already committed?

MR. DESJARDINS: What about them? Well, I can tell my honourable friend that certain people are just finished building a hospital in the Greater Winnipeg area. My honourable friend said that in his district if they cannot afford it, they'll turn it down. They can't do this here in Winnipeg. It's a tax. Metro's going to tax them. There's nothing personal. This is exactly my point.

MR. BILTON: Aren't we taxed, too?

MR. DESJARDINS: I beg your pardon?

MR. BILTON: We're taxed too for the \$385,000 that I mentioned a moment ago, for the next twenty years.

MR. DESJARDINS: I'm talking about the 20 percent and the honourable member said that if the constituency, if that district does not want it, they turn it down. Did my honourable friend say that or didn't he?

MR. BILTON: Of course I did, but they didn't turn it down, they committed themselves to it.

MR. DESJARDINS: All right, they didn't turn it down but they could have.

MR. BILTON: I can be as stubborn as you, you know.

MR. DESJARDINS: That's fine. And you're out of order. Well, it's all right as long as I'm not out of order, it's fine. You've been out of order for a long time and that's fine.

MR. BILTON: So have you.

MR. DESJARDINS: All right. Mr. Chairman, he claims that the people out there can turn it down. And I'm saying that in the City of Winnipeg you can't turn it down. There's nothing personal, and this is more than a suggestion -- the Minister can say what he wants that this is a suggestion; they say, they've got the figures, they'll say that it's very close to \$36,000 or \$37,000 is needed in so many years, we suggest that you give us this, that'll cost you a million, a million one hundred and thirty thousand dollars a year. Now can St. Boniface turn it down if they don't want to pay Metro, those taxes to Metro? Can they turn it down? Can the north end? We're told that the north end don't need a hospital because it's not that far, they can go -- can they turn it down? Can St. James turn it down? I'm like my honourable friend, he can be as stubborn as I or more stubborn; I think he has to be honest, he has to recognize this point. This is one thing, the point that I'm making very clear, that you can not turn it down here. This is the whole point.

And then on this other thing, we have people that's just finished building hospitals. Very nice hospitals. They've paid for years. What are they going to do, if all of a sudden the Minister changes his mind and decides to, or the Plan decide that there should be a new hospital in the north end. Who's going to pay for that? Metro, the people of Greater Winnipeg, those that have already paid for their hospital will pay again, the same amount. They have no choice. They pay their tax. What is personal in this, Mr. Chairman? Let's be fair. This is the one point.

Now the next point is this, that there is -- I'm practically sure the Minister said that we had a figure and I think that St. Boniface was 33 percent or something like this, of people that came from outside the district to come in to this hospital. Now let's make it clear again. Last year the former Minister of Health brought in a thing that I was trying to stop the people from coming in this hospital. This is not what I'm talking about at all -- no, the former Minister -- I'm talking about the hospital here. Nobody's trying to deny them. Now they come here, they're welcome, but we think that they should pay their share. This is the point we're trying to make. I'm talking just of this 20 percent. They do not pay a single cent. I've helped to pay for the hospital in St. Boniface. If they build in the north end I can assure you that I -- well, I can't assure you, you never can tell, there might be an accident there but I'm pretty certain that I'll never set foot in that hospital. I'll pay through Metro; he won't.

MR. BILTON: You bet I will.

MR. DESJARDINS: He won't pay this 20 percent through Metro.

MR. BILTON: I'll pay my share.

MR. DESJARDINS: Well, that's what I'd like him to do, pay his share, nothing else. All right, what is the next thing. We said about 33 percent that come up, they don't pay a single thing out of this, out of this 20 percent. This is not a provincial tax, this is a tax from Metro, they don't pay anything at all. They're welcome but they should pay their share -- not

(MR. DESJARDINS cont'd).....more, not less than anybody else. And the only way this could be done is this 20 percent should go on all the province. This is the only way that this could be done. I've said, Mr. Chairman, and the Minister knows that I agree that if it was possible to get this 20 percent I'd be all for it. I said that last year and I say it again. But this is obsolete, this is gone. You won't see those days again. The Minister would like to see them, so would I. But he has to agree this is gone. How else can you reconcile that Metro say you're going to pay a million dollars so much to the people of Metro; nobody has a chance to refuse. Nobody has a chance to refuse. They say if they have this other hospital, this is the thing and they're paying for some people in the costly, it might be 33 percent but the cost is more than 33 percent, because most of the time these people will stay in those hospitals. They're coming here which is perfectly natural for certain things that they can't have, as I said previously, in all these smaller hospitals. This is fair enough, but those are the costly services, Mr. Chairman. Anybody can see this, anybody that has their brains, that this is fair. Can anybody come out and stand up and say that I'm asking something special for the people of Greater Winnipeg? I don't think anybody can say that.

Now the Minister admitted that he had an odd argument and I agree with him. He had an argument that he said, well those people will keep the specialists. What has this got to do with the hospital? There's waiting lists now. The people can't get in the hospitals. We'll keep those specialists, those people cannot get in the hospitals at all. A lot of people can't get in so what does that mean? What about this thing of keeping specialists? I can't see that at all. I repeat the people are welcome but let them pay. The only way they can pay is by putting this 20 percent on the province where it belongs. Now maybe it's just this stubborn Member from St. Boniface; he might feel that this is only the Member from St. Boniface that thinks that. The people of Winnipeg think that. And the Honourable Minister had a good point -- an interesting point, not a good point. The interesting point was this, that two hospitals thought this was a good idea. I'm not worried about the hospital when it's time to pay; they want to receive. They don't care who pays it. They want to receive. Administration is a different thing. That doesn't mean a thing to me because the hospitals are not that interested. They know they can't raise it; wherever they get it, they don't care where they get it. In fact, two hospitals have started to build. They have no idea where the money comes from, so I don't think that this is so important. I think it is up to the people. The people want to know who's going to pay that. It's not the hospitals at all. So this is not too strong a point because two hospitals felt that this is a good idea.

And I'll quote somebody else: "The urban men put onus on province to pay for hospital building. Convention delegates unanimously adopt resolution proposed by Transcona." This was held in Neepawa. "The Manitoba Urban Association Wednesday asked the Provincial Government to assume responsibility for the cost of hospital construction. Delegates attending the association's annual conference re-endorse a long standing principle that benefits to property are municipal and benefits to person are provincial responsibilities." And it's not this stubborn member from St. Boniface that's saying this.

"Representatives of Manitoba municipalities took their stand voting for the resolution by the City of Transcona during the opening day of the two-day conference. The resolution was unanimously approved -- unanimously. The resolution made clear that the Michener Royal Commission on Local Government Organization and Finance recommended that the principle of services benefitting property should be the responsibility of municipal authorities and services benefitting persons should be a charge to provincial authorities. Mayor Harry Fuller of Transcona said the principle had been endorsed by the Michener and the Fisher Commissions and the Provincial Government should go along with the idea." My honourable friend helped to pay the expenses of the Fisher or the Michener Commission and this is what they say, not the Member from St. Boniface.

"The Provincial Government," the resolution said, "should place the cost of hospital construction where it rightfully belongs, and that is with the Provincial Government. The Manitoba Government last session made Metro the collection agent," -- that's all it is, the collecting agent -- that's all it is -- nobody can deny this, it's the collecting agent to collect the taxes. Nothing personal, you can't say yes and you can't say no. The resolution was the first -- it must have been fairly important -- the first introduced for debate during the two-day conference.

Now I think that this might be settled once and for all. If the government insists on this, this is fine, but the fact is that we have no choice and that we are paying for something that we

(MR. DESJARDINS cont'd). . . . . are not receiving for another part of the population, and this question of keeping doctors here doesn't mean a thing to me because this doesn't involve in here at all. I don't think that we have to pay to worry about this.

Now the Minister, the Honourable Minister said, well this is just a suggestion. It's more than a suggestion. He knows that it's more than a suggestion. The Metro people were asked -- sure he read a certain paragraph but I can read one too. I can read that "the hospitals should utilize their own resources before calling upon the Metropolitan Corporation to make the contribution in respect to the 20 percent. The Commission agrees that such a policy is proper and reasonable." The Commission agrees that such a policy is proper and reasonable. They should say who is going to tell them what they are going to pay. Remember this autonomy of the different hospitals, but who's going to tell them? You are going to have a fellow from Metro sticking his nose in. There's another level of government. You are going to have the Commission and they are going to say this is what you are going to pay. Now the hospital will say we have no money. So they say you have different auxiliary operations, your parking lots that you begged for, the property and so on, so you are going to pay for this. Isn't that it?

Now these people were given this by the Provincial Government just a few years ago. Is the Minister saying now this is going to be taken away? This is what the Commission is saying. Without discussing it -- we were talking about liaison -- without discussing it with these hospitals mind you. This is what was said and this letter -- all we have to do is read it. You will see that this is more than a suggestion. We will come back next year and we'll see how far this is -- if these were all suggestions I can guarantee that most of them will be adopted without the okay from Metro. Metro hasn't got a chance. I think that this should be clear. If the government wants to stay with this a little while longer that's fine, but please, please let's not misrepresent things as my honourable friend did today -- or misunderstand, I think he misunderstood. . . . .

MR. BILTON: Too bad I didn't create any misrepresentation.

MR. DESJARDINS: Well they sure are. You just read Hansard and you'll. . . . .

MR. BILTON: That's your opinion. . . . .

MR. DESJARDINS: Mr. Chairman, I think that this Metro -- I'm not going to bring this back to the session -- it's clear enough and if the government wants to say to the people of Winnipeg you have another tax, you are going to pay this if you like it or not. That's what it is, and Metro will be collecting for you. That's what it is. If we are so interested in letting them run their own hospital, let's get our noses out of there and don't bring another fellow from Metro to stick his nose in.

Now we talked about the emergencies also. It is said that there is a place for emergency. But what is an emergency? The Minister said that a lady fainted but the doctor didn't think she should have gone. She fainted, but he didn't call it an emergency. Another doctor would have called it an emergency, so emergency is a good word. Everybody means well but it's pretty hard to define.

And now the standards. We finally got this thing that I repeated so often, Mr. Chairman, I got the answer. I'm going to repeat it again because I am not satisfied with the answer. The answer was this. Well you have had a lot of experience, don't tell anybody else. You have had a lot of experience, don't tell anybody else. These hospitals are told, prepare your budget and you must follow certain standards. Isn't it logical if somebody asks you this you are going to write or phone what are the standards? In fact, the Minister, before he received this note, he said if you don't know what the standards are take the phone -- isn't that what the Honourable Minister said -- and phone? I think we can read that in Hansard. Before dinner he said there's a phone, if you don't know the standards phone them.

Well they phoned; they wrote; they made resolutions. No standards. The Minister all of a sudden had his mind changed. Well, it took you seven years to find out -- don't tell anybody else. I understand how you breathe. He said that -- I agree there are certain amount of money and it has to go around and this is not going to be popular, but you'll have to have a deterrent. This is what you are going to have if you continue, and it's going to run the province right in the red. We were talking about get the province out of the red a while back. You're going to put it in the red because you can't keep on, keep on, keep on and giving the -- it's not popular I know -- but if you can't pay as I said before, you've got so much, your standards and your policy, you divide it.

But the people have signed a contract, Mr. Chairman. They are paying. Now the first

(MR. DESJARDINS cont'd) . . . . . five people as I said will have a very expensive open heart surgery. The sixth one -- the policies, the standards are so much for hospitals for open heart surgery. Well I -- no I am not going to wish that to the Honourable Minister. I'm glad I don't have to tell the father, well no you're sixth, the policies are so much for open heart surgery, you come back next year. I wouldn't want to say that and this is what's going to happen. If you've got so much money -- like you say there is never enough. We'll have to cut on some of those other things. We'll have to cut on some of these other things. We can't go on and say, well the policy is so much money, not on things like that, not when it's a question of life and death, Mr. Chairman.

Now on another thing, the third party recovery. The Honourable Minister told me, and I think I've got this figure right, that the third party recovery this year was roughly \$206,000. Now the cost of recovery, if I understand right, was \$13,464 and -- or is this \$8,000 for a full-time employee, is that part of the \$13,000? This is extra, isn't it? That's the third party recovery I'm talking about. The third party recovery this year was \$206,000; the cost of such recovery was \$13,464, which left -- the figures of the Minister, \$192,000, but then -- I don't know whether it was an afterthought or something, but there was a full-time employee there somewhere for \$8,821. Now if the total which was recovered after expenses is \$192,000, that \$8,821 is part of that 13. This is what I want established right now. Well maybe I'll go . . . . .

MR. WITNEY: Mr. Chairman, I wasn't going to smoke a cigar tonight but I started round about 9:00 o'clock, but the figure is \$13,464 for legal expenses and the salaries at the Commission \$8,820, so that's \$22,284 in total.

MR. DESJARDINS: The \$13,000 is for legal work on this. All right. Actually then the cost, this 192 is not clear. As was stated, you have to reduce this from another \$8,821. All right. Even at this, this is \$22,000 that it cost to recover \$206,000. Last year I asked the same question. In all fairness to the Minister it didn't go in Hansard, it didn't appear, I didn't get it in the estimates, but in all fairness I received this note. Last year the third party recovery was \$173,000; this year 206. Last year it cost \$27,000 or 15 percent to recover 173 -- if the figures are right we were given; and this year it cost \$5,000 less to recover \$30,000 more. I'd like to have some explanation on this. This is why I asked that last year. I didn't think that this was right.

Now if I understand this right, third party recovery is something that happens if somebody is injured because of an accident and the insurance will pay. Well we had -- this is quite an expense, even this year which is less -- \$13,000 for legal fees and you are already paying eight, close to \$9,000 besides that on 206. Now if you have an accident, the third party is the insurance company. There's two things that they can do. They either say we don't pay or they'll say we'll pay, and I am sure and I know that many times there's no question, you sign a form -- and this is what I asked last year -- and they phoned and they said where am I going to send this money -- who? Well this is the lawyer, and they try to -- shall we send this directly to the Commission? No, you send it to me in my name.

Now what I want to know is do they automatically get a percentage even if there's no trouble at all, even if the insurance company is just begging, just want to know the address where to send the cheque? If I hire a lawyer it's because I need him. This looks pretty high because I am sure that all this -- I would like to have this figure, this amount broken down. I want to see out of this 206 how many and what total amount represented the money when there was no battle at all, no controversy, the insurance want to pay it, because that should all be clear. This is not the right percentage. You don't have to collect -- this \$8,000 should take care of that. Now this \$13,000 represents -- I want to know what was the amount that I call it debatable.

Now this is a letter -- this is a letter that was sent on January 26 of this year to the Manitoba Hospital Commission. "Dear Sirs: We understand that it is the practice of the Manitoba Hospital Commission to recover all claims payable on behalf of the persons hospitalized as a result of a car accident. We have assisted numerous persons in the last three or four years, completed questionnaire emanating from your office following car accidents. We understand too that in the insurance industry certain specific insurance coverage is declared primary, and as such is called upon first to pay the claim when one or more companies are involved. I wonder if you would be good enough to let us know the exact procedure you follow in making recoveries from insurance companies and under what authority it is made. Could you let me know as well if a law firm is employed on a full-time basis by the plan or a

(MR. DESJARDINS cont'd). . . . .percentage of what he recovers. I suppose that the regular limitation of accident legislation governs the Manitoba Hospital Commission." It just happens that this is signed, "Mr. Shoemaker, Shoemaker-McGilvray Agencies."

The answer -- there was no trouble in getting the answer, this is the answer -- January 27, the next day. "Dear Sir: This will acknowledge your letter of January 26, 1965 requesting information pertaining to recovery of monies on behalf of persons hospitalized as a result of a car accident. Legislation under The Hospital Service Insurance Act, provincial, set out certain sections whereby the Hospital Commission would be entitled to recover insured services where the injured party was a registrant. . . . .the Commission and the injuries were occasioned by the wrongful act, omission, neglect or default of another person. Attached is . . . . .copy of Section 28, 29 of the Hospital Services Insurance Act which you may find of assistance in determining how we operate. When a claim is received from a hospital, this department is advised the type of accident, etcetera, and through various means we establish who is alleged to be responsible for the accident and send out a notification of claim to the insurer of the alleged party responsible." This would seem to indicate that this is done without a lawyer so far, and I would like to know the amount that came in without the help of a lawyer. I think we should have that. "This, as you can see from the attached legislation, is fully covered by the authority of that legislation. We also have the services of Mr. V. L. Baird of the firm Newman, MacLean and Associates here in Winnipeg, who was solicitor for the Commission on a retainer basis. Limitation of action is covered by Section 29, subsection 1, whereby we have an additional 12 months over that of the individual to institute an action on our own behalf."

Now, this is what I would like from the Minister. We would like this amount broken down this year and last year, please, of what has been recovered without -- not without going through the lawyer, without having to go through the lawyer. I don't know what cases are . . . . .if we follow this here, from my understanding the notice is sent from the plan and the money comes direct and you get the lawyer when you need him. Now, that would indicate that there's only one lawyer, that this \$13,464 was paid to a Mr. V. L. Baird this year. My next question would be, the cost last year wasn't broken down. It was \$27,000. How much of this amount was paid to the same Mr. Baird, if any, or any others. I think that this is too costly. I think that this is waste. There is no need for that, and I'd want to know for this year and last year, and this is something that I'll pursue, so I'd like to have the information on this, during this estimate of course.

MR. CHAIRMAN: The Honourable Member for Burrows.

MR. MARK G. SMERCHANSKI (Burrows): Thank you, Mr. Chairman. I'd like to find out as to what the Commission has done in reference to the survey referring to the distribution of hospitals in the Metropolitan area. I think that it is rather questionable whether any specific area should be requesting a hospital in view of the fact that the initial 20 percent is not the responsibility of any municipality, but it is a responsibility of Metro. Now, again I say to the Honourable Minister that with such a dynamic and forward approach in reference to our hospitalization in the province, I would like to know if there has been a survey of this nature undertaken, and if it has, what are the results of this survey. Now surely this is the only body in the province and certainly in Metropolitan Winnipeg that we can look forward to leadership, and I think that this leadership, Mr. Chairman, is sadly lacking, because on the one hand we have the remark made about the General Hospital that from Winnipeg North we can reach this area in 15 minutes or something of that nature. I would wonder if a study has been made how quickly you can reach the General Hospital in case of an emergency from Winnipeg North when you consider you have one underpass at McPhillips and when you consider that the Arlington Bridge is not a very convenient traffic disposal flowing north and south, and then of course the Salter Bridge. And I seriously question the ability in case of heavy traffic tie-ups, in case of winter driving conditions which we experience quite commonly, that the need and necessity for a proper hospital in Winnipeg North is almost a must.

When you consider that the City of Winnipeg is expanding to the north-west, and you have in East Kildonan, and you will subsequently be building bridges across the Red River, and that entire area of West Kildonan and of Garden City, and it is growing out to the other side of the McPhillips to the north-west, that there is a definite need for a hospital in that area. You're removing from the central part of Winnipeg the Victoria Hospital. You are removing from the central area a good percentage of the Grace Hospital. You acknowledge in your studies and in your publications that it is not a good practice to build a big medical unit.

(MR. SMERCHANSKI con'td). . . . . Then how big is big? Is the General Hospital as big as it will grow now? I think, Mr. Chairman, that there are many of these questions that remain unanswered, and there's somebody that's not carrying out the proper responsibility of the Commission that has been set up to properly integrate location of hospitals in Metropolitan Winnipeg. I am very much surprised in that there is, and appears to be, this lack of proper co-ordination.

Now, the next thing I'd like to bring up is that I think that my honourable friend from Churchill certainly was not very complimentary to the present government or the present Department of Health. I agree that International Nickel has the most modern, most outstanding, most up-to-date medical facilities in terms of equipment at Thompson that you can ever wish to have, but by the same token, Mr. Chairman, it is not the responsibility of International Nickel to provide medical services for all of Northern Manitoba, and I also want to point out that Thompson and Lynn Lake and Churchill do not constitute in its entirety northern Manitoba. There are such places as God's Lake, Oxford Lake, Highland Lake, and as my friend from Gladstone says, Red Sucker Lake. These are all places, Mr. Chairman, that are very well serviced at the present time. In most of these places you have the Department of Indian Affairs having excellent co-ordination to take care of emergency and medical requirements in these areas. These people are invariably in constant touch, or can be in constant touch with the radio-telephone by connecting the outlet of the Manitoba Telephone System, either at The Pas, Gimli, Selkirk, and I think there's been one more established now in some other mid north-western area.

I was also somewhat taken aback by the fact that there is a lack of First Aid training in these areas, and I must disagree with this as well, because, Mr. Chairman, there isn't a single Hudson Bay factor or manager, there isn't a single mining engineer, there isn't a single prospector or geologist or, for that matter, personnel of the Forestry Branch or of the Provincial Game Branch who do not have some knowledge of First Aid administration, and before any emergencies come out of these areas these people through the use of the radio contact and through the doctors located in the strategic points such as Norway House, Lac du Bonnet, The Pas or at Ilford, they do get advice in order to know how to treat very serious emergency cases. Another thing is that during freeze-up and break-up, this is a matter of eight to ten days even under the most difficult conditions, because if you have a large body of water it doesn't freeze till a good deal later, and you can land on pontoons on the open part of the lake while the bays are being frozen, and it is only a matter of a day or two that you can come in with a light plane on skis into one of these small little bays, and this is done, this is done every spring and every fall through our entire north country; so that these conditions are not as desperate; these conditions do exist and these conditions do take place, but it is not a matter of isolation and it is not a matter of death.

The other item I'd like to ask of the Honourable Minister is, in replying to the Member from St. Boniface he mentioned the movement of the Grace Hospital out to St. James, and I would like to know as to the program or the amount of dollars and cents that are being allotted for, or provided for, in the proposed specialized service and renovation at the Grace Hospital. It is my understanding that when the movement takes place from Grace Hospital to their new construction facilities at St. James, that there will be certain renovations made at the present Grace Hospital on Arlington Street, and I would like to find out -- if my information is not right -- I'd like to find out what are the facts, because I do understand that they are going to be needing a new power plant, I understand that they will be needing additional land and some additional new facilities on the Arlington Street, and I am just curious to know the amount of money that will be expended at this location.

I also have to take exception with the Honourable Minister in terms of administration. There is unquestionably, Mr. Chairman, going to be a duplication of staff at Arlington and St. James, the reason being that you simply cannot operate an efficient hospital without the proper laboratory, x-ray and additional tests that have to be done on the spot, because if you don't do this then you encounter the necessity of moving patients, and somebody has to move these patients from one location to another. Then there is the necessity of co-ordination and sending back of these reports between the two locations, and if you have got a Telex service, this in itself is not sufficient. It is for this reason that the duplication of facilities at the Grace Hospital on Arlington and at the Grace Hospital at St. James are going to run far in excess of \$100,000 per year.

I would also like to bring to the attention of the Minister that in his presentation there

(MR. SMERCHANSKI cont'd). . . . . seems to be a discrepancy between what is considered to be an efficient unit, hospital unit, comprised of so many beds, and at the same time that the General Hospital is such an efficient unit with some 550 plus beds. I cannot follow the wisdom or reasoning in saying in the one instance that a bigger hospital unit is an economical unit, and on the other hand saying or inferring, as was mentioned in reply to the Member from St. Boniface, that smaller units are more efficient. I would like to have a clarification on this because the General Hospital seems to be or appears to be building a bigger and larger complex. Now I also realize that some four or five years ago when a restriction was placed on all hospital construction in the province in order to get the proper studies and co-ordination of surveys completed, that this was not done in the General Hospital area. The General Hospital area was made an exception and was permitted to carry out hospital construction. Now the reason I mention this, Mr. Chairman, is I question, and I would like to draw this to the attention of the Minister -- I know he's a very conscientious individual -- that somewhere, somehow there appears to be a conflict of interest, a conflict of interest in reference to some of the members that are serving on the Hospital Commission, some of the members who are involved in the decision-making policy as to whether the General Hospital is going to go bigger and bigger, and I am just wondering if, in the medical field, the Honourable Minister is not torn between what might be properly explained as medical pressure on the one hand and possibly what would be more in the interests of a proper efficient hospital unit on the other.

It would also appear that the Hospital Commission might be well advised to take a good hard look and co-ordinate the requirement or necessity of additional beds in Metropolitan Winnipeg on a long term program -- make it five years, make it ten years. Now I know the Honourable Minister is going to say to me that this is being done, but I question this most seriously. If it is being done, then there is no necessity to have to discuss matters such as should Winnipeg north-end have a hospital. In other words, has there been a proper study made in reference to the flow of traffic, the availability of quick ambulance service from any part of the city to specific points in Metropolitan hospitals that will be located in Winnipeg, and taking into account the proper concern of the growth of the city and the proper concern of traffic congestion, and it would appear to me, Mr. Chairman, that this has not been done. This is something that is badly lacking, and if it has been done then let us hear the report, because this is the most interesting phase of anything that can take place in reference to proper planning of hospital expansion in Winnipeg. You have on the one hand, as has been mentioned time and time again, the Victoria is moving out of Winnipeg, the Grace Hospital is moving out to St. James, and there are pockets of vacuum being created in Metropolitan Winnipeg that are not properly filled in terms of the availability of hospital accommodation to people in the various parts of Metropolitan Winnipeg.

MR. CHAIRMAN: The Honourable Member for Seven Oaks.

MR. ARTHUR E. WRIGHT (Seven Oaks): Mr. Chairman, I arise -- I was going to wait until the item but coming from the north end of the city, having been born there and having heard many many times today about the great need of a hospital in the north end -- I even heard West Kildonan mentioned -- I thought I should rise. And I think I should tell the story over again about the property in West Kildonan. I told it once before when I first came into this House in 1958 and the Honourable Member for Lakeside took strong exception to it because I made some startling charges, and for the enlightenment of the younger members of the Liberal Party I think I should tell it again tonight.

As you know, there was a piece of property in West Kildonan known as the Home of the Friendless. The Liberal government acquired it under circumstances which we were never fully able to understand because it seemed logical at the time that the municipality should acquire the property for non-payment of taxes, but the government acquired it. But having acquired the property they couldn't see its potential, and while the government of the day were looking all over for sites for such things as institutions they couldn't see the value of this price-less piece of property. There were trees in there that were a hundred years old, across from the Seven Oaks monument. The Liberal government of the day couldn't see the wisdom in keeping it, so the Council of West Kildonan placed zoning regulations against it, having created hurriedly a citizen zoning board, and they zoned it for future institutional uses. It could have been used for a home for the blind or for the deaf or for any such purpose, but the Liberal government of that time were determined they were going to sell this property and yet they were poverty stricken as far as sites for institutions were concerned.

To make a long story short, Mr. Chairman, they did sell it. They sold it to the Roslyn

(MR. WRIGHT cont'd).....Estates for \$130,000, and yet at the same time they were looking for a home, for a new site for the Manitoba Home for Girls -- I've told this story before -- but, Mr. Chairman, as we put zoning regulations against the property, there was much pressure on the Council of that day to get it for this and that use, and I was at a Kiwanis meeting one night and the late Mr. Greschuk, Ted Greschuk, a lawyer, prominent Liberal, came and took me out of the Kiwanis meetings and said, "Now I know how you feel about this property. It is being zoned for institutional purposes. Would you consider a hospital on the site?" I said, "Ted, we will consider any good public purpose." That was the prime purpose of the Council's zoning it, to see that this priceless piece of property would be kept for the best interests of the community. So as a result, at the time -- I don't remember the date, but the letter is on file, Mr. Chairman, in the West Kildonan Municipal Offices -- we did receive an application from the St. Joseph's group to build a five million dollar hospital in West Kildonan, and we were quite happy with this because I agree with the honourable members who are so concerned about this hospital in the north end. I think it's probably time we should have one, but I want them to know, and I was told by people who should know, that it was the attitude of the Liberal government of that day in failing to come to the rescue of this St. Joseph's group, and their failure, not only their failure to see the potential of the piece of property but also to give proper financial aid to see the realization of that five million dollar hospital.

So I thought I should rise at this time and let these people in the Liberal group who are so concerned about the hospital in the north end learn some of the true facts -- and that letter is on file in the West Kildonan Municipal Offices -- that there had been an application made for a five million dollar hospital but because of the attitude of the government of the day we now have a supermarket there, and to me every time I see it it's a tragedy.

MR. FROESE: Mr. Chairman, I was interested in the debate here when the Member for Swan River and the Member for St. Boniface took part. It seems to me when we passed Chapter 5 of the Statutes last August, we passed a section in that bill which had to do with this 20 percent, and if I understand correctly, Metro area and Winnipeg is established as one hospital area -- am I right, Mr. Chairman, because if not I would like to be corrected afterwards? Individual municipalities do not represent a hospital area in the city as we have them in the rural parts of Manitoba, as I understand it. But then, who has a say as to where the hospital is built within the Metro area? Is it the government? Is it Metro? Or is it the Manitoba Hospital Commission? This is a question I would like to have answered. If this is only one hospital area, if Metro is one hospital area, then raising the 20 percent naturally doesn't become a decision for the electors, because under the Metro Act the Metro board has power to pass bylaws of this type without having a vote, and I think this would explain some of the issues that were brought up here, whereas we in rural Manitoba are able to vote on the 20 percent and this is not the case in the Metro area. But I would like to know from the Minister who decides where the hospitals are built. Is it the government, is it Metro, or is it the Hospital Commission, the Manitoba Hospital Commission?

MR. SAUL CHERNIACK, Q. C. (St. John's): I thought possibly, Mr. Chairman, the Minister would like to relax a little longer and therefore I would like to bring to his attention certain questions which I asked of him recently and certain replies that he made, and I will not dignify them by calling them answers. Just to refrain from repeating what the Honourable Member for St. Boniface had to say about the 20 percent and the burden placed upon the real property ratepayer of the area of Metropolitan Winnipeg as being an unfair burden, I will only ask the Honourable Minister to do me the favour of again explaining the policy in relation to this 20 percent, because I must honestly admit that I have applied myself to the explanations we've received in the past -- and I don't think we've received any this year -- and I didn't really grasp the application in Metropolitan Winnipeg. I can understand the point of view -- I needn't agree with it but I can understand the point of view in the smaller municipalities where there is one hospital and where that hospital is "the" hospital of that area, to make the people there feel a sense of participation in it and a sense of contribution to it, but I have yet to understand just how this would apply in Metropolitan Winnipeg. Whether it be the Metropolitan government or a municipal government within the Metropolitan area, I still fail to understand how the people would feel some sense of relationship, participation, to the hospitals that exist now in the Metropolitan area, some being like the General Hospital, some being privately owned like the Victoria, others being completely supported by a religious body. I just don't understand the application.

I don't want to repeat what has been said about what to me appears to be an injustice

(MR. CHERNIACK cont'd). . . . .about it. I would just like it repeated for my edification and possibly others who share my difficulty in understanding it, in the light also of what has been said by the Honourable Member from Rhineland, who pointed out that there is a sense of participation in the rural municipalities to the extent that there apparently they must have a money bylaw, so at least they will vote yes or no and in that way feel that they are doing something positive in expressing their point of view. In Metropolitan Winnipeg -- and I agree that Metropolitan ratepayers should not be asked to give their consent on a bylaw, in this particular case being denied that right, they certainly to my mind can't have that sense of participation.

One other matter dealing with the hospital question, and not specifically related to the 20 percent, was an explanation which I think I heard the Honourable Minister make today to the Member from St. Boniface regarding the policy as to the budgeting. And I think I heard him say that it wouldn't be fair to reveal to one hospital the inner financial workings of another hospital. I think he said that and I really don't understand that, Mr. Chairman. We in this province know that we are, through the Manitoba Hospital Services Commission, paying the very large amount of the operating costs of these hospitals and if there are methods used in one hospital that succeed in bringing about savings, certainly those methods should be brought to the attention of other hospitals, not in the way of informing on them, but rather in the way of challenging them to measure up to these savings; and since they are all public monies it seems to me only proper that methods, financing methods, internal budgeting, should be a matter that's open and not concealed because I'm sure these hospitals don't compete either for patients or for financial return, and they probably compete only in the pride of the success of the work they do and the high standards they maintain. This I think is good healthy competition, each to show the others the successes but otherwise I don't think that there's any other advantage in the idea of competition.

So I will leave that question of the 20 percent and the budgeting of hospitals and skip now to the question which I had asked relating to the emergency rooms of various hospitals. And the Honourable Minister explained -- well he said that he would seek further information and maybe he has it and maybe he can expand on what he did say. But what he said was that the ambulances take the patient to the nearest hospital and at the nearest hospital it is the medical staff that make a decision as to whether or not the patient can be accommodated at that hospital or forwarded to a hospital that has more adequate facilities for the type of case that is presented at the hospital itself.

Now I have a document, Mr. Chairman, entitled "Hospital Emergency Service Criteria for Organization" issued by the U. S. Department of Health in 1963 and by coincidence I find that I have two copies, and I'm going to be happy to send one copy over to the Honourable Minister. I'm sure he'd like to make use of this when he has leisure time. And this brief pamphlet deals with a criteria for organization of these emergency services, and speaks under Personnel on Page 5, in these terms: "Medical staff coverage should be sufficient to ensure that an applicant for treatment will be seen by a doctor within fifteen minutes of arrival. A doctor on second call should be available for unexpected or unusual contingencies. There should be a mechanism whereby specialized medical services can be obtained as promptly as possible when needed." Then at the end of this same pamphlet, on Page 11, is a mention of a study made in England on Hospital Casualty Departments in England and certain conclusions were arrived at and I read only two of them at the top of Page 12. "A need is apparent for leadership and executive action on the part of hospital authorities to review, reorganize and improve services for casualties. All hospitals should be classified and listed as to their facilities for accident and emergency cases."

Now I read this, Mr. Chairman, to point out to the Honourable Minister that the suggestion of procedures as outlined by him is one which creates further delays because a patient being brought to the nearest hospital will be taken out of the ambulance, brought into the emergency room, will have to wait possibly the fifteen minutes referred to -- and that might be a waiting period in a well organized hospital -- to have an intern or other doctor come down, look at the patient and then decide whether or not that patient should stay in that hospital or be sent on to another. If the latter, then the patient has to be trundled out of the emergency, back into the ambulance -- which I hope is still there waiting for that decision, but may not be there -- and then go off to the other hospital, get out of the ambulance into the emergency, wait the other fifteen minutes. Now it seems to me that there is danger there in that delay, much greater than the danger in going a little further on the very first trip and there is also there the danger of the pride, the misguided pride, of a hospital. And there there

(MR. CHERNIACK cont'd). . . . . might be a form of competition which could be bad, because I think it takes an awful lot of courage for a hospital to say, we are not equipped to handle a fractured skull. It takes a lot of courage and I think it's possible that a hospital would not wish it so to be stated.

And therefore, if criteria were established as suggested in this pamphlet from the U. S. government, then if hospitals are classified in that way, then I imagine any first-aid man would know where a fracture might be and which hospital might be able to look at it, where an internal injury might be better treated and possibly classifications of this type could be passed on to ambulance drivers and possibly even posted right in ambulances, so that a person with some first-aid experience could make that decision and hopefully make one which would save the patient's being moved around at the risk of his health or life. I leave it at that and ask the Minister if a further study could not be made and suggest to him the possibility that hospitals would be reluctant to admit their own shortcomings unless a ministerial committee were set up to objectively look at facilities and make these decisions.

Skip now, Mr. Chairman, to the question of ambulances which I raised. I pointed out that the Manitoba Medical Association symposium which I quoted stated that in 1961 the ambulance problem had been brought to the attention of this government and other bodies, and the Minister in his reply said that, on Page 1269 of Hansard, "We have had over the past year a very comprehensive survey made in the rural part of the province over the past year, and the year before, of the ambulance needs." The request was made and there were questionnaires and there were consultations and he states now that "soon the Manitoba Health Council will be receiving the completed ambulance report which will be a complete survey of the needs and recommendations made with respect to the rural parts of the province and the Metropolitan area." So it appears to me now that there is something like a three-year spread to make this study and for the life of me I don't understand why it should take so long, Mr. Chairman, unless it's possible that these are all part-time -- these are people who give voluntarily of their time, when they have time to attend to the meetings or the investigations and that's why it takes so long. I don't see how, why it should, how it should or how this could tie in with the work of the civil defence organization, which is under another department which ought to have this kind of information at hand and should have had it at hand a long time ago, not a matter of some three years.

Now to lesser -- not less important, but less extensive problems which I had mentioned and which the Honourable Minister touched on so lightly as almost to bypass them. Firstly, the question of smoking and the danger to health. Last year, we had fairly lengthy debates on this question and it was recognized that this was not a casual problem, that it did deserve really serious action, not just consideration; and I remember on one occasion when we were dealing in law amendments committee with certain requirements to be placed on drugs, narcotics and other chemicals, a warning of the danger. And I think that in our present Act there is a reference that on -- I think it's aspirin bottles or aspirin labels -- there must be a statement "dangerous for children." If not aspirin it's some other very common medicinal drug. And I remember at that stage suggesting that it might not be unreasonable to propose that cigarette packages have that statement "Dangerous for Children" or "Dangerous to Health," and I remembered then that we were told that there was going to be a humdinger of a conference in Ottawa on this entire question on a national basis.

And that was a year ago, Mr. Chairman, and the Honourable Member states that we have many kits on smoking hazards distributed now throughout the schools, throughout the whole of this province and that there is co-operation with the Federal Government. Well frankly I haven't seen much of it. Of course, I don't go to school any more, except in this room, and there may be kits distributed but as far as I can see there is a good deal of smoking going on amongst children who were not smoking last year and two years ago because they're now going into the age where apparently they can go in and buy cigarettes, even though under age, yet appearing to be of age to do so. So that I would like to hear that there's a more positive approach being made provincially because it's a health matter; certainly nationally because it's more easily controlled I recognize on a federal basis.

Now the other item, Mr. Chairman, is the question of the cost of drugs which has been a painful subject for many many years now. And where the high cost has been recognized as being an unreasonable cost and where -- I found something here on that -- I found a statement in a pamphlet which I have which states that, "Certain conclusions from studies made, the differences in the cost to the public of drugs dispensed through hospital pharmacies and retail

(MR. CHERNIACK cont'd). . . . outlets, is in our view most revealing and should be investigated fully by this commission," referring to a commission to which this brief was presented. Paragraph 4, conclusion 4, on Page 17 of this brief: "In our view patents on drugs are possibly the major single reason for the present manufacturing promotion and price situation in the drug industry in Canada, and is also probably the key to effect changes in the industry in the future." Item 5: "Because of the importance and complex nature of the question of prescribing drugs by generic versus trade-name, we feel that this subject requires a separate study." This was a brief presented by this province to the hearings of the Restrictive Trade Practices Commission on the manufacture, distribution and sale of drugs on July 17, 1961, over 4-1/2 years ago, if my arithmetic is correct.

Well that was a long time ago, Mr. Chairman, and I'm not aware of any really conclusive or even half-conclusive results from this national commission, and yet this department, this government through the Manitoba Hospital Services Commission is purchasing drugs in very large quantities, and I believe purchasing these drugs on a generic term basis, and apparently in hospitals there is no freedom of choice as between various manufacturers' products but rather the doctors in the hospital are requested to prescribe that drug in generic terms which the Hospital Commission or the hospital has purchased by tender in large quantities at greatly reduced prices. Now, it seems to me that again we should hear something really meaningful in terms of what can be done in this field in this province. For example, I understand that the province through its medicare program pays the drug bills for patients who have medicare cards. Now, are those drugs prescribed through the hospitals at the cost to the hospitals of these drugs, or are they paid for at retail prices under the very high prices that are being paid and have been paid for many years? And at this stage, I'd better say quickly that the government brief, as well as I think the Hall Commission, but certainly I've read it in other places, all mention and stress the point that the retail druggist is not at all a party to participating in this high cost. They all seem to agree that it's not the retail druggist who is waxing rich at all on the sale of drugs at a high cost. It is rather the high profit which is retained in the hands of the manufacturer and allocated allegedly by him for research.

Now the Honourable Minister when he dealt with this matter, stated that it has been referred and there have been consultations, and the answer -- I'm quoting now -- "the answer that we get back is that they are continuing to study the matter to see what can be done about it." Well, this is -- the "they" referred to is the Federal Government in its meeting with provincial Health Ministers, and I don't know how often they meet and how often they have occasion to review matters like this, but again I would like to think that in every province in this country there are demands being made on the provincial governments whose responsibility health problems are, to get together and tackle this problem in a strong measure. Now, I don't suggest it's easy, Mr. Chairman. I don't want it to appear as if I could solve the problem tomorrow and that I expect the Honourable Minister to do so, but I would like to feel that we are getting a larger report on this matter or that we are made more aware of it so that the people are conscious that something is being done. Too often is the case that the people are not aware of efforts that are being made to control costs of this type. I think they're entitled to know it, and I think the drug houses, if they know of the pressures, will bend an effort themselves to review the problem of patents and controls, and all the other devices that are used to increase the cost.

Now, the fact that there has been a request that the 11 percent sales tax be removed from drug products is I think a small help, because just as this government saw fit to put a tax on necessities like it did last summer -- and I think it's only fair to draw that as a good comparison -- on heat, on power, on telephones, on all these necessary services, so did the Federal Government decide to put a tax on a number of items including drugs. Reducing, or removing this tax will reduce the price to the consumer, but will in no way reduce the profit to the drug companies which are still the biggest profit makers in turnover and in investment in, I believe, all of the industries on this continent. So that, although it would be helpful to the consumer to reduce the 11 percent, that to me is the least of the worry because at least that 11 percent is going back into the coffers of the people and is being used in some way to provide services for the people, so that it might well be that the 11 percent is a painful way of tax collection; it is no more painful than other means used by this government itself to collect taxes and does not really help the problem in drugs. So that I am hoping that in time the Honourable Minister will give us a fuller report on what is being done on drug costs in the hopes that we can all look forward at some time to a concerted action by all the provinces, not just this one, in this very important field.

(MR. CHERNIACK cont'd).....

Now, Mr. Chairman, are we still on the item of the Minister's salary?

MR. CHAIRMAN: Yes.

MR. CHERNIACK: Well then, I'll wait for the other items when we get on...

.....continued on next page

MR. CHAIRMAN: Item 1 (a) (1) --

MR. SHOEMAKER: Mr. Chairman, I have not spoken yet on the estimates of my honourable friend, the Minister of Health, and I would like to say a few words, if they are only ones of commendation for he and his staff, because I don't think there is another department of government that assists me so well, unless it's Welfare, as the Department of my honourable friend and his staff. True, I make more demands of them perhaps than other departments, but the co-operation is very good and so I want to go on record as thanking them for the co-operation and the efforts that they put forward in this regard.

Well, having said that, Mr. Chairman, of course I don't want to continue in that vein very long, but I would like to ask a couple of questions. I well recall when I sat on the board of the Associated Hospitals of Manitoba one of the things that we talked about was the average length of stay of the patients in Manitoba, and I don't know whether my honourable friend has revealed that to the House at this session or not. I have always maintained that any advances that are made in the field of medicine, and surely there has been plenty in the last decade or so, that these advances should be reflected in the length of stay of the patients. I believe that back ten years ago the average length of stay was something like seven days. It may have been reduced substantially since that time and I hope that it has.

Now, there are many reasons I know that my honourable friend will say --many reasons why that the length of stay probably remains high and that he is about to take care of a lot of these matters, and I refer Mr. Chairman, to the great number of people who still occupy hospital beds who could be taken care of just as well in some alternative care institution. I understand under Manitoba Hospital Plan that a patient is supposed to be better or declared a long-stay patient after 28 days. Now, it seems to me that if you go home --it's like going to the United States-- if you go home for a day, then you can go back in for 28 more, and this rather concerns me. I know that this is so. I know that many of the rural hospitals, many of the rural hospitals have long-stay patients occupying valuable beds, so I would like to hear from my honourable friend in this regard.

Another matter that concerns me is what has been done in order to provide six or seven-day service in the hospitals, that is, operating service in the hospitals. I have before me a clipping from the Free Press, I believe, and it looks like it's seven or eight years old. The date isn't even on it, but it's headed: "Six Day Service", and it sets out that here is one area that should be explored further, that presently they're operating on a five-day week; that is, if a patient enters the hospital on a Saturday or a Sunday, there's no --unless it's an extreme emergency--they're not operated on until the first of the week. And perhaps they have changed the regulations in this regard.

The Honourable Member for Rhineland suggested that there was a drastic shortage of dentists, particularly in the rural areas. I want to endorse this remark of his. Presently in Neepawa we only have one dentist that serves a shopping area of some 20,000 people. We had two. One left about a year ago, so we're left with one now. I know that they're graduating in normal numbers, I suppose, but we're not getting the dentists in the rural areas. Now I have a note before me that is supposed to be absolutely the gospel, and it is in regard to students from the Faculty of Education that are graduating this year, and this chap says that out of 130 students that are graduating from the Faculty of Education, 1965 class, not one single person is going more than 15 miles from the Metro area, and I suspect, Mr. Chairman, that this is what is happening in the medical field, that while there may be 25 or 30 students, dentists, graduating they are just not going to go out of the Metro area-- there's plenty of work for them to do here. So that means that the people in rural areas are not being served to the same degree as they are in the Metro area.

Now Mr. Chairman, at the last so-called special session of the Legislature I raised a matter of the Manitoba Medical Service, the MMS, and told of an experience that happened in our own family, and I would like to raise it again briefly. Since our special session there has been considerable comment in the papers on MMS, some of them even suggesting that MMS was going to fold up entirely. Other ones were a fee increase was imminent, and so on and so forth. I have several of the newspaper articles before me, as you might expect, Mr. Chairman, one of them headed: "Some Mds Pad Their Bills, Says MMS." Another one says: "MMS Preparing Deterrent Schedule of Fees" and so on and so forth.

Now MMS admit themselves, or so I am told, that they are having absolutely no problem paying their way with Plan H and Plan HC. Mr. Chairman, I know my honourable friend knows that MMS has three plans that are available to the public, and they call them Plan H, Plan HC

(MR. SHOEMAKER cont'd). . . . . and Plan HCX, and the HCX of course is the deluxe one that provides X-ray and diagnostic service and all the fringe benefits that the other two do not cover. MMS officials say the only one that they are losing money on is the deluxe plan, the HCX. That's the one, incidentally, that costs the average family in the neighbourhood of a hundred and some dollars a year --\$10.00 a month I believe, about that -- \$120 a year so my honourable friend says here. And it's the one they are losing money on. Now why? There must be a good reason for this and I think that I know one of the reasons. I've said this before, I said it at the last session, and I don't know whether I read this letter --it's my own letter-- at the last session, but I will say that I will give you the story behind it.

My wife had been to the Winnipeg Clinic for a checkup and certain X-rays. I received a bill --incidentally Mr. Chairman, I had the cheap plan, I didn't have the deluxe one at that time. I have now, but I didn't at that time, so I received a bill for \$37.00 --set out, \$5.00 for professional service, \$20.00 for X-ray, and \$12.00 for lab-- and I wrote a letter back simply stating I am enclosing my cheque for \$37.00, and I take no exception at all to the \$5.00 fee for professional services but I do object to having to pay \$20.00 for X-ray and \$12.00 for lab because I could have got them for a dollar at Neepawa, and I had to pay \$32.00 for the service here. So I asked them if, in future, could they arrange to have the X-ray work done in Neepawa and the lab work, we could bring the results of the tests in with us to Winnipeg, thus saving me \$31.00, and they agreed that this could be arranged. They agreed that this could be arranged. Now I wonder how frequently they are applying these tactics; that is, I understand that the medical profession receive about 75 percent of the money that they bill you and I for, or they bill the plan for, and they are quite happy with that --well they may not be happy with it but it's better than nothing. What they are saying perhaps is, well it would be nicer if we could get it all but thank heavens we're getting 75 percent.

Now I am also told on good authority, and I would almost be tempted to read what I am told here if I am encouraged to do so, but I am told that many of these clinics in Winnipeg openly admit that if it were not for the diagnostic and X-ray and lab services that are available in the basement on which they make a huge profit, that they couldn't operate. They're fringe benefits; that is, they're willing to accept 75 percent of their normal fee for professional services, providing an arrangement can be made to make the gravy on the equipment in the basement, and I think that this is a matter that should be cleared up because the people who are paying their Plan H and Plan HC premiums are subsidizing the deluxe plan, there's no question about that, because they say that the deluxe HCX plan is going in the red every year. So what are they doing? The other two are subsidizing it. And it isn't right that this should be so.

Now of course the way, the ideal way, as my honourable friend the Attorney-General often says, the ideal situation would be to have X-ray services --that is, similar to what we have in Neepawa in the Health Units-- have these services made available to everybody in the Province of Manitoba. This would be the ideal way, because surely even in this enlightened age there's nobody that would rather pay \$32.00 than \$1.00 for the same service; and this would be the ideal situation. But here is what --I wrote this down because this is what I was told. Under present MMS procedure of payments for diagnostic services, the pathologist and the radiologist are not on fee for services. They are paid the total fee and in turn rebate either individuals or groups on a pre-set split fee basis. While the legality of this method of fee splitting may be upheld by devious arguments, the ethics involved are seriously open to question. This procedure considerably distorts the true income paid by MMS to the individuals or groups involved. Now this is supposed to be the gospel, that's why I wrote it down, and if these are facts then this should be cleared up --(Interjection)-- I don't know. . . . I wrote this down; I wrote it down. So Mr. Chairman, I hope that we will get some answers to some of these. It's interesting to note from this 75th anniversary paper that came out the other night on which so many of the members present declared their ages, they were delivering the Telegram and the . . . . .

MR. CHAIRMAN: . . . . . get on with the estimates of the department.

MR. SHOEMAKER: Fine and dandy. I will read right from this 75th paper. It is the one that says: "Doctors initiated the medicare plan," and right down and the next heading is: "Hospital plan 75 cents a month to start," and it goes on to tell about the history of Blue Cross in Manitoba, started out at 75 cents a month --that's what we paid. Well you know what the premium is now, and all of those boys that delivered the Telegram can remember when the hospital per diem cost was a dollar. I will remember when it was \$1.75. It's now, I think \$18.40 in Neepawa per diem. It's cheaper to live in the hotel now than in the hospital. But the people are forever asking us why has the cost gone from, well \$5.00 ten years ago to \$18.50 and \$25.00 today. Three

(MR. SHOEMAKER cont'd).....hundred percent up in ten years at least.

Now I hope that with the implementation of a lot of our alternative care plans and alternative care institutions that the cost will not get out of hand. I am afraid that it will because in Brandon, so I understand --my honourable friend the Minister can correct me if I am wrong-- but I am told that the per diem cost of care in the Assiniboine Home in Brandon has now reached nearly \$20.00 a day --nearly. Now it started out as an alternative care institution, I believe, to take care of the long stay patients. I know many went from Neepawa --many. In fact, no doubt about it, there will be people occupying beds in the Assiniboine Home presently from Neepawa, but if the cost in the Assiniboine nursing home is now higher than that in Neepawa and immediate hospitals, then there's no advantage dollarwise. There's no advantage dollarwise, and Mr. Chairman, the first resolution that I moved in this House, and I don't know but what it may not have received the unanimous approval of the House but certainly the Minister of Health of that day, the present Minister of Education agreed with the content of it and it was one, just a plain simple one, "Resolved that the Manitoba Hospital Services Plan be altered to pay for the cost of patients in nursing homes." It was only designed to save the people money because we had private homes at that time, there seemed to be quite a number of them that were prepared to take these long stay patients at three or four or five dollars a day and they were occupying \$15.00 beds. This was the purpose of the resolution.

But if these alternative care institutions that my honourable friend talks about, if the per diem cost of those are going to be as high or higher than the per diem cost of staying in the hospital, then to me the purpose, or part of the purpose has been defeated. So, Mr. Chairman, I will be prepared to carry on some of the other arguments as we proceed further and allow the Minister to get his salary.

MR. CHAIRMAN: 1 (a) (1) --

MR. WITNEY: Mr. Chairman, I don't wish to hold up my salary any longer than necessary, but I think I should perhaps answer some of the questions that are here. Starting first of all with the Honourable Member for Neepawa, the average length of stay in active treatment hospitals in 1959 it was 9.3; 1960, 9; in 1961, 9.1; 1962, 9.2; and 1963, the last year for which figures are available, it was the same at 9.2.

He refers to hospitals operating for six days a week instead of the five days a week. This is a constant matter that the Manitoba Hospital Commission is looking into with the various hospitals and it is my understanding, and I can perhaps give figures later on, that there are more hospitals who are operating on the six day basis than there were before.

With respect to dentists and doctors in rural areas, there is a conference being held with municipal men, and one of the people to speak to that conference will be the Faculty of Dentistry at the University of Manitoba, to give some advice to municipal men about the needs and the problems of dentists in the rural areas. With respect to doctors, the department is carrying on steady negotiations with the College of Physicians and Surgeons about the doctor supply in the province. At the present time the total doctor supply in the province, taking the province as a whole, is equal to, or at least rests quite well with the rest of the Dominion, but there is quite a disparity between the urban and the rural area. There are grave difficulties in the rural areas and some of them were mentioned tonight when we were talking about Churchill. But we are in consultation with them and have recently asked at the college and the Manitoba Medical Association a series of questions to which they are going to reply and a further meeting will be held, I trust, not in the too distant future.

The Honourable Member from Neepawa referred to the padding of bills and MMS is scrutinizing each of the doctors' accounts for any padding of bills, and recently I understand that in the meetings that they have been having with the labour people, that the labour people went into this matter too and were satisfied with the job that the MMS were doing in scrutinizing the individual accounts of individual doctors.

The lab and x-ray services that the Honourable Member mentioned is a very complex and a very difficult subject, and during this last year the department has been in consultation with the Manitoba Medical Association about this particular problem and it still is with us. It's a problem not only in this province but in some of the other provinces of the Federal Government, and while the problem is recognized in the Department of Health we have no solution to it as yet.

When the honourable member mentions the difference in the fees, the 75 cents to the fee of today, I think he will also admit that hospital facilities are a great deal different today than what they were at the time that the 75 cents was being paid. Of course the costs of hospitals and the per diem costs have steadily risen all across Canada, and not only in Canada, in other countries

(MR. WITNEY cont'd)..... too as cost of salaries goes up, and as medical progress calls for more refinements in tests such as x-ray tests, laboratory tests, more staff are needed, new equipment is needed. These cost money and in order to provide them to the people of this province so that the standard of medical care can be increased, naturally the costs of operating our hospitals has also got to increase. We feel that the extended care program that was announced by me in the House at the introduction of the estimates that it will bring the cost of hospitalization, perhaps not down, but at least hold the constant rise that is taking place, because as I pointed out at that time the experience in the Dauphin area shows that the acute hospital is running at roughly about five or four dollars a day higher than the extended treatment care costs; and because of the fact that extended treatment care does require lesser intensive care of the patient, it's naturally reasonable to assume that the costs will come down.

He mentions about HCX subsidizing the H contracts. It is one of the reasons for the experience rating on HCX, so that on each individual contract, or each individual group there can be on an experience rating basis some form of relationship between the amount of money spent to the amount of money coming in by the way of the premium that is paid for HCX. I might mention to him that the Manitoba Medical Service are reviewing right now their problems with two general practitioners on the committee, two specialists on the committee, and four of the lay people who are board members of MMS. Those meetings have been continuing ever since December and have been continuing on a regular basis.

The Honourable Member for St. John's referred about the matter of drugs and he read a brief that was presented, or a submission that was presented to the Trades Practices Commission. The Manitoba Government when it has met in the conference of Dominion and Provincial Health Ministers has drawn this problem to the attention of the conference. There have been, since I have been the Minister at any rate, there has been only one conference but I believe there have been other conferences at which this problem has constantly been raised with the Federal Government, and it is a problem which they must take under their wing. I understand from the Throne Speech that was announced in Ottawa that they have reactivated their drug committee in Ottawa, and I assume that they are once again starting to assault the problem of drug costs. I would like to comment too that there was quite a massive study made in the United States -- I think it was the Kefauver Commission-- which produced many startling headlines and is a very thick volume of material which I endeavoured to read one Sunday afternoon, and since I have read it and noting the date that it took place I wonder just what progress has been made in the United States following that study with respect to drug costs. So it's a problem that, as the honourable member mentioned, is a large problem and one that can just constantly receive the attention that it's receiving at the present time, and I suppose some day there will be a solution to it. He mentioned the medicare program and the Department of Welfare have come to a new agreement with the druggists of the province. I am not sure standing here just exactly what that agreement is but the Minister of Welfare could give more details on it when we come to his estimates.

The matter of cigarette smoking, I contend there has been a considerable amount of activity ever since the massive, I think it was, conference held in Ottawa -- I believe he termed it massive or some other adjective of that sort. The kits that are out now were kits that were not there before; the amount of material that has been published by doctors and by health authorities is more than it ever was before; the health units in the Province of Manitoba are more active in this matter than they ever were before. I gave the House the indication of activity that had taken place in the Selkirk health unit, and I feel that there is a wide volume of information available, particularly to parents, and I would hope that parents would have some guiding hand on their young people in order to advise them of the hazards of cigarette smoking, lead the example with respect to cigarettes -- I have to emphasize cigarettes because I smoked two cigars tonight-- and with the information that is available to young people, they are intelligent young people now, the information is in the schools, the Manitoba Medical Association have volunteered to have professional people speak in the schools, and many of the schools have taken advantage of this. So there is a wider dissemination of information than ever before for those who want to make use of it and to heed the warnings that it gives.

The length of the ambulance survey was, I think, really because of the comprehensiveness of the ambulance survey. The problem of ambulances has been with us, as he mentioned, ever since 1961 and when it was referred to the Manitoba Health Council they decided to make their survey a comprehensive survey, and I am told now that the survey will be completed by the end of this month both for the rural and for the Metropolitan areas, and it will be forwarded to them

(MR. WITNEY cont'd).....for their deliberations and recommendations.

In considering the matter of emergencies in the hospitals I feel that our hospitals, while perhaps the exact wording here may not apply to the individual hospitals we have in the province, I think I am quite safe in saying that on emergencies that take place that the hospitals in this province can handle those emergencies and have medical staff available in order to take care of them. But in case of children, for instance, there are people at the Children's Hospital who have special abilities, and specialists, that may not be available for instance we will say at the Concordia Hospital. Now if a doctor at the Concordia Hospital reviews the patient and if the doctor feels that the patient should not be moved, the patient will be kept in the hospital, but if the patient feels he can be moved and sent to an area where there is someone who perhaps has greater experience and possibly greater knowledge in the particular emergency facing the doctor, then he puts the patient back in the ambulance and off they go to another hospital. In the Metropolitan area I would imagine that most of these emergencies go to the large general hospitals in the Metropolitan area at any rate, and that the facilities are all there.

With respect to the Member for Rhineland, and perhaps this will also answer some of the questions of the Honourable Member for St. John's who seemed to feel that my answers are not answers at all. The Manitoba Hospital Commission in consultation with the Hospital Board, after they had come to a decision, they make the decision, and then the Hospital Board will go to the Metropolitan Corporation. If they want to obtain 20 percent or up to 20 percent of the financing through the Metropolitan Corporation, the hospital will make its approach to the Metropolitan Corporation.

The sense of participation that the Honourable Member for St. John's mentions, I believe that in Metropolitan Winnipeg there is a sense of participation of the people in their hospitals here. Certainly they are quite aware of them. That's an obvious statement, I suppose, but I do think there is a sense of participation in such hospitals as the Children's Hospital, the Rehabilitation Hospital, and the other general hospitals that we have here equally to the same extent that there is in the rural areas of the province, and I see Mr. Chairman, it's close to 11:00 and I've come to roughly about half of the questions that were asked of me. I can deal with the rest of them tomorrow.

MR. CHAIRMAN: .....passed

MR. MOLGAT: Mr. Chairman you are not going to suggest that the estimates be passed when the Minister has just said he will deal with the balance of his questions tomorrow?

MR. CHAIRMAN: Well .....Committee Rise. Call in the Speaker. Madam Speaker, I wish to report progress and ask leave to sit again.

#### IN SESSION

MR. COWAN: Madam Speaker, I move, seconded by the Honourable Member for Pembina, that the report of the Committee be received.

MADAM SPEAKER presented the motion and after a voice vote declared the motion carried.

MR. ROBLIN: Madam Speaker, I beg to move, seconded by the Honourable 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 Friday afternoon.