

THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Thursday, May 2, 1968

Opening Prayer by Mr. Speaker.

MR. SPEAKER: Presenting Petitions
 Reading and Receiving Petitions
 Presenting Reports by Standing and Special Committees
 Notices of Motion
 Introduction of Bills

Before I call the Orders of the Day, I would like to direct the attention of the honourable members to the gallery where we have 48 students of Grade 5 standing from the Sherwood School. These students are under the direction of Mrs. Borody and Miss Falk. This school is located in the constituency of the Honourable Member for Kildonan.

We also have 45 students of Grade 6 standing of the Lord Roberts School. These students are under the direction of Mrs. Hauskay and Miss Lambert. This school is located in the constituency of the Honourable Minister of Labour.

We have also with us today and I'm proud to introduce 16 students of Grade 10 standing from the Swan River High School. These students are under the direction of Mrs. Stirling. This school of course is located in the constituency of the Honourable Member for Swan River.

We also have with us today 40 students of Grade 11 standing from the Brandon Collegiate. These students are under the direction of Mr. Loaks and Miss Einarson. This school is located in the constituency of the honourable Member for Brandon. On behalf of all the honourable members of the legislative assembly, I welcome you all here today.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, I'd like to address a question to the Attorney-General. In yesterday's newspaper there was a report of comment by a judge of the Province of Manitoba who stated that the Attorney-General's Department - he condemned them, censured the department for conduct entirely contrary to the principles of Canadian justice. I wonder if the Minister could make a statement to the House at this time on the particular case that was being discussed.

HON. STERLING R. LYON Q. C. (Attorney-General)(Fort Garry): We've asked the department to obtain a transcript of the Judge's remarks. I understand that that is in the hands of the department now and they will be advising me in due course as to the facts of this situation.

MR. MOLGAT: Mr. Speaker, I'd like to ask a subsequent question. I believe the Judge also indicated that payment should be made to the individual in question. Has the government considered this matter?

MR. LYON: Once we ascertain what the facts are, Mr. Speaker, I'll be in a position to answer that question.

MR. MOLGAT: A subsequent question, Mr. Speaker. Has the Minister ascertained whether or not the individual in question was held in jail for the period of time mentioned?

MR. LYON: No, Mr. Speaker.

MR. SPEAKER: Orders of the Day.

MR. LEONARD A. BARKMAN (Carillon): Mr. Speaker, with permission of the House, I would like to make a short announcement. A baby boy arrived this morning making Agnes and me grandparents for the first time and if you should find time this afternoon - coffee and soft drinks will be served in the canteen. Please be our guests.

MR. SPEAKER: The Honourable the Provincial Treasurer.

HON. GURNEY EVANS (Provincial Treasurer)(Fort Rouge): Before you proceed, I'd like to express my regrets to the Honourable Member for Hamiota about what is my fault in neglect to bring forward the Order to which he referred yesterday. I had lost track of it; I expect to be able to present it in the next two days, perhaps at the longest.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. STEVE PATRICK (Assiniboia): Mr. Speaker, I'd like to direct a question to the Honourable Minister of Education. According to the CBC news media yesterday it was announced that new immigrants to the Province of Manitoba have no facilities to take English lessons in the City of Winnipeg. Is this true?

HON. GEORGE JOHNSON (Minister of Education)(Gimli): Mr. Speaker, I don't know just what is being referred to - what this is all about. I'd be happy to get further details on the

(MR. JOHNSON cont'd.)... matter.

MR. SPEAKER: Orders of the Day.

MR. EVANS: Mr. Speaker, I beg to move, seconded by the Honourable the Attorney-General, that Mr. Speaker do now leave the Chair and the House resolve itself into a Committee to consider of the Supply to be granted to Her Majesty.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried, and the House resolved itself into a Committee of Supply with the Honourable Member for Arthur in the Chair.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: Committee proceed. The Department of Health, the Honourable Member for St. Boniface.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, I wish that the Honourable Member from Wolseley would remain long enough to discuss this increase in premiums but apparently he's too busy somewhere else to be interested in the affairs of the people of Manitoba. I see that he has left us already. It is rather unfortunate though because this gentleman had an awful lot to say when we reduced premiums a few years ago. I just notice that he's also taking the First Minister out with him so I guess that this is par for the course; this is the interest of this government in the people of Manitoba. But we have the Honourable Minister of Health with us, so maybe we could follow with the discussions that we started yesterday. --(Interjection)-- You stayed. Well I'm very pleased. I'd like to congratulate my friend the Attorney-General and I'm glad he stayed because I think I'll remind him of some of these beautiful words that he gave us a few years back. Mr. Minister, I think that yesterday -- I hope that we will have this today -- I was asking for the provincial grant, the break-up of this \$20 million and so on and the five percent income tax, the equivalent of one percent and the one percent corporation tax. I hope that we will get this fairly soon. I hope that we will hear something also on the exemption of all students under 21, even those who are the only child of a widowed mother or a widowed father - I think that this is something that we mentioned last year. And I hope when the Minister will get up to reply that he will give us the assurance that we will not leave the Minister's salary until we have a chance to see what is going on in the medicare field. I'm not talking about rehashing the debate that we've had so far on Medicare, but I'm talking about we want to know what the Doctors fee schedule would be, we want to know who's going to take over MMS and so on, and we're told that we should have an announcement soon.

We covered the ambulance field yesterday and I also discussed the question of -- I think I congratulated the Minister for some improvement that we've had in the field of nursing, but I felt that there was much more to be done and I wanted the Minister to tell us why, for instance, we haven't started in this two-year course for the nurses that we've heard so much about. I also mention and I mentioned at the time that this was something that I was advocating, not necessarily the party, and I talked about utilization fees but I see that there's no point in continuing with this at all because the Minister has already rejected this. I saw the Minister being interviewed on television yesterday and that has been rejected.

I thought that this was ... case when he said - I think it was the Minister of Agriculture during the campaign said that this man is not afraid to make a tough decision - talking about the Premier. The toughest decision he's made so far I think has been to leave the House with his friend the former Premier, but I thought they would look into this. I warned and I'm warning again, the Minister and the government, to look out for 1970 when the Federal Government start phasing out of all these programs. I think we'll be in trouble then and it'll be too late to cry. I think we should be ready by now.

Now, I think the interesting part, as far as I'm concerned anyway, what I was discussing yesterday at 5:30, I felt that we had this -- I was talking about the one of the resolutions that I have on the Order Paper -- and that is that we should insist on having a meeting - a provincial-federal meeting - to discuss this hospitalization plan that we've had with us for 10 years now. And although I did recognize - and I do the same thing, again today, I repeat that there is no doubt that the expenses will grow, that it will increase. When we're talking about the field of hospitals -- there are two things then; how to finance the cost and also what to do to get as much as we can, get our money's worth. I felt that we should take a look at the hospitals now, the constructions of hospitals. I think that we should maybe stop building these acute beds -- I think this is the costly thing, these beds for acute care -- and start at the bottom of the ladder,

(MR. DESJARDINS cont'd.)... look at our home care program, we certainly could improve on this, then extend the treatment in nursing homes. I think that this is very important and I hope that the Minister will favour me with a reply and I hope that he will see some advantage to this when he replies a little later on today.

I wonder if the Minister can tell us now with all these construction of beds - is the Minister ready to guarantee that no wings of any hospitals or no beds will be closed because of shortage of nurses. I think this is an important thing because this has repeated itself for a number of years now.

I want to give the members of this House and the Attorney-General, who told me that he was going to listen to me, so I would like to give them an example of the way things are done here. And I'm not blaming the government for this at all - just saying in the hospital field that I know of one case - I know of many cases - but I know of one case of a person that was ready to leave the acute care bed, this was at St. Boniface Hospital, and the per diem rate at St. Boniface Hospital is \$38.00 - in other words an acute care bed cost \$38.00, this is what it cost the people of Manitoba. But in this case they had no place to send this person so he stayed in this bed after he could have been discharged and he stayed there for three months. Now three months, multiply the 90 days by \$38.00 and find out how much the people of Manitoba had to pay. And there's all kinds of examples such as these. So, this is why I say we should start at the bottom of the ladder. Let's see what we can do in the home care program, the nursing home - and we're way behind on this - where you don't need the same care, where it'll be just a fraction of the cost and the people though will receive probably better treatment and we won't spend as much money.

Now there is another resolution that I'm sure the Minister and the members of the House have seen, there's another proposed resolution. I think I'm going to read this one, it's the easiest way. I don't want to start debating it now but it's certainly something that comes under these estimates: "Whereas the administration of some hospitals is under the jurisdiction of the Department of Health while the administration of other hospitals as well as nursing homes comes under the jurisdiction of the Department of Welfare and that the state of affairs is highly unsatisfactory; therefore be it resolved that the Government of Manitoba consider the advisability of placing the administration of all hospitals and nursing homes under the jurisdiction of the Manitoba Hospital Commission." I don't think that I have to explain too much on this. I think that it is quite obvious that the administration of the hospitals should all come under the same people, should be under the Minister of Health or directly under the Manitoba Hospital Commission. I think that this is the only way, that we'll be able to plan the building of more beds and so on and I think that it will be a lot more satisfactory for all concerned. I think that the Manitoba Hospital Commission certainly has to know what's going on and I can't see where this is not under their jurisdiction and in fact it's not even under the Department of Health but rather the Department of Welfare. I want you to remember that I'm saying the administration now. I know - I know what you're going to say, that we do not get any help from Ottawa in certain instances and so on and therefore it's not the same thing. I'm talking about the administration now and I hope with this other suggestion that I've made that we have this provincial-federal meeting and that we will get Ottawa and the other provinces to see that we change our system here in this field of hospitalization.

I think also that we should review, reassess the role of the Hospital Commission. We've had that commission for quite awhile now and I think that we should find time to see what their policies are and all these slow procedures that we've had at budget time and the duplication. I said before, without naming any names, I think that it is obvious -- and I must say it again because I think it's right and the people of Manitoba are suffering -- I think that some of these people on the Board - one that I think of who's quite active in certain complex around the Childrens and mostly General Hospital and clinics and so on - I think that there is vested interest and I think that it's high time we start looking at the people that we will place on that Commission. I don't think I have to name him; I think the Minister knows exactly who I am referring to. This is not criticizing the individual at all, I think that it is our duty as elected representatives of the people to see that there's no such a thing, or as little as possible vested interest or conflict of interest in people that are going to govern these boards. It seems that the people of Manitoba are governed more and more by these boards anyway.

Now we've heard about the secret formula, at budget time the Commission talked about their secret formula and they won't divulge anything about this. So, it's very difficult to plan,

(MR. DESJARDINS cont'd.)... to budget, when you're told, "well this doesn't meet with our secret formula". And then we're talking about everything is based at budget time on past performance - see what happened last year. And this could be kind of ridiculous at times. For instance, a certain hospital was informed that the water rate was going to increase but they couldn't put that in the budget at all, it was a "past". The rate is increasing but you can't put that because past performances the year before meant that the water was such a cost so this is what you had to put in the budget. This is kind of ridiculous. I wonder what the people would do, what the government would do here, if I would say, "Well, I've arranged my budget for next year and the past performance, the premiums were \$4.00 so therefore that's all I'm going to pay. Probably this is what affects the per diem rate. I would like to have an explanation from the Minister. I mentioned this yesterday, I would like to see why the big change. For instance you have the Winnipeg General Hospital, at the per diem of \$45.95 and you have the Grace Hospital \$44.20 and you have St. Boniface at \$38.00. There might be a reason for this; I don't know why. Is it because these people are more careful, is it because these people are more careful, I don't know. But, I mean will the people be penalized for that? I think that we have to, as I said, have a long look at this Hospital Commission and see if there is not certain things that we can change. There seems to be an awful lot of duplication there also.

And the administration - it seems high for me. The administration, the cost of administering the hospital fund is practically \$2 million and there is a lot of this work which is duplication, a lot of work that is done in the hospital now. I think that it is high time that we have a little more faith in the people running these hospitals because I think that they have demonstrated that they have done a very good job.

While I'm talking about the cost of administrating the Fund, there is something here, a place that I don't think we are spending enough money. Now I'd better explain this fast. I'm talking about the - we were given a sheet with the salaries of all the heads of the departments, and I see where Mr. Holland, who I think is doing a good job under the circumstances, is being paid \$19,000 and Dr. Tanner the Chairman of the new board is getting - this is the Board that we were setting up for Medicare, and apparently we are not going to have Medicare - he's getting \$21,000. Now I want to assure everybody here that I'm certainly not complaining about the salary of Dr. Tanner. I think a man such as he, we'd have to pay at least this money, but I can't see where Mr. Holland should not be - after all, he's doing the same kind of a job, he's the chairman of a commission that's been going for quite awhile - and I can't see why he should be receiving a lower salary. I don't think this is quite fair. This is probably the way we lose some of our best men.

Now I think that we should go back. I think that I tried to demonstrate that I realize that we will pay more for the services, that this is going to increase every year as we are improving, but I also wanted to demonstrate that we could save money, that we can get an awful lot more for our money, so I want this clear that I'm not happy with what we are spending, especially what we are receiving in exchange. What is the waiting list? I think we are told that we have the same waiting list now as last year. I think the waiting list of people wanting to get in the hospitals is between 3,500 and 4,000 people at the end of the year, I think 3,700 people. But let's talk now premiums because yesterday we were told that we would have to pay higher premiums. We've had a jump of 80 percent, from \$4.00 to \$7.20 for a family and I think that this is quite high. I think that the Minister and the government - and I wish that the First Minister was in his seat now, because this is something that the people of Manitoba want to know: What is the policy of this government in regards to the financing of hospitals. I think that it's high time that we were told this, that it should be made quite clear. The reason why I say this Mr. Chairman, is because I went back to 1958. Then the premium was \$2.05 for a single person and \$4.10 for a family. That was in 1958. That went to about 1960 and then we received the same kind of little book as we received yesterday - Financial Estimates of the Manitoba Hospital Service Plan for the year '61-62 and '63. And then the premium was raised by 50 percent, from \$2.05 to \$3.00 and from \$4.00 to \$6.00, and at the time the people of Manitoba felt that this was not reasonable, that was only 50 percent, and we felt that this was quite an increase at the time. But it didn't take very long, this was 1960 -- let's take the family plan at \$4.10 in '58, then in 1960 \$6.00. Then in 1961, shortly before an election was called, we had a special session and the government then announced a clear - cut policy that we were going to switch from this type of taxes where you punish the same type of people that are

(MR. DESJARDINS cont'd.)... apparently being taxed, or it seems that they are being taxed all the time, the people that can't afford it, and we were going for this ability-to-pay tax. There was an awful lot said at this session, and then the rates, the premiums were lowered from \$3.00 to \$2.00 and from \$6.00 to \$4.00 and we heard all kinds of words as I said and I think it might be wise at this time if I was to remind some of the Members of their feelings - what they said at the time.

I'm quoting here, October 1961, this gentleman was talking about the members of the Opposition. If you remember it was one of these famous motions that you had, you were supposed to vote -- if you voted one way well that meant you approved of everything and if you voted against it, you were against everything. This was coupled with a deal that we've had in the Diefenbaker years that we felt wasn't good enough for the people of Manitoba, something that we could not accept, but this was coupled with this reduction of premium. This is ...

MR. CHAIRMAN: I would just like to remind the honourable member that he has five minutes left to speak.

MR. DESJARDINS: I sat down for 12 hours. I think this is ... We're in committee, we're not in ...

MR. CHAIRMAN: ... rule of 40 minutes speaking.

MR. DESJARDINS: All right, I'll quote then Mr. Chairman: "But where do they stand on premium reductions? Are they in favour of this bill which is presently before the House on premium reduction which was one of the constituent elements in it. In the summer of 1960 when the premiums were raised I recall the Honourable Member from Lakeside who was then the Leader of the Opposition, made a public cry for a special session to deal amongst other matters with the premium increase. It's fine we hear to have a special session to deal with the increase but what does he say, when we call a special session to deal among other things with a premium reduction. He doesn't pay any attention. Why not? Does the Liberal Party not like to talk about a premium reduction? Are they afraid to admit that the premiums are going to be reduced? Don't they like this? Is this what is bothering them so much during the session." Yes, Mr. Chairman, you guessed it, that was the Attorney-General speaking in 1961. And I wonder what he has to say now. Maybe I could say to him, don't you want premium reduction? Maybe I could say this.

And then there's the Leader of the band, the man that's never here. I don't know why he's getting paid this session, this is what he has to say. --(Interjection)-- Where? Oh he's there. Oh I see that the Honourable Member from Wolseley is here and I think that maybe he should defend his action. He's speaking about the problems of the Federal Government and so on, what about Manitoba. He hasn't resigned yet, maybe he should come in and sit down in his place and tell us why he changed his mind.

I quote from him "Now, Mr. Speaker, I really and sincerely hope that the explanation of the workings of the 1 percent tax on total personal income, is sufficiently clear for members of the House to follow. I believe with all my heart that it is the right thing to do and when you hear the figures of income levels in the province, how can anyone doubt that this is the right thing to do?" This was reducing the premium. "And I can say to you with complete frankness that there is no other way, no other way to do it at the present time in terms of tax rental or fiscal arrangements with Canada and we have to ask ourselves whether we seize the ... and do something within our power to do so, or that we wait." This is something that was said not too long ago, again from the same honourable member. --(interjection)-- Oh I thought he'd be leaving. "Now, Mr. Speaker, I want,-- Mr. Speaker, I think that it's a shame though that the man that is responsible for this, is never in this House to discuss these things. I think that it is high time that if we can't have a proper discussion, if this is not important enough for the people of Manitoba, we might as well quit this Session and all go home if the Premier and the former members and all the members can't be here.

I quote here, maybe he'll read this when he's rocking himself to sleep some night: "Now Mr. Speaker, I want to come to what has been one of the most controversial sections of the proposal we have before the House, and that is whether or not we should endeavour to introduce an element of ability to pay into the hospital premium structure - ability to pay. Whether we should put ourself in a position to reduce the premiums by one-third from \$6 to \$4 and from \$3 to \$2 and whether we should make provision by means of an extra tax to make this possible." This is what was being said than; this is the government that will not increase any taxes. This is what we are told. And here on the same page "What we want to do - we want to dedicate one percent of the total

(MR. DESJARDINS cont'd.)... taxable income earned in Manitoba towards the support of the hospital system in the province, because we believe by that method we can transfer not a new burden on the people but transfer the burden from one set of people to another by means of the ability - to - pay tax." Why have we changed our mind? Why have we - what's that? You haven't changed your mind -

MR. LYON: No. The tax is still there.

MR. DESJARDINS: What tax is still there? We are talking about ability to pay. You had a special session and it was very popular and the First Minister can go on TV just before the election and say who voted against reduction of premiums, but Mr. Molgat, Mr. Campbell and Desjardins, that's all that was elected that session if you remember right. And you say that we haven't changed. You've got the gall to say that we have, not to stand up, but to say we haven't changed. This is supposed to be an ability-to-pay tax? We had a 5 percent, 6 percent income tax -- this was reduced mind you before the last election, it was reduced 1 percent -- sales tax, and now you are asking the people to pay 80 percent more, 80 percent more. And you feel that this is no change in policy, that this is the ability to pay?

Well, Mr. Chairman, if the Attorney-General and the rest of the members across are ready to come up now and face the people of Manitoba and say we believe in the ability to pay -- they are going to have a caucus now, this is going to be very important -- if you can prove, and they can have all the caucus they want, if they can prove that we are still following on the ability to pay principle with this kind of premium, this is the government with this great propaganda machine that has gone out - and you even get letters from Le Soleil and all kinds of newspapers where Manitoba should be commended because the taxes are not being increased.

You've got the nerve to stand there and say "hear,hear" and you think the people of Manitoba are that stupid to think -- you can rattle your head, I can hear it from here. Maybe you will say hear, hear at the next election also, because you are not interested in the people of Manitoba.

MR. CHAIRMAN: Order, please. The Honourable Member for St. Boniface has exceeded the 40 minutes I allotted him to speak. Does anyone else wish to speak?

MR. DESJARDINS: Forty minutes today or ...

MR. CHAIRMAN: I consider the speech that the honourable member is making now is a continuation of the speech that he started to make yesterday. He has had at least 45 minutes.

MR. DESJARDINS: Well, we are in committee...

MR. CHAIRMAN: The Member for Wellington.

MR. PHILIP PETURSSON (Wellington): Mr. Chairman, I wish to add a few words before the 80 hours have completely run out, on this particular estimate of the Department of Health. I would emphasize even more strongly at the outset than the Honourable Member for St. Boniface has done, my opposition and the opposition of the group I represent, I believe, to the enormous - it can't be regarded as anything else but - enormous increase in hospital costs that have been now indicated to us in the report, the Forecast of Costs and Financial Requirements issued by the Manitoba Hospital Commission and endorsed of course by the government.

It seems to me that the imposition of these increased rates are an unfair and an unjust imposition on a great portion of the population who are already burdened with other increased costs, heavy taxes, which many of them feel unable to stand up under or to bear up under.

The increase from the present rate for a family to \$6.80 forecast for 1969 and forecast for 1970 as rising still farther to \$7.28, then increasing from that point rising by another \$1.52 up to \$8.80 in 1971, is an unfair and an unjust imposition on the people. There are many people in the community who can without difficulty afford to pay this, but, Mr. Chairman, there are many, many people in the community who cannot afford to pay this, with the other demands that are being made upon them.

The government proposes to average this rate down so that the increases will be paid now, that is the beginning will be now instead of a year from now or two years or three years from now, with progressive increases, and the proposed rate as the Honourable Minister of Health said, would be \$7.20 for a family. I'm mainly concerned with the family situations; there's a proportionate increase in payments charged to single individuals. The paying is to begin now for an increase that is projected for 1969, 1970 and 1971, I think this is the argument of the government, so that the impact of a sudden increase from \$4.00 to \$8.80 in 1971 will not be felt as greatly as it otherwise would. But this increase even from \$4.00 to \$7.20 it's just a few cents to go and you'd have a 100 percent increase in the imposition of the hospitalization

(MR. PETURSSON cont'd.)... costs, and it seems to me that there would be other sources from which money could be drawn that would relieve that situation in one way or another. Part of this is the, perhaps the taxes that the people are having to pay all over the city today. Citizens are opening their tax bills and finding that they have very much more to pay than they did last year. I think without exception -- I was in the bank earlier this morning and got into conversation with a friend that I happened to meet and this was the first subject of conversation and there were several elderly women standing at the wicket with their tax bills waiting to pay -- and without exception, each one of them began to wax critical of the authority that imposed these tax rates. And these aren't the only ones. There are also the others. From the Tribune for instance, I believe it was the Tribune or the Free Press where Hydro bills were mentioned and shown there that the Hydro rates were going up. At the present time it won't affect the City of Winnipeg but it will affect all of the rural areas which have hydro service. The report quoted the late Mr. Stephens, who said that the increases would result from three primary causes: "inflation, continuing rises in interest costs and the trend in the Hydro's rate structure to provide power at reduced rates for large industrial consumers." Which means simply that the general consumer, the individual, the general public is paying the cost of hydro power to large industrial consumers which in itself is not only unfair but also unjust to expect the private individuals, private citizens of the province to be paying the Hydro bills subsidizing large industrial consumers. It's difficult to conceive of the reasoning in that kind of a policy. These are the people also, Mr. Chairman, who will be paying the increased costs of the hospital services and I can't really put it too strongly how greatly opposed -- not only I, but people across the length and breadth of the province will be opposed to this increase and resent it greatly.

I was asked about Medicare, about the increased costs that would probably develop as a result of Medicare. If the government has its way, Medicare will not be introduced in the province. The Honourable the Minister of Health has all the arguments now and all the reasons now for not introducing it that he earlier had a year ago for introducing it, up to the point of having the Bill drawn right up to the moment that it was to be enacted, I believe. The Bill was not enacted and therefore Manitoba is not going to share the benefits that Medicare would bring to it. The costs of Medicare, they say, would be too great; it would impose too great a burden on the people, but I don't know how great an additional burden it would impose when most of the people, that is the majority are now paying for medical services. I don't know that the government would propose to pile costs on top of costs so that it would cost that much more than what is now being paid. Their main concern seems to be not to have to extend the medical care services to that comparatively small segment of people who now do not qualify, for one reason or another, for Medicare. In terms of the projection that the Federal Government made the costs would be very small and easily borne, but many different arguments are brought up.

The Honourable the Minister of Health suggested that we should carry out a program of gradualism, not the whole thing at one time but introduce a certain area or certain field now, as they did last year -- and I'm sorry, I regret I don't recall which one it was that he mentioned -- then another area of Medicare services, say next year and another later on until the full Medicare program would be in force, about 10 or perhaps 20 or perhaps 50 years from now which is far too long a time for the ordinary average person to have to wait; far too long a time for the members of the Legislature to have to wait I'm quite sure. While there are some among us who are quite young, there are many who are not quite so young.

It reminds me of a story of a man dealing with a somewhat different subject in Iceland but speaking -- I refer to Iceland - it's outside of Canada, it's the country I know the best, along with several other members, the Honourable Minister for Education and other honourable members -- during this present month in Iceland there is to be a changeover from left-hand driving on highways and streets to right-hand driving, but one old fellow, a Conservative undoubtedly, felt that this was too sudden a change. He said it should be done gradually. He said, Let us try it with the trucks doing it this year and then see how that works out. Sometimes this philosophy of gradualism can run into that kind of a situation where they would be running head on with not only the needs and requirements but of other circumstances that would be involved.

The Honourable the Minister mentioned - I think he did - shortage of nursing staff, shortage of nurses, the difficulty in staffing hospitals. There are real difficulties, some real and some created, some manufactured. I was out with other honourable members the other day at the R.B. Russell School and I, as other members were, was very greatly impressed with what is being done there for students that the ordinary academic schools do not seem to be able to do.

(MR. PETURSSON cont'd.)... Among other things we came into a section, an area in the school in which girls were being trained to, well do housekeeping - cleaning house, making beds keeping the kitchen tidy, setting the table in the living room, knowing how to set it and how to entertain guests if guests should come in; an interesting but for many a very important bit of training.

We were told also that while the girls learned many things in this particular department that would fit them for such jobs as ward aids, nurses' aids or practical nurses, fit them for training for these duties, that there was an academic restriction that was being placed on them that would prevent many of them from being able to avail themselves of that training. The teacher in charge told us of a girl who had been unable to pass the required examination in history - she didn't have her history standing; otherwise she would have qualified for the very basic kind of training they would give for any one of these jobs, and the teacher took that girl and in a crash course on history taught her the things she felt she should know or at least required to pass an examination; the girl passed the exam and was then accepted but I doubt whether ever again in the job she became suited for she would need some of the details that are given to students in the history book. I don't know that this crash course in history would have made her any better ward aid or a nurses's aid or a practical nurse or even if she were able to qualify later on, a trained nurse, a registered nurse. So I say there are some situations that manufacture, that prevent girls from entering training that would help to alleviate the present difficulty. There are certain manufactured - or - well manufactured is the word - situations which would prevent them from doing that and being able to fill a needful and a useful job and help to alleviate the shortage of hospital personnel.

I would like, Mr. Chairman, to refer briefly to the Mental Health Department which covers a considerable portion of the estimates, health estimates. First of all, I would like to inquire of the Honourable Minister of Health whether he has received a request from the Canadian Mental Health Association, the Manitoba Division, for an increased grant to the Mental Health Association. I attended the annual meeting of the Mental Health Association last night, in their new building on Edmonton Street, a beautiful building which they acquired because of a gift from a man who was deeply interested in the work that the Mental Health Association is doing. Not knowing whether the government is going to give an increased grant to the Mental Health Association the Association is being held up in some of its programs just waiting for that news; held up because if it does not receive the grant, then it will have to cut back on some of the facilities, some of the programs that it is carrying out.

I've been reading some statistics about mental illness and it strikes me that there are few ailments from which the human being suffers which are in greater need of assistance than the mental illness and the disability that it creates. There's a statement I read here which says: "30 percent of the population of any community has suffered from definite illness with at least temporary disability; that means that one in three at one time or another during his life has some kind of a mental aberration which he himself may overcome as circumstances change but which in many instances treatment is needed. One out of every 10 babies born this year will spend part of its life in a mental institution or a clinic." And then covering the country as a whole, and I don't imagine Manitobans are very much different from any others; we are I think a pretty fair cross section of Canada, of the people in Canada: "5.4 million Canadians have disabling disorders at present and 600,000 suffer from incapacitating illness. Seventy-five thousand Canadians are under care in our mental institutions at any one time. 140,000 people are treated annually in health clinics. Some 300,000 seriously ill people are unidentified. There are some 100,000 acutely ill children with treatment facilities for only 400." The Minister may dispute this figure - it isn't mine; it is from the Social Action Promotion Campaign of the Canadian Mental Health Association. But it goes on, says: "Suicides number 1,700 a year in Canada and suicide attempts total over 15,000." And so on and so on.

Now there are facilities in various mental institutions in Manitoba and the Honourable the Minister assures us that the number in the institutions is actually on the decrease and I wouldn't argue that point with him, but I do know at the same time that through the Mental Health Association a tremendous amount of work has been done and is being done by volunteers, with the result that after having found a great number of foster homes, homes which are willing to accept patients from a mental institution -- patients who are of course screened by the medical authorities and found suitable for that kind of treatment -- over 500 homes in Winnipeg have taken patients into their homes as foster homes as - I wouldn't say foster children, but foster adults

(MR. PETURSSON cont'd.)... then; and 500 people taken out of mental institutions must of necessity decrease the pressure on these institutions and it is because of what the Mental Health Association has been doing that this relief has been found and I would say that it is at least partly responsible, if the pressure has been taken off the institutions, responsible for the decrease in the patient load in the mental hospitals.

There are - I had some figures on volunteers. It doesn't matter, I can't lay my hands on it right now but the numbers of people who have given of themselves, of their time and of their ability, very often of their personal means, have helped in many ways to bring about the situation of which the Honourable Minister speaks, of lightening of the load in the mental institutions. I think this points to a way in which mental patients can be worked with - not only now but increasingly in the future. Mental illness need not be regarded as a stigma and these people isolated into institutions where they are kept away from the ordinary citizens, kept away some say for their protection, some say for the protection of the general public. There are great numbers of people who have been confined in institutions who are perfectly capable within certain areas to do normal things and carry on a normal activity. They may have an aberration in some one or another direction and when properly understood, properly dealt with, properly treated, these people need not be the financial drain that some feel that they otherwise would be on the general purse.

There's a -- and I have to ask the Honourable Minister's advice on this particular thing, or his information, because I am not too sure about it. I thought that there was a Bill in process of preparation in this connection, of the admittance and the discharge of patients from mental hospitals. A patient can, I believe, admit himself to a mental hospital for treatment and while some may feel that this would be an unusual and almost unbelievable thing it nevertheless occurs. A patient may commit himself voluntarily but once committed then he is not perfectly free to come out. Then red tape enters in and it becomes very difficult for a patient of this sort to leave the hospital again; or it has been and I don't know whether legislation either is being planned or being drawn up to change this particular situation.

The Mental Health Association has found that it is very easy to train people from Selkirk for instance to come in on their own on the regular bus and find their way to the mental health headquarters where provisions are made for them to spend a pleasant relaxing afternoon playing cards if they wish; using the telephone; writing or simply talking with others - some of the volunteer workers - and in the new headquarters even now of indulging in a game of pool. I was in the building one evening and had a very pleasant short game with Monseigneur Empson but I found that he was a far better pool player than I was so I haven't issued a challenge to him since. I'll have to practice up a little bit. But these are the surroundings into which these people are invited, and those who are in foster homes in the city have free access to the facilities that are given there. The volunteers turn out and give of themselves, otherwise it would be a far more costly operation than it is and probably become impossible to carry on. But the government has been requested to increase its grant somewhat to the Mental Health Association of Manitoba and I would be interested if the Minister could let me know whether that has been done or whether it is being planned.

I would, Mr. Chairman, like to cover more of the program, more of the items mentioned in the estimates but I think I will for the present let this be my concluding words. I would urge the Department of Health; its Honourable Minister and the government to endeavour to find some other sources, federally if not otherwise, to lift that burden of the additional hospitalization cost which has been suddenly thrust upon us at the very moment at which people are struggling with their own home taxes, their property taxes and so on. But being unable to do that, if the government feels that it cannot, I feel pretty well assured that the same group that now sits in the Legislature will meet here a year from now. There will not be an election; the government would not dare to enter that field at this time with all of these things hanging over its head. Thank you very much, Mr. Chairman.

MR. JACOB M. FROESE (Rhineland): Mr. Chairman, my comments will be very brief this afternoon, for more than one reason. I was unavoidably absent the latter part of yesterday afternoon and I did not hear the comments the Minister made in his opening remarks in connection with his estimates. However, I tried to read up on some of the things that were said and also I read the press report of some of the items that are contained in his speech of yesterday afternoon.

There is one sentence or one statement that I would like him to enlarge on, and that's

(MR. FROESE cont'd.)... this, I would like to read from the bottom part of page 1529 of Hansard, where this statement is being made: "These revenues will fall short of meeting the 1968 operating costs by some 2.5 million, and further to that, the Manitoba Hospital Commission in a report on the future of financial requirements of the Hospital Services Program, which is being distributed, revealed that under the present rate of premiums, Federal contributions, and of the present provincial subsidy, the Commission will be short by \$36 million of meeting its costs between now and 1971." The statement to me is not clear. How much does this mean that we will be short annually? It mentions \$36 million by 1971. Is this the accumulative total that we will be short, or what is the actual amount that we will be short annually? Unless we know this, we cannot make the necessary projection. We heard the Honourable the Treasurer yesterday stating that we in Manitoba would be short in total by a very considerable amount - I think the national total given was better than two billions and 1/20 of that would roughly amount to \$150 million for Manitoba by 1971. I take it that this \$36 million is part of that \$150 million roughly that the Minister of the Treasury made yesterday.

In the following paragraphs he makes mention of the additional number of people employed in the health department - increased from 7,385 people in 1960 to 10,000 by 1967 and also the amount that is paid out in salaries increased by 100 percent from \$21 million to \$42 million. This is a very substantial increase over these years and maybe in some cases this is warranted but I'm just wondering whether we are not going too fast in making these increases. What is the situation? How do we compare in the paying of our nurses and the people that work in our hospital institutions? How do they compare with other provinces? Are we below, are we at par or are we overpaying in order to get people into Manitoba to perform such work? How many nurses are being turned out in a given year? And are we meeting the annual requirements that are coming up because of the increased services required? I think these are some of the things that we should hear a little more about so that we have some idea as to what will be required in future years. The figure set here is roughly 1971. Also since Medicare is postponed, and I hope that it will remain that way, if this did come about most likely there would be further requirements and additional help needed. Has the department also considered utilization fees, such as they have in Saskatchewan now - or are introducing in Saskatchewan, and some others that have been in effect in other provinces? I think Alberta has a small utilization fee. Have these been considered because the costs in the services department of the province, health, welfare and education are the ones that have these very substantial increases from year to year and I think somewhere along the line we have to bring in a halt in the total amount expended. Because where is the taxpayer going to get the money from to pay for these services? Every time we increase the taxes, every time we call for more money, this means that he has so much less purchasing power in his own pocket to buy the other goods and the wherewithal that he needs in his daily life. I think somewhere we have to institute some type of a program whereby we can arrest these trends that are presently evident and have been for these number of years, where we just see increasing costs in all the different departments.

The other question that I have is, and maybe the Minister has explained this although I haven't read his full and detailed remarks, the figure we show under Manitoba Hospital Commission in the estimates for this year is \$56,090,000 and in the other column for the year previous it shows \$63,265,000.00. How much or what is the actual expenditure going to be of the Hospital Commission for the ensuing year? Could we have that total, because when we look at the estimated revenue sheet we find that last year the revenues that were expected from the Federal Government were roughly \$31 million or 50 percent of the \$62 million that was asked for last year. This year the amount that we will be getting from the federal authorities roughly amounts to \$38 million, and in asking the Honourable the Treasurer the other night he more or less stated that it was still 50 percent and on that basis that total cost of the Hospital Commission should be around \$78 million and not \$56 million as is shown here. Could the Minister correct me on this and could he give us the total figure that he envisages under the cost of operating the Hospital Commission?

I would also like to know from him as far as the Dental Services are in this province, what is the future here? Maybe he did comment on this and I'm at a loss because I didn't read all his comments that he made last night. What does the future hold for us here in Manitoba. Are we bringing about sufficient dentists, new dentists, so that at least in the next several years that we will catch up with the number that we will require because we have such a great shortage of dentists in Manitoba. And that the rural people, if they want service, many of

(MR. FROESE cont'd.)... them have to come into the larger centres, and especially Winnipeg, to get services of these people. And that our rural communities are in very dire need of dentists and of their services. I think this would be one item that I am definitely interested in. I do take it that the denturists are still operating in Manitoba and that many people are getting the services from these people, if it's not something of a major matter.

I did check over some of the minor items in the estimates but I think I will wait to discuss those when we come under the various items.

MR. DESJARDINS: Mr. Chairman, I won't be very long, but there are certain things that are not quite finished. I was asking the Minister if we were going to get a clear-cut policy on the financing of the hospital plan, and I want to just - before I put this book away, I want to quote again just a paragraph from page 147, October 19th, 1961, the words of Mr. Roblin. I think this will demonstrate what we want to know, why we're asking these questions. "Well, Sir, I start out by saying that there are a total of 150,000 people in this province who pay no income tax whatsoever. I amend that statement - not 150,000 people but 150,000 families who are paying premiums whether they are a single unit or married people with a lot of children - 150,000 of some 360-odd thousand units that pay hospitals premiums don't even pay income tax. If you think that the standard of living of this province is too high, reflect upon that fact and when you reflect upon that fact you will understand why we will stake our lives - why we will stake our lives as a government on reducing that premium for the people who are in the bracket from 6 to 4 dollars as far as we dare bring it down. That includes the old aged pensioner, that includes the man living on a pension, that includes the low income group." Now, I think that somebody should go and get the First Minister and I think that he should explain this. I think that we are entitled to have a cut and dried policy, what are you going to do on this financing? 1958 it was \$4.10. In 1960 it was increased, after projecting for three years, the same thing to \$6.00, then reduced to \$4.00 with the change in policy, now again projected for three years \$7.20 - in fact we are paying more than it's costing us now, because you have an average of the three years; and does that mean that we're all going to be ready for a reduction before the next election. Is that the idea of the government? I think we are entitled to know.

I think while we're talking about this -- we'll leave the question of premiums for the time being -- I think that while we're talking on the question of hospitals also, I would like to have a clear-cut idea on this also of the future of the different hospitals. Right now it's quite mixed up. Will hospitals such as St. Boniface and Grace and these hospitals be second rate hospitals with this complex that we have around General Hospital? What is the role of these hospitals? I think that we should know that. I have brought in the question in a few years about recognizing and rewarding people up there. I maybe haven't named professors and certain -- not only people from General Hospital and the Minister said that there was no reason why it shouldn't be, nothing has been done. I won't mention this man, but there's the heart team, open heart surgery in St. Boniface Hospital that is second to none - I would say, second to none in North America anyway. And we might lose these people if we don't give some recognition somehow, some time. Apparently, I think they are the only people doing this open heart surgery in Manitoba now. It seems that there's more politics in the medical profession and some of the people that are running the show than there is in this House. I don't think that this is quite right.

Now yesterday I brought in certain facts that I felt were not too popular, but I felt it was time that we tried to work for the people of Manitoba and not just play politics. There's a couple of points that I want to bring in because I don't think this is fair and this is not the way that this province will progress. There is one thing that the Minister of Health himself scared the people here by saying that the health resources fund - giving us the impression that this would be reduced. I took the trouble to find out and this is not the case at all. The Federal Government announced a \$500 million plan, health resources fund, for 15 year program, right or wrong. This is what the government announced. Now the government has asked the province -- because the way it was going the Fund would be expended within 7 years -- the government asked the provinces to practice a little bit of self-discipline, to take into consideration priorities so they wouldn't have to do it themselves, because they will have to cut down. But this is still a \$500 million program, but it's still a 15-year program not a seven year program and we hear from everybody, and rightly so, that we have to slow down a bit. So how can they -- they announced it's 15 years; there's no reason that all of a sudden it should go to seven years. I don't think that this was quite right and I think the Minister should rectify this, if it isn't done by my words here today. There is nothing changed; that has nothing to do with Medicare whatsoever.

(MR. DESJARDINS cont'd.)

And there is another thing. When there was something mentioned about the care, the health care of Indians and we heard from the Minister of Welfare. We've heard from a lot of people, maybe rightly, but let's have a look at this: "It was never the intention of reducing the amount paid for this, but maybe not increasing as much as wanted." This is not the point I want to discuss but if we are going to be sincere with these people and if we are not going to play politics, and if we are going to be realistic, it's time that we take a look at these people. There is a program now in the Federal Government that want to encourage us to assimilate these people, to take them as part of society and they are ready to pay 90 percent of nearly any care. Now is everybody in this House afraid to face some of the abuse when you have this care. Some of the Indians are sent in from the reserve in taxis and they go back in taxis and so on. You have to put an end to these things. I don't think that you are giving these people any favours by paying everything and keep patronizing them. I don't think that this is good enough. I think the only way that we are going to solve this problem is by welcoming these people in with the rest of our people in this society and therefore they must take some responsibility themselves.

I don't want my words to be changed, that I'm suggesting that we should abandon these people but I think that we should try to help them instead, to come in, in the society and be just ordinary citizens here in Manitoba. It's not the kind of talk that we have had -- well this is more than a few days ago, a few weeks ago -- this question that is going to help at all.

Now there are some other questions that I would like to ask the Minister. There is something very important. We have dealt with the hospitals, we see how costly it is and now we are going to deal - we haven't talked at all about the medical care, the medicare of the people of Manitoba. And as I said, I don't intend to rehash all our policies, what we believe in, our principle and so on. This has been made quite clear and we'll have another chance to do so.

But I would like to ask first, the following questions of the Minister. Will the government play a major role in the administration of MMS? I think that this is something that we're entitled to know. Is MMS going to be set up as a Crown Corporation or be operated by civil servants? This is another thing that we want to know. Now will the government have a direct interest and control on premiums and doctor fee schedules. The people of Manitoba want to know this. And then, probably more important than anything else, what is the government alternative to not joining the federal Medicare plan now, because surely they can't just say we're not going to go in and abandon these people, because by the very action of this government who pass this Bill 68, the condition has changed here in this province. First the doctors are asking, and I don't blame them for this, they are asking for total payment instead of 80 percent. And there has been a large increase in fees - and that I blame the passing of Bill 68. And then now there is extra charge being made to the patient; coupled with this hospital, it's going to be pretty rough. I don't know what the old age pensioner will do. Some of these costs have increased up to 50 percent or so. And then, of course, who is going to take over MMS?

Mr. Chairman, I don't want to add anything now except one thing. I'm going to make a motion; I'm going to move a resolution because I think it is very important that the people of Manitoba are assured this. We are dealing with the health estimates and I'm moving, seconded by the Honourable Member from Selkirk, that resolution No. 34. Item 1 (a) (1) Minister's Compensation -- Salary and Representation Allowance - \$15,000, be held in committee until such time as the Minister makes a full report on the negotiations being carried on between the Manitoba Government and the medical profession relative to medical services in Manitoba.

MR. CHAIRMAN: I pointed out in Committee here the other day that the only two motions that can be entertained by the Chair is the motion to reduce the amount of the item that we are debating or a motion that the committee rise. So I have to rule the motion is out of order. This is not a motion to reduce the salary.

MR. DESJARDINS: Mr. Chairman, on a point of order. It's not a motion to reduce the salary. I don't know all the fancy terms and so on, I'm not trying to reduce the salary of the Minister. This would be wrong. I just want assurance and maybe we can do this without a resolution then; I just want assurance we will not pass this item before we have a chance to discuss the health estimates. This is something that is very interesting and something very vital to the people of Manitoba and I think that the Minister can - if he wants to stand up now and assure us that he'll agree with this that will solve everything. I certainly don't intend to -

(MR. DESJARDINS cont'd.) I think he's worked too hard, he's got too much work ahead of him to reduce his salary. This is not my point at all. This is not . . .

MR. CHAIRMAN: Well -- Order, please. I don't think that I can deviate from the two rules that it is my understanding are hard and fast in committee . . .

MR. DESJARDINS: Well can I ask the Minister if he would -- can I ask the Minister then if he would assure us and if he will agree with me then this will be held until we have a full discussion, a full statement from the Minister. I am told that the doctors are sworn to secrecy now. And I don't blame them. They want to be able to negotiate fairly and I am told that maybe this is where the Premier has been going these last few days, I don't know. But I think that it is important to the people of Manitoba and I think that it is important to the members of this House. We cannot deal with the estimates without getting these answers. I would beg the Minister to agree with me and give us this assurance and I think that everything would be all right.

MR. DOUGLAS L. CAMPBELL (Lakeside): Mr. Chairman, before we proceed, I would like to on a point of order, ask you on what you base the ruling that such a motion is out of order.

MR. CHAIRMAN: Well under Citation 242 in Beausheue the only motion allowed when a resolution is under consideration in Committee of Supply is that the amount be reduced or that the Chairman leave the Chair. This is . . .

MR. CAMPBELL: That is not our rule. That's a citation only from Beausheue. My understanding of our rule is that the same rules apply in committee as apply in the House, and in our House such a motion, in my opinion, would be in order. Mr. Chairman, I don't know how many times I have to repeat it in this House but why don't we look first at our rules.

MR. CHAIRMAN: Order, please. It is correct that there is no reference to this particular ruling that we have. My understanding is more or less conformed with -- through the years that I have been here -- that those are the two motions that are accepted by the Chair in committee. Now if we are going to deviate from the rule which we have been following then it's thrown wide open, that we could be sitting here entertaining motions of all kinds in committee and I can see no point in it. Unless that the committee are prepared to deviate from the procedure that we have been following.

MR. ELMAN GUTTORMSON (St. George): Mr. Chairman, on a point of order. In all the time that I've spent in this House I never heard this rule adhered to before. I've never heard this rule applied that we couldn't move another motion other than those two cited by you in Beausheue.

MR. CHAIRMAN: . . . on the particular subject that we are on right now, the motion which I have ruled out of order. The Member for St. Boniface he has asked a question across the House to the Minister. I think the Minister is prepared to answer him on it and we could probably proceed. I can see no point in arguing this because I'm not prepared to establish the rules of the committee other than what we have been following through the years that I have been in the House.

MR. DESJARDINS: Well, Mr. Chairman, unless the Minister is ready to give us this promise, this agreement, if you say this is out of order, I certainly don't intend to reduce his salary, but I certainly cannot -- and the rest of my colleagues either, the rest of the members of this House representative of the people of Manitoba -- when we don't know what's going on, so I move that the Committee rise.

MR. CHAIRMAN: Order. The motion that the Committee rise is not debatable.

MR. CHAIRMAN presented the motion and after a voice vote declared the motion lost.

HON. J.B. CARROLL (Minister of Welfare) (The Pas): Ayes and Nays, Mr. Chairman.

MR. CHAIRMAN: Call in the Members.

MR. CHAIRMAN: The question before the Committee -- moved by the Honourable Member for St. Boniface that the Committee rise.

A COUNTED VOTE was taken the results being as follows:

Yeas, 23; Nays, 29.

MR. CHAIRMAN: I declare the motion lost. The Honourable Member for St. John's.

MR. DESJARDINS: Mr. Chairman, haven't I still got the floor? I would ask the Minister to reconsider -- I mean the actual call was 16-14 before we called the members in but I guess that's not important, but I think that -- I again beg the Minister to reconsider and to give us this assurance.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, I'm not sure what I'm supposed to reconsider. At the time that we were talking about the point of order I was on the verge of getting up from my seat, the Honourable Member had moved a motion to adjourn which is not debatable, and I was going to advise him that all the questions that are asked of me during my estimates I will answer.

MR. CHAIRMAN: The Member for St. John's.

MR. SAUL CHERNIACK, Q. C. (St. John's): I agreed to let the Member for Emerson go ahead of me.

MR. CHAIRMAN: The Member for Emerson.

MR. JOHN P. TANCHAK (Emerson): I wish to thank the honourable member. We had a mutual agreement because I promised not to be long. -- (Interjection) -- He says four minutes, I hope. The Department of Health is a very important department; in fact Health is the second largest spender in this government of all the departments, and I'm happy to see now that after the bell rang that the Premier is in because we so rarely see his handsome face here that it's a treat to see him sitting and listening to what transpires in these debates in the Department of Health. I would like to see the First Minister, the Premier, sitting there more often. We don't see him more than about 15-20 minutes a day and some days not at all. The same thing applies to the Honourable Member from Wolseley. Of course he's disappeared again so I can't compliment him on being here.

As I said before, the Department of Education is the greatest spender, and Health, the Department of Health is the second largest spender; all in my opinion of the utmost importance in this House. But something I do not like about this is that the Provincial Government have been, and is, playing politics with these two departments. Now nobody can stop the government from playing politics with any of the departments - probably I could say it's their prerogative and it's the Cabinet decision to do it or the government's decision to do it - and I would say that if playing politics was clean politics I'd have nothing against it either, but this government plays with the people of Manitoba as the cat does after it has captured the mouse and plays with it before it devours it, and that's the way this government is playing with the people of Manitoba.

I would say that the government is destroying Manitoba by excessive increases in taxation, as has happened just lately at the municipal level, and now again playing with the people of Manitoba by excessive increases in premiums, Manitoba Hospital premiums, and no matter what Ministers or the boys across say, they are directly responsible for both. They're responsible for the increase here in the Manitoba Hospital Services premiums. They're directly responsible for that, and I'll try to prove that as I go. I would say that this government, this increase in premiums is definitely not warranted, because if you go back to 1962 we had a special session, as was mentioned by one of my colleagues, and the express purpose of this session was to load the people of Manitoba with more taxes, the Revenue Tax Act that we passed in 1962. And what was the purpose of this Revenue Tax? The express purpose of this tax was to hold the premiums on the Manitoba Hospital premiums down. In fact they boasted about decreasing them, and now I would say that the answer from the opposite side, from the Minister may be, "But we succeeded in doing it for a short period; now the hospital expenses are rising and therefore we need money."

But I would like to remind the Honourable Minister and the government that if the hospital expenses are rising, so are our revenues derived from these taxes. The revenues are also rising from these taxes that were imposed on the people in 1962, and in later years; they're also rising. We know that the revenues from income tax is rising because the Minister of Industry boasts that employment is high and people get more money. And the income tax, we share in that. The Federal Government -- (Interjection) -- I said that before, once before, that rather than increasing direct taxation I said that the income tax would be a fairer way. I made that statement once before - maybe the honourable member did not see it - increase it by one percent or so. The income tax revenues are rising so this increase in premiums is not warranted.

What about the gasoline tax? We have more people using the automobile; we get more revenue from the gasoline tax. And people are travelling more, they are more mobile than before, so our revenues are rising.

What about the liquor taxation? People are drinking more and more and more - I presume probably to drown their sorrows. They're sorry for electing this government, I'm sure

(MR. TANCHAK cont'd.) of that, so they're trying to drown their sorrows so they probably drink more and there's more revenue coming from there. So that would be no excuse to say, as was mentioned before, that hospital expenses are rising. We know they are rising, but so should our revenues be rising.

The Premier said, or mentioned some few months ago, that we're going to hold the line on taxation, and this is not true. Somebody said yesterday that this is a lie. I'm not going to go that far, but it isn't true. This government is not holding the line on taxation at all. As I mentioned before, our real property tax has been increased by the actions of this government, so that's not holding the line; and now the Manitoba Hospital premiums are going up too. There's an increase in hospital premiums and this government, I would say, is responsible for that.

Now if you look - this was referred to by the Honourable Member for Rhineland - Item No. 6, last year the expenditure was \$6,326,000, or 63 million, and this year it's 56. There's \$7,175,000 less that this government is contributing towards the Manitoba Hospital Commission. No wonder the premiums are rising, because unless the Minister has a good explanation for this decrease then I would say that the government is firing the Manitoba Hospital Commission and the Manitoba Hospital Commission has to raise the premiums.

On Medicare, I'm just going to say - I'm getting pressure here - I'm breaking my promise so I'm going to cut off. On Medicare, I'm just going to say that people are confused. Ottawa has given us the law, or it's the law of the land of Ottawa; Manitoba, here in Manitoba last year we legislated -- and will Manitoba receive the benefits? We are being taxed now; Manitoba is not going to receive the benefits of this taxation. The people are waiting and they are wondering, and they are confused. And the last question I would like to ask: Will Manitoba have medical coverage after the second half of this year and what kind will it be?

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MR. CHAIRMAN: The Honourable Member for St. John's.

MR. CHERNIACK: I feel that we are indebted to the Honourable the Member for St. Boniface for citing to us the Hansard of 1961 when there was a change in the method of financing the Manitoba Hospital Services Commission requirements. What he has shown to us was what took place at a time when we had a government that was two or three years old which found a situation in Manitoba which needed correcting and which recognized then that it had a responsibility to the people, that that responsibility was one which should be measured on the basis of providing services to the people and financing these services on the manner in which it was best capable of paying for these services.

I was not in the House at the time and I do not remember why it was that the Liberal Party opposed the proposal of the Conservative Party that the premiums be reduced and the additional costs necessary should be provided by an increase in income tax so I cannot comment on it, and possibly it will be a matter of interest and something I should learn about for the future, but I won't take the time of the House in questioning or even speculating as to the manner.

I'm glad that the Honourable the First Minister has returned to the meeting that we're having this afternoon because I feel that he, of all people, has made the decision which is carrying this government and taking the people of Manitoba into a poorer position than it was before he entered into the leadership of his Party. I had occasion to refer some time ago this session to the four-ring circus that we all watched and which some people participated in in the attempt by four aspirants to achieve the leadership of their Party, and one of the forecasts that I made was that the Premier who has made it now, who is with us, if he won, would bring back the Conservative Party to its old traditional role in government and in the political aspects of Manitoba, because I felt, and I'm not such a great student of political affairs in Manitoba or elsewhere and I do not propose to show that I have a great knowledge of the past and of the different attitudes of political parties such as the Conservative Party, but I did feel that when the Honourable Duff Roblin came into the leadership of the Party it was one which had sunk pretty low in its attempts to speak on behalf of the people because it did not reflect the people; it did not reflect the needs and the aspirations of the people. He gathered about him a group of people, mainly in his Cabinet and not behind him, who were anxious to go ahead with the growth of Manitoba and achieve those things which the government which preceded him had become frozen in doing, that is, was not actually doing it, and we had a change then with Roblin in the leadership of a government which was showing a trend towards dealing with the needs of the common man.

Well, last year we obviously reached the stage in the minds of both the present Premier and his supporters where it was necessary to go back in the traditional ways of financing the needs and the operations of government in such a way as to do as little harm as possible to those who had the financial strength in the province. I put it as bluntly as that, because I can only say that since his assuming the leadership we have had retrogressive steps insofar as growth of the provision of services in this province, and of course it's something that he forecast. It was he who indicated that his platform was a hold-the-line platform, and if those aren't his words, those are my words and I still attribute their meaning to what he said.

It was an indication that Manitoba government has gone as far as it should go. Incidentally, this is not unlike the statements made by the new Prime Minister of this country: we've gone as far as we should go and we've got to hold the line. And holding the line in the light of what the Honourable the First Minister must think meant going backwards, because every tax measure that we have considered since he became the Premier is one which has put a greater burden on the man least capable of paying. When this government came along some weeks ago and announced its budget and the Honourable the Provincial Treasurer, with pride, said there's no increase in taxation, we knew then that that was not the full picture. We said then it was not the full picture and yesterday we got another step, another installment in the picture of this government's dealings with the financial requirements which it needs to operate. The installment we received yesterday came possibly fortuitously but came at the same time, or within the same few days in which the people are feeling the other heavy load of tax increase for which we blame this government, and that is the municipal tax increase. The moneys which the people will now have to pay in increased real property taxes are moneys which should have been assumed by this Provincial Government in accordance with the promises it made in 1964 at the special session, in bringing in the sales tax, in all the protestations by this government that it was going to see to it that the burden on the real property taxpayer would be relieved; and this

(MR. CHERNIACK cont'd) is a negation of that fact.

And now we find that, in the lowest level possibly, this government has seen to it that there is a disproportionate increase in taxes. And we were waiting for it. I must confess, Mr. Chairman, I didn't expect it to be as great as it was. Somebody calculated it to be 80 percent. That's probably right; I haven't checked it exactly. But this kind of an increase which is put across-the-board to all people other than those who are in the indigent group, that is those who are unable to pay according to the standards set by this government, the increase there across-the-board is the most regressive - no, it's not the most - it's almost the most regressive form of taxation of which I am aware, because it says to every family head of any income bracket, other than as I say that small group at the bottom of the scale, you shall pay \$7.20 a month to help finance hospitalization costs in this province. Regardless of whether you earn a small amount or a large amount, you shall pay that.

And I would say, Mr. Chairman, that in my opinion the additional -- the increase, this \$7.20 rate as compared with \$4.00 will not affect any person who is sitting in this Chamber. None of us will feel it. An additional \$39.00 a year will not affect our living standard one bit, but is the Premier or is the Honourable Minister of Health prepared to say that this increase will not affect many many people in the Province of Manitoba, people on fixed incomes; people on pensions - old age pensions; veterans' pensions; people who have to measure every penny - and there are many of them in this province - will suffer this increase of \$39.00 which any of us could smoke up in a month or two, be it in cigars or cigarettes, which many of us could spend without noticing but which so many will feel it hard and will feel till it hurts.

And note, Mr. Chairman, that this increase -- and I must say I'm sorry for the Honourable Minister of Health for having to be the whipping boy and that's why I'm directing most of my remarks to the Honourable the First Minister because I really think that he is the one who got the instructions from the people who elected him to his post that they expect this to happen. I believe also that part of this is part of the mood of the government, as depicted by the Minister for Industry and Commerce, of needing to entice people into the province, hold people in the province, see to it that we grow in the province; and in their concept, growth means to attract people to either come or to stay who have the greater capacity, and that growth to me is what is making, what is the attempt of this government to make this province attractive to people who pay income taxes rather than to people who are in this province and who are in the lower income groups.

The Honourable Attorney-General this year, it seems to me, makes more speeches from the seated position than he does from the standing one, and I would invite him to participate in the debate. Fortunately, I know I can still answer the speeches that he makes in Committee and I'll be happy to do so rather than rise to the bait of every word that he throws out from his seated position.

MR. LYON: When a logical debate comes along, I'll be glad to participate in it.

MR. RUSSELL PAULLEY (Leader of the New Democratic Party)(Radisson): He wants to keep his brain warm, that's why he doesn't get up.

MR. CHERNIACK: Mr. Chairman, the "Forecast of Costs" which was supplied to us by the Minister, prepared by the Hospital Commission, indicates several tables which are of interest.

One table is Table 5 which gives more information than Table 2. Table 2 is the justification, as I see it, of the increase in premiums; Table 5 gives us a projection of costs of both expenditures and of revenue to show the net provincial costs, and according to this table we see that the federal contributions will be rising substantially year by year and have risen substantially from 1960 through until 1971. But dealing with these years, in 1968 the federal contribution - \$34 million; 1969, the federal contribution - \$38 million, an increase of \$4 million; 1970, the federal contribution - \$42 million, another \$4 million increase - that's about 10 percent in each case; 1971 - \$47 million. So there is a very substantial increase projected from federal contributions and I'm assuming - and I stand to be corrected - that this is a contribution from the federal sources of revenue.

And now moving from here to Table 2, which starts where the other one ends off, that is provincial costs, we see substantial increases projected but not the provincial appropriations. As far as this government is concerned, it does not expect - and it says so in as many words - it will not raise its \$21 million contribution by a penny in all of these next three years. Indeed, it reduced it by \$100,000 this year - that's from 1968 to 1969 - and it does not propose to make

(MR. CHERNIACK cont'd) any increase in 1970 or 1971 out of its sources of revenue.

This same cute game that this government is playing is the one that applied in the case of municipal taxes, not one increase in any meaningful way to reduction of real property taxes from its sources of revenue, not one bit of increase in the needs for the hospitalization from its source of revenue, but rather passing the needed increases back to the people on what I said was one of the most regressive methods of taxation, and that is an across-the-board compulsory contribution made without any regard to the ability-to-pay of the people involved, except for that small number of people that fall into that category of exemption, some 65,000 persons. And let's bear in mind that the 65,000 persons, not all of these are people from whom the province is contributing because some of them are still classified as dependents and therefore don't come under the provincial contribution.

So this government is prepared to increase the premium on this - and which is a tax - on the lowest possible income group as far as hurt is concerned, as far as proportion is concerned, and it's planning to finance this over the next three years and one wonders why. We are told by the Provincial Treasurer, we are told by the Minister of Industry and Commerce, that we're in a growth stage. This province is developing, this province is growing - and we don't really have to ask them to know that there is a natural increase that takes place year by year anyway. There is a normal increase which we know takes place and has traditionally taken place in terms of growth and in terms of inflationary dollars as well. And even this growth is not being reflected by this government in its participation in the hospital service costs. The fact that we know that next year, by inflation if for no other reason, or by the natural growth which we have had up to now, if that alone, or by the expectations of this government to see some growth anyway in the activity in this province, not a penny of that will be reflected in this government's contribution to the hospital costs. And that, I say, is the most deplorable thing of this government's actions. Then it proceeds to spread it over three years. Does it need it next year? No, no, Mr. Chairman, they say they don't need it. Do they need it in 1970? According to my calculation they don't need it. I am looking at Table 2 and it's just a simple thing of dividing \$75 million required from increased premiums by three. I've got \$25 million, and I may be wrong in my formula, but it seems to me that they will not be needing this additional premiums until some time - let's guess in the middle of 1970 - by then there'll be a catch up.

But do you know what might happen about that time, Mr. Chairman? It just occurred to me, although I'm sure it did not occur to the Honourable the Premier or his advisors, I'm sure it did not occur to them that there's every likelihood of an election about that time. Surely that wouldn't have been a matter for them to consider because elections happen for various reasons, and certainly you don't plan budgets on that basis. But somehow, somehow there will be no need for any increase in premiums - hospital premiums - until after the next election, and maybe that's just a coincidence, maybe that's why this three-year period was taken into account. But we are hitting the people now. We hit them last year with sales tax right after an election. We hit them this year with a very substantial increase in costs of financing municipal and school divisions, real property taxes, and we're hitting them this year with what I consider - and I'd like to be challenged on that - one of the most regressive forms of taxation, and by the time the next election comes along the people will have become accustomed to living with the sales tax and with the high municipal cost tax and with the high premium, and they will have adjusted because they will have given up certain of the things that they now have, and maybe even then this government will throw them a bone and maybe reduce premiums or reduce sales tax and make some other reduction. But the fact is that they are planning ahead three years. Three years is the basis on which they think they should finance this, admitting as they do that the cost will not rise to that extent for some period of time.

I was very pleased, Mr. Chairman, to hear the Honourable Member for St. Boniface state that he would finance this additional cost in a different way. The reason I say that is that I honestly believe that the Liberal Party has been guilty in the past of attacking increased costs and methods used by the government as to the manner in which they propose to raise the tax, but without giving an understandable alternative method of collecting that additional cost. Now this is my sincere belief that they have failed to do that. They have talked about waste in government, which I believe is probably true and I think I've said before that I don't believe that any government is free of waste; they've talked about inexcusable expenditures, and I agree with that too and I think that much of this government service information in inexcusable expenditures, but I don't believe that that kind of contribution or that kind of criticism is sufficient

(MR. CHERNIACK cont'd) to provide the dollars that are really needed.

I think that there have been occasions when the Liberal Party has not been prepared to suggest alternative methods of collection, but in this respect the Honourable Member for St. Boniface did. I think he was careful in what he said to assume the responsibility for himself, as to the way he would do it, and I think he stated that he was not speaking for his Party, but then the Honourable Member for Emerson did indicate his opinion as well that increased income taxes were justified. Mind you, I think the Honourable Member for Emerson did not admit that there might be a need for increased income taxes, he suggested that the natural increase in income tax might be sufficient. Well, it isn't; it wouldn't be. And I think it was clear from the Member of St. Boniface that rather than this form of regressive taxation, this form of spreading the cost amongst those people who are least able to pay, he would use two methods he spoke of. One is increased income tax, the other is what he called a utilization fee, which he thought was a more acceptable fee than a deterrent fee.

Well, I want only to comment on the second aspect, that in my opinion that fee, the utilization fee is the most regressive. And the reason I suggest that is that it is paid by the sick person. It is paid not only by the person who may be least economically able to pay, or that is with the least income, but he is also sick at the time he is asked to pay for it. He is also a person who, because he goes into a hospital, obviously can not continue to earn his daily bread during that time and therefore it hits him when he is least able to pay. To me, the greatest deterrent in the use of hospitalization is the impossibility for so many of our people to afford to go to hospital. Now again there are many of us who can afford to go to the hospital. There are many of us who might enjoy a respite in hospital for a few days, especially towards the end of a session as we go along, and we could afford it. But the man who is least able to afford it is the man who can not go to the hospital, and to put on him a deterrent fee of \$1.50 or \$2.00 is a hardship, but to put it on me or to put it on any other member of the Legislature, it's no hardship; it's not a deterrent; it's nothing that will make him think twice about going to the hospital if he'll have to pay a couple of dollars a day additional to his premium or to his taxes to contribute to it.

So that I want to suggest - and I do it very seriously and I don't think there's a difference in political philosophy about it - to the Honourable Member for St. Boniface that he consider this utilization or deterrent fee in the light that I suggest, and that is that it is the hardest type of taxation. Of course having said that, I immediately must admit that I was wrong, because once Premier Thatcher introduced it, once the Liberals of Saskatchewan said it was right, then it becomes a political issue and I guess that we can't agree on the philosophic approach that I have suggested on a utilization fee or deterrent fee.

But I strongly urge that that is the case, that people don't like being sick and people don't like going to hospitals, that people don't like going to doctors. There are some who are sick in other respects that feel driven to ask for medical help, but that's a sickness too that should be cured, and maybe the real deterrent fee ought to be imposed on the medical profession or the health profession which might permit this type of over-use of hospital or medical services. It may well be that the people who render the service should be the people who control it, and maybe the hospitals aren't doing as good a job as they should to make sure that patients aren't overstaying the days that they should stay. It may well be that the hospitals don't have the courage, accept the unpleasant responsibility of saying to a patient or to a doctor: we've checked you out; we think it's time you checked yourself out and make the bed available for someone who need it more. That might be a field to explore. But any of those fields, as suggested, are the wrong fields and are worse than what this government is doing, that is the utilization field, the deterrent field.

But what this government is doing is next to that in the abominable way that it is attacking the problem of financing hospitalization costs. A sales tax - and we in our Party fought the sales tax on principle because we said that that was at most a proportionate -- a tax that has the impact on persons about the same way regardless of income and is not related to ability-to-pay. Even the sales tax is a better form of taxation, if that were the only choice, from this premium tax which is the most regressive.

And even on a sales tax, as the Honourable Member for Inkster calculated very quickly, this increased premium is equivalent to about one percent additional on sales tax, and people in the \$3,500 group, according to his calculation, would be paying an equivalent tax now of a ten percent sales tax if they were to pay as this government insists that they should, a five

(MR. CHERNIACK cont'd) percent sales tax and \$7.20 a month in hospitalization tax. The sales tax actually in 1969 would only have to go up .65 percent, that means that a sales tax of 5.65 percent would produce for this government its planned \$50 million for its budget and the moneys that it needs for 1969's requirements over and above the existing premium. And all along there would be ways of doing it, but this government chose to do it the worst way.

And of course as I said earlier, I blame the Premier for it because -- and I don't blame him personally for it and I'm not saying he's wrong in doing it because he was elected on that basis. He made that promise to the people that voted for him at that convention. He went up and down this province saying, "I will cut down provincial costs." And he did - provincial budget costs. But he did in one way and we all know the way. He just saw to it that the province would not continue its promised, planned program started way back of reducing the load on the real property taxpayer. He knew then that he would pass on this kind of a burden onto the people themselves. He must have known it because he wouldn't have just come out and made promises without having seen how he could carry out his promises. So that knowing what he did, he went ahead, and if those people that voted for him did not know that this was happening then they were stupid, Mr. Chairman. And I don't believe - I can't believe that the people who voted for the Honourable the Premier were stupid - so it means that they knew what he was going to do, and therefore what he did was only in line with what he promised he would do, not in so many words, but in the statements that he made in his campaign.

I think that yesterday was a day that we were waiting for. We expected it. When it came, I think that it hurt more than we expected, possibly because of this spread for the next three years. Coming as it did, with the real property tax bill coming along, should give a proper picture to the people of Manitoba what this government means and plans to do with their dollars and how it plans to finance its operations.

I think that we on this side, and in this group, can only repeat what we believe is right and hope that some of what we have to say will be considered seriously by the voters, because in effect trying to convince this group at this stage on this issue is a thankless job. -- (Interjection) -- Hopeless not, because I do believe that there are enough people in this House with enough goodwill and enough good sense to see through all the aspects of the discussion and whose ideas will gradually percolate in their minds and who will possibly in the future fight this type of action in the caucus in which they participate.

And I want to point out, Mr. Chairman, that in spite of certain drawbacks of the Carter report, we have yet to hear from this government any approach to taxation other than this negative one that they have taken that was announced yesterday. We have yet to hear from this government anything positive as to future forms of income and taxation other than what we heard yesterday in this backward way of taxing the people of Manitoba. We have received from this government a very fancy looking brochure criticizing the Carter Report, but we have yet to see something positive in the proposals they would make. The alternatives they have offered have been just so negligible that they couldn't be recognized. What they did do of course was say no, we don't like any suggestion that life insurance companies are getting special treatment in taxation, we disagree with that; we think that concessions made to the mining industries are methods in which we should not change; but to finance health costs, to finance hospitalization costs in this way is acceptable to them.

And one other reason that they have no doubt done it is to try and bolster their arguments about medicare. The timing is not just accidental, Mr. Chairman. They no doubt will now come out and say, well look what we had to do - we had to do - to the people of Manitoba; think of what we would have to do if we went out and did this in medicare. They are willing to give up millions of dollars from the Federal Government in order to make this point, and this continued gambling with the people and playing with them - and I think it was the Honourable Member for St. Boniface who mentioned that this government is playing with the people - it's using the people, it's laughing at the people and that's what hurts, because I think that it is really laughter in the mind of the government that can be the only reaction that it would have for what it has done to the people in this year, while saying proudly and openly, "we have not raised taxes; we have a balanced budget." They must only laugh in that respect because they know this to be true.

MR. LYON: Would the honourable member permit a question? He told us that the sales tax was regressive and was not the proper means of revenue. He told us the premiums were regressive and not the proper means of revenue. Surely he is not telling us that all of the

(MR. LYON cont'd) money for the hospital premiums or for the hospital care in Manitoba, the provincial share thereof, should be raised by income tax? Is he really telling us that?

MR. CHERNIACK: Mr. Chairman, I did not say that the sales tax is regressive. If my honourable friend . . .

MR. LYON: You said it today and you said it last year and you voted against it.

MR. CHERNIACK: If my honourable friend had taken the trouble to listen to what I admit to him was too long, and probably for him too complicated and too dull an exposition of what I thought about the sales tax last year, he would have learned that I did not speak of sales tax as being regressive. I spoke of the sales tax as being proportionate, and I even remember speaking about the fact that the introduction of some exemptions brought into it an element of progressiveness. I certainly did not say it was regressive. Today, I don't remember exactly what I said, I would have to check it, but I'm assured by those that I have reason to believe that I did not say it was regressive.

MR. LYON: Well, we'll check that.

MR. CHERNIACK: Well if I said it, let me make it clear. Sales tax is generally a proportional tax. It is not based on income, it is based on spending, and usually that's pretty much the same. It will become regressive as people acquire more income which they salt away into savings and on which they don't pay sales tax. It will become regressive -- progressive to the extent that people are spared it. I did not say that the Hospital Commission is now being paid out of regressive taxation. Right now a goodly portion of it is being paid out of income tax, that is the federal part is being paid out of income tax, but that is becoming proportionately less, even though it's becoming greater. That is, the Federal Government contribution is rising by some \$4 million a year. That would be through the progressive form of income taxation, but because of this government insisting that the other increases which are greater than \$4 million a year be put up under premiums, in the main it is becoming more regressive, that is the income that provides for hospitalization. Now we made it clear to the -- my learned friend looks dumbfounded which is not an uncommon expression for him, but again he will have to check that out.

MR. LYON: Has my honourable friend read this little document that was passed around, "The Forecast of Costs and Financial Requirements"?

MR. CHERNIACK: I not only read it, I also read from it to my friend and pointed out to him that to look at Table 2 you must look at Table 5 in order to see the beginning of Table 2, and in this there is an indication of increased costs. Now let me answer his question. I didn't intend to make a second speech. We have said time and again that there are better ways of raising money for the conduct of the business of government and providing the services. We have said that there are ways outlined by the Carter Commission which we accept. There are capital gains taxes; there are increased taxes on the increased rate of taxation in the higher brackets; there are increased royalties from natural resources. There is a participation in it, and I wish my learned friend would listen to it once so that he would become learned enough to remember what I said and not ask me again.

MR. LYON: You didn't answer the question but it's all right.

MR. CAMPBELL: Mr. Chairman I think that the Honourable Member for St. John's will not deny that he said what I am going to say he said, and I can plead that as the only excuse for speaking in this vein at this time. If I caught my honourable friend's expression properly, he said that the government that preceded the advent of my honourable friend from Wolseley's government was frozen in its efforts to govern or in its actions with regard to government. I think my honourable friend will admit he said that.

MR. CHERNIACK: I said it. I'm kind of sorry I said it because I don't want to go back into ten years of history, but I said it.

MR. CAMPBELL: The point is that my honourable friend did go back into it and I want my honourable friend, if he's going to go back into history, to get the facts straight. I never seek the opportunity in this House - I have never done it yet - of trying to get up and extol the virtues of the government that was in office before my honourable friend from Wolseley took over, but when anybody makes the kind of a statement that my honourable friend did this afternoon and makes that as an introduction to what he was going to say about the present Premier here, and draws the conclusion -- and I'm glad the Honourable Member for Wolseley is here because it's nice for him to hear a complimentary thing said about him once in awhile, and certainly what the Honourable Member for St. John's was saying was that he was one bright

(MR. CHERNIACK cont'd) star for a few years in between two that evidently my Honourable friend for St. John's definitely does not approve of.

Now let me tell him something about the government that he spoke of. The government that he was talking about as being frozen took over at a time when the expenditures of this province were less than \$29 million. It had taken them from 1870 to 1948 to reach the expenditure of something over \$28 million. During the ten years that that government was in office, the expenditures went from \$29 million to more than \$80 million. Now if my honourable friend really thinks that's a frozen government, if he really does, then I think he should go back and study the situation. And I say to him, don't use, don't use arguments in order to try and make your case against the present Premier - I don't have to defend him - but don't use that awful comparison of the former government without checking the facts a little better. When my honourable friend says that was a frozen government, I can tell him that that government dealt with some of the most controversial questions that have ever faced the Province of Manitoba during that ten years, and dealt with them not in any frozen method at all but in a way of getting things done and getting value for the money that they were spending. So if my honourable friend doesn't want to go back and discuss ten years, then don't talk about that time. I won't attempt to if he doesn't make such reference.

Now he's -- (Interjection) -- that's fair enough, yes, and my honourable friend did not know those facts when he made the statements I am sure. If he had known them, he wouldn't have made them.

MR. PAULLEY: He's entitled to his opinion.

MR. CAMPBELL: He's entitled to his opinion, yes, and I'm entitled to express mine as well.

Now the difficulty that my honourable friend who now sits in the position of First Minister faces - and I'm sure that he was actuated by good intentions and sound motives when he made the statements that he did before that campaign that my honourable friend from St. John's speaks about - the difficulty that he faces is the one that government has faced through the years, and that is that the tremendous growth, especially in these social service fields, even if you don't add to the generosity of the programs at all, is so great that it simply swamps the good intentions of my honourable friend. In addition to that, he's loaded up with a couple of three or four or more ministers that are real free-wheeling spenders as well, and Mr. Chairman, if it were not for the fact that this government, unlike the days of the one that we were talking about a few minutes ago, was getting a large proportion of its revenues from a wider field of taxation, the taxes that we are talking about now would really be pretty small compared to what we would have to be considering.

Now, Mr. Chairman, I know that I was out of order in making those remarks and I appreciate the fact that you didn't attempt to call me to order, because you evidently saw that I was no further afield than my honourable friend from St. John's was when he started out to talk about the Department of Health estimates and first of all dealt with the awful government that preceded the one of my honourable friend from Wolseley and then the awful Prime Minister -- or First Minister that has succeeded to this position. Well, I have a kind of fellow-feeling for the Honourable the First Minister because I know what he's inherited. I can sympathize with him and I agree with him in the fact that Manitoba and Canada needs to show some restraint. This is going to be one of the - and you'll allow me just one little digression yet because we don't often have the Honourable Member for Wolseley here, Mr. Chairman - you'll allow me to say while he is here that this will be his key plank as he campaigns in the national field, that he'll be urging restraint and businesslike government and all this sort of thing. The fact that he didn't give it when he was here in Manitoba won't cramp his style a bit, he'll be urging now that they should, and he was the one that acted as advisor to my honourable friend who now occupies the position of First Minister.

Well now, with regard to the health services, I haven't a great deal to say on this matter. It's not one that I have ever considered that I have been able to make a special study of and I don't know what the answer is to the tremendously increasing costs. I know this, that during the time that we were the government and one of the reasons that we had to increase our expenditures so quickly, one of the reasons that we weren't allowed to remain frozen, was because of the fact that these social service programs were being talked about then and it was -- I know that my honourable friends from the old CCF party, now the New Democratic Party, I know that they like to take credit for the fact that they have always been in the forefront of

(MR. CAMPBELL cont'd) advocating these programs, but the fact is, if my recollection is correct, and my judgment of the matter, that Manitoba got that hospital scheme as quickly as it did, more quickly than some of us would have wanted I admit because we weren't ready for it, was because we had one Conservative politician and one Liberal jockeying for political position with one another, and through their jockeying they pushed it on Canada sooner than Canada was ready for it. If you want to name them, it was Premier Les Frost in Ontario and the then Minister of National Health in the Ottawa government, Paul Martin. Each one of them figured it was good politics to keep promising hospitalization and each one was trying to out-jockey the other, and we got hospitalization in Canada more quickly than the NDP or their predecessors the CCF were able to convince the people that they should have it, and we in Manitoba faced the same position then with regard to hospitalization that this government faced recently with regard to medical insurance, because we had to make the decision at that time.

We didn't have to live with it very long, but we were the ones who did make the decision as to whether we'd go in or not, and we went in for the wholly and sole reason that we have been talking about here recently in connection with this one, we went in because the people of Manitoba were going to be taxed for hospitalization and not be receiving any benefits. In my opinion, this is the kind of thing that these national programs almost regularly impose upon some provinces that are oftentimes not ready for them, but because of the financial implications that they had to consider on what are limited budgets, they must make the decision whether to go along or not. We decided to go along and we put a good bit of provincial money into that scheme right at the start.

Now I can't help but notice the figures that the Honourable the Minister gave us yesterday with regard to the tremendous increase in cost. I am not able to turn back and quote from the statements that were made in those days but I'm quite confident that if someone could have - and I'm sure they're available some place - but if someone would dig up the statements that were made then, I'm quite confident that we were assured by the experts that the costs would never rise very greatly from what they were at that time. The same type of thing that we're being assured about now with regard to medical insurance. I would predict that the same type of experience will occur with regard to medical insurance as has with hospital insurance. However, I suppose to some extent it is happening anyway, in line with costs generally.

Now my small contribution to the situation that we face here in Manitoba would be that I certainly agree with what my honourable friend from St. Boniface has said, that it appears to me that the area that is most, most poorly served now and the one that would contribute most greatly to the present operation of the plan would be to increase the nursing home accommodations. My honourable friend mentions home care as well, which is a field that I am not so familiar with. He mentions extended care, which is something I don't pretend to know much about. But this matter of nursing home care in my opinion is the greatest weakness in the hospital service today and I know one of the main reasons that it hasn't been proceeded with more expeditiously is the fact that it's not covered by the hospitalization plan. And surely to goodness, surely it's time that it were.

We tried at the time that hospitalization was being to some extent forced upon us, back in 1958, we tried to get nursing home and TB care and some others included in the plan; if there was going to be a plan, they said at least include these. We weren't successful. That was a Liberal Government in the early stages dealing with a Liberal Government. Later it was a Liberal Government dealing with the Diefenbaker Government down there. A little later it was the Conservative Government headed by my honourable friend, the Member for Wolseley, dealing with a Conservative Government down there; later it was the same government here dealing with a Liberal Government down there, and over this whole piece we don't yet have those vital areas covered by the hospitalization plan, and I would think it's patent to anyone who looks at it that this is not only an extension of the care facilities but is a money saver, and surely it's time that the various governments should get together. And I have the feeling - I may be giving too much credit to one honourable gentleman and too little to another - but I kind of have the feeling that my honourable and distinguished friend the Minister of Welfare is sort of out-manoeuvring my honourable and courageous friend the Minister of Health when it comes into this area where the lines are rather indefinitely drawn between senior citizens' housing and nursing homes. I have the feeling that my honourable friend the Minister of Welfare is building, with considerable help by organizations, a considerable number and adding greatly to the senior citizens' homes, whereas the area that in my opinion is most needed, the

(MR. CAMPBELL cont'd)...nursing home care, does not seem to get the same attention from my honourable friend the Minister of Health. Now my view is, and I'm not an expert on the subject, my view is that is the area where the need is greatest and that something should be done about it.

I dislike to conclude my remarks with a sort of a personal criticism, but in discussing the nursing home care I guess that I have to bring this in now because it's been bothering me and some time I have to get it off my chest. But talking about nursing home care, I have a case that I wish to mention where a lady of my acquaintance, who had been in the nursing home business in this city, applied recently for a licence to again operate a home here and she was refused that permission, and during the course of her investigation she had enlisted the services (she and her husband) of her local member who happens to be the Honourable Member for Winnipeg Centre - and she speaks most highly of the assistance that he gave her. But during the course of the discussions this lady had supplied the Honourable Member for Winnipeg Centre with some references that she had, among them one from myself which I had given to her when she had been going to British Columbia and had thought of operating a similar institution out there, and this lady has written to tell me that she was told by the Honourable Member for Winnipeg Centre that when this recommendation from me was used with the Department of Health, that someone in the Department of Health asked if this lady was related to me, and made the suggestion, and when this lady asked the Honourable Member for Winnipeg Centre what that had to do with it, she says that he told her that the suggestion was made that it was because she was related to me that she would get a letter of recommendation from me.

Now Mr. Minister, I want to know who in the Department of Health said that about me. The lady wants to know who in the Department of Health said it about her. It happens that we are not related but I don't see that it would have made any great difference whether we were or not. Probably the fact that she was related to me would have been a good reason for her not getting any consideration from the present government, but it happens that she wasn't, and I would like to know who in the department makes allegations of that kind against innocent and unrelated people. I think it's not the kind of thing that departmental employees should be making. This lady has asked me that her name be cleared in this respect. She wants it distinctly understood that she is not related to me. (I don't blame her a bit for wanting that to be made clear.) So if that having been made clear - and I'm quite willing to show my honourable friend or anyone else who wishes to see it the correspondence in this regard including a copy of the letter of recommendation that I gave her - if that will clear her name in any way, I hope that proper amends can be made to her. On the other hand, I would like to know who made that suggestion about my record in giving recommendations to people who approach me.

MR. LEMUEL HARRIS (Logan): Mr. Chairman, I picked up the paper here today, and after listening to the Honourable Minister of Health yesterday and seeing what was in the paper, it made my blood run cold for this reason: I speak for the people of fixed income here in Manitoba and them with low incomes, and to see this come in now and after all the effort that has been put in, that has been done. From the Conservative Government of John Diefenbaker, when he got this committee there to bring in this Hall Report, I thought that was a marvellous thing at that time. I went down here on Broadway to listen to the man talk, and by gosh, I thought well, there's something coming in for us now. There's something that our people need here in Canada because I believe that if we have the proper health planning, this Canada of ours -- I don't speak of Manitoba; this is only part of Canada. We are in here to administer this part of Manitoba but it belongs to all of Canada, and this plan embraces all of Canadians. And when I see this thing coming in here of these additional premiums and have my people phone me up from my constituency of Logan and they say, "What are you doing in that House? Why do you allow these things to go on like that? Here am I. a man of 89 years of age and I have a daughter; she is 48 right now and I have to look after her like a child. What am I going to do to this girl? I've scraped the bottom of the barrel; I can't go no further." Now these additional expenses are put on and there's no way that we look forward to try and relieve these people, but to have all these expenses back on these people again.

I heard the Member for St. John's speak of these various things. He put up a very good case. So did the Member for St. Boniface, and that it comes to a ... on that side, and I don't agree to that because this plan is put out here and this plan says that in 1966, the Minister of Health told Parliament that the cost to Federal Government to operate a Medicare Plan for a full year would be \$340 million. For all of Canada it would be doubled. \$680 million. But

(MR. HARRIS cont'd) in 1967 Canadians spent on medical services \$600 million, so that the additional costs of Medicare would be for \$80 million, since \$600 million would not mean new expenditures but in transfer from private to public spending.

Now to get that 80 million it would only mean the cost of one percent in taxation, so we hear of one percent. One percent to cover the whole of Canada doesn't seem very much, and then when you come into the ability-to-pay on that, these people haven't got the money so . . . you have to find ways so that they'll fit into the gap all the way through. But we don't do that. We just thrust it on them and that is all. We don't say, "Can you possibly do this?" When I think of all these various people in their little homes and you go along and you see what they've got to cut down; they've cut right down to the bone. But do we do anything? No. Put additional tax on. And as one member said here today, there are many members here that throughout the year they spend more on smokes than some of these people can pay on Medicare. When I think of that I often say to myself. "Well here are people now who don't visualize what the average Joe has to go through."

Well Sir, when we go back into this plan it shows to you that we've got to do something in this respect, and we're trying to put off things from day to day but we've got to go back to the fact that we as Canadians have to go back to this Medicare. Whether we like it or not, we're trying in all ways. Why? Because I'm a man here in this Chamber and I've got five people sitting on my back. Why? I don't see them but they're there. The private insurance companies and so on and so forth - they're all raking off a nice benefit. What about our poor people that need this? Never mind them. Let him go out and work like the rest of the people. My people have to work so let this chap get out and work too and let's take a plan that'll help people out in all ways.

A transfer from private to public spending, granted the costs have gone up since 1966, but the current estimate of the costs of Medicare Plan is around \$800 million, but still quite a bit less than the one billion dollar figure used by Mr. Sharp. \$800 million averages out to \$40.00 a person. That's a lot different to what they're going to pay, but in Saskatchewan the costs of Medicare Plan in 1966 was only \$27.22. That was the days of the CCF - I'll tell you that now. By 1969, now these are the days of the Liberals, they were expected to raise to \$30.00 per person. Now things are going up again, you see. Out of proportion again. Is it then conceivable that a plan embracing 20 million Canadians would cost each person more than the Saskatchewan plan which covers only slightly more than a million people? All experience points to the fact that the more individuals embraced by a health plan, the lower the per capita cost, so that the total cost of a national Medicare Plan would be lower than the estimated \$800 million.

The point is that Canadians are already spending a tremendous amount on health services of various kinds, through private doctor bills and pre-payment schemes like MMS, plans, hospitalization, drugs, as well as government expenditures on public health. Services of one kind or another costs continue to rise year by year. The Royal Commission on Health estimates that the difference between the relatively unplanned, incomplete health services would be \$20.00 per person or a total of \$400 million - less than 25 percent of our defence expenditures. Sure, we can go out on these various things. When I think of it today, there's a plane going to come in here for our defence and before it gets away from the plant it's obsolete. There's a new machine made for war. I say this because I know that when we get into these various things of war and such like, that I can't see no sense in it, but somebody is serving up strife. I say that now, not to get away from this but just to point out how throughout the world they point at . . . and they point at this and they point at that, but they never point out where that money is going and if we would put it back into right ways, into Medicare and to various things to look after our people, well then I'd say that we actually are doing something. But no. We do the various things around. When I look at this, on the different taxes that are going in - the sales tax, as they said, five percent went in. Okay. Now with this actual thing coming in here, the sales tax would jump up if this thing were to be put on the sales tax, 10 percent. A little here, a little there. Nobody seems to take notice, but it is our business in the House to take notice and I'm glad of our members on this side that are taking notice, and are raising these things up so that our people should know that we are taking notice, because as they come to me and they say "What are you people doing in the House?" you can turn around and say to them, "This is what we are trying to do, but, well -- you know there was a man once went along, in one of the parables, and he sowed seed and some went to fertile land and some went in among the stones, and

(MR. HARRIS cont'd) I guess what I'm throwing and what we are throwing here goes in among the stones and doesn't come to anything.

Can we afford not to have Medicare? Health care costs money but no health care or inadequate health is even more expensive. Last year, the loss in production to the country due to ill health was nearly \$1 1/2 billion, much of which could have been prevented under proper health care.

The Canadian Labour Congress reported that in 1960, 800,000 man working days were lost in strikes, but in the same year 27 times as much were lost through illness. The situation today would be no different. Of course the loss in production due to strikes is played up, played up very prominently, but the loss due to illness is rarely mentioned. Now when a man is going off a job due to illness, he has to wait about five to ten days, a waiting period, and then it starts from thereon in. He is penalized all the way through, on illness.

It is to the benefit of Canada if we can keep a man working on a job, if he has good health. I know that in Great Britain during the war it was a necessity. They looked after the people there and they did various things so that the people had sufficient food and everything that went along, to see that they were kept efficient, and by gosh you know, it seems that them people were a lot healthier and felt much better. But we in this country today, we don't want to do anything for our people. We say, "Well get out and get the best plan possible for you." I know I have a man in the hospital there now, and he wouldn't go in the hospital and I was quite peeved at him. I said, "Look, why don't you go in the hospital?" "But no, his pride wouldn't let him tell me that he didn't have the money and he couldn't pay for the medical service that was to come his way. This man will be there now for the next six months or so, and I often wonder to myself: who is going to pay his bills when he comes out of there? Here is a man, he strives through his life and he has a little house; he has a few dollars; and just like a car - you buy a car new and later on it gets old, and you have to repair it, so what do you do? You scrap it. But what are you going to do with a human being. Are you going to scrap him too? Because that's the way with a human being. As he grows older he needs more medical care. He needs care all the way around. He needs care for his house. Who's going to pay his bill when he's away?

Now Mr. Chairman, I think I have spoken, I have spoken my little bit to this. --(Interjection) -- Yes my friend, I know I have three minutes, and maybe I should have you to help me out too you know. I'd go along there to the next -- I'd go along there to about eight o'clock I'd imagine, but Mr. Chairman, I looked here. What is real Medicare? To give Canadians a good health service, Medicare must: Give equal coverage to everyone without discrimination and eliminate the loopholes of voluntary plans. Provide the highest quality service possible with no strings. Leave medical decisions to medical people. (That, I agree.) Leave the administration of public funds to a public group including representatives of public-consumers, labour, farmers, etc., as well as doctors and government. Be free of a means test. (That is a good one; I think that is okay.)

What is wrong with private plans? Plenty. They load the patients with too many extra bills. They operate under rules written by private interests. They fail to carry on a program to keep people healthy. They neglect the rehabilitation to help those who have been hurt or ill. This is not good enough. This is what I say and this is what I believe. I believe in my fellow man, and this is the only way that I would like to do something for him when I say we have to have Medicare in here. This hospitalization jump just points to it right now. You don't have to go any further. You are only putting a patch on the quilt. Eventually that quilt is going to get so many patches on it you'll have to throw it away and start anew. Thank you.

MR. CHAIRMAN: I wonder if we would call it 5:30. I leave the Chair until 8:00 o'clock.