

THE LEGISLATIVE ASSEMBLY OF MANITOBA

10:00 o'clock, Friday, March 18, 1966

Opening Prayer by Madam Speaker.

MADAM SPEAKER: Presenting Petitions

Reading and Receiving Petitions

Presenting Reports by Standing and Special Committee

Notices of Motion

Introduction of Bills

MADAM SPEAKER: Before the Orders of the Day, I would like to attract your attention to the gallery on my left where there are some 33 Grade 5 students from the Robert H. Smith School under the direction of their teachers, Mrs Hayes and Miss Scott. This school is situated in the constituency of the Honourable the Provincial Secretary. On behalf of all members of this Assembly, I welcome you.

ORDERS OF THE DAY

MADAM SPEAKER: The adjourned debate on the proposed motion of the Honourable the Member for Portage la Prairie. The Honourable the Minister of Public Works.

HON. WALTER WEIR (Minister of Public Works) (Minnedosa): Madam Speaker, I adjourned the debate on this motion the other day to give me a little time to discuss with the department ways and means that we might have to attempt to provide the information that members of the House would like. While I can't support this motion the way it stands, I'd like to tell the House that we feel that the department can now develop maps which will show ranges of traffic counts which will be able to protect the public interest as far as it is felt necessary, but to provide for means of comparison of the varying traffic flows on the provincial roads and the provincial highways at the time that we have at our disposal, it is doubtful whether or not we can have copies for each member of the House for this Session. We will attempt to, and if we can't do that, why we feel that before the House rises we can certainly have some copies for each group and that we'll establish a means within the department whereby each year we can provide this means of information to the members of the House so that it will be available for them.

MR. GILDAS MOLGAT (Leader of the Opposition) (Ste. Rose): Madam Speaker, I want to thank the Minister for his statement. I will be looking forward to receiving the information and seeing in exactly what form it is. I would assume that in the meantime - the Minister mentioned that it may take time to get these figures - but if there are some specifics that this side of the House would want on certain particular roads, that that should be able to be done without too much delay. I appreciate when he is dealing with all of the roads in the province that this means some work, but if there are specific roads on which we want information, I presume that this will be available fairly readily and I would hope that that would be the case in view of the Minister's statement this morning.

I'm very pleased that the Minister has changed the position that the government has taken in this regard in the past, but I'm reserving my position to the extent that I will wait and see exactly what information he gives us before getting myself into the noose. However, to the extent that he has reversed his position, I thank him and I will now await with great interest the details that will be forthcoming.

MR. GORDON E. JOHNSTON (Portage la Prairie): Madam Speaker, I would like to ask the Honourable

MADAM SPEAKER: The Honourable Member for St. John's.

MR. JOHNSTON: I just wanted to ask a question.

MADAM SPEAKER: Oh, the Honourable Member for Portage la Prairie.

MR. JOHNSTON: I would like to ask the Honourable Minister of Highways this question.

HON. DUFF ROBLIN (Premier) (Wolseley): Madam Speaker, in this respect I do suggest that this is a debate and that my honourable friend really can't ask a question. If he does, he's making a speech. -- (Interjection) -- If I may rise again, the Speaker has intervened; it isn't a question of asking a question directly on the Minister. The Speaker has intervened, therefore, I suggest that we should hear the Honourable Member for St. John's and allow my honourable friend to close the debate if he wishes to do so.

MR. JOHNSTON: Madam Speaker, may I ask a question?

MADAM SPEAKER: The Honourable Member for St. John's.

MR. SAUL CHERNIACK Q. C. (St. John's): Well, I too have a question. I'd be glad to know the question of the Honourable Member for Portage so I could pass it on, but I suppose the Minister will not be allowed to reply in any event. Madam Speaker, I'm now tearing up the resolution I prepared for reducing the Minister's salary to \$1.00 and I welcome him back into the fold of people who are willing to give information, but I have another concern now, Madam Speaker.

As I understand it, the Minister now suggests that he will give the information of traffic flow in terms of a chart, and I suppose it depends on the widths of the lines on the various roads for us to determine what he is talking about. He's shaking his head so apparently that's not the kind of information that he will give us. Therefore, I would only appeal to him that since he has made it clear for so many years that traffic counts are inadequate in properly gauging whether or not a road should be built, that he supports whatever information he gives us with all the kinds of information that is used by his department in making a judicious decision on how they go about it, so that he doesn't give us just half information but makes the complete picture available to us so that we can then work along with him, guide him and criticize him as we see fit.

MADAM SPEAKER: Are you ready for the question?

MR. JOHNSTON: Madam Speaker, I still would ask the Honourable Minister to answer the Order for Return. I'm not certain when he spoke whether he intends to answer this Order or not. He used the phrase when he was speaking a few moments ago, "that in order to protect the public interest," and he went on to say that his department would give some of the information. The question that I was going to ask was: what damage would accrue to the public interest if any traffic count in the province were given? This was the question, and what possible harm could happen to the public by the giving out of this information. So, Madam Speaker, I would reiterate that I would like the information asked for in the Order for Return.

MADAM SPEAKER put the question and after a voice vote declared the motion lost.

MR. JOHNSTON: Yeas and nays, Madam Speaker.

MADAM SPEAKER: Call in the members.

MR. ROBLIN: Is this a serious request for yeas and nays, Madam Speaker? I just saw one member rise. Is it a serious request?

MADAM SPEAKER: The question before the House is the proposed motion of the Honourable the Member for Portage la Prairie that an Order of the House do issue for a Return showing: All traffic counts made on Provincial Road No. 240 for years 1960, 1961, 1962, 1963, 1964 and 1965.

A standing vote was taken, the result being as follows:

YEAS: Messrs. Barkman, Campbell, Cherniack, Desjardins, Froese, Guttormson, Harris, Hryhorczuk, Johnston, Molgat, Patrick, Paulley, Peters, Shoemaker, Tanchak, Vielfaure, and Wright.

NAYS: Messrs. Baizley, Beard, Bilton, Bjornson, Carroll, Cowan, Evans, Groves, Hamilton, Harrison, Hutton, Jeannotte, Johnson, Klym, Lissaman, Lyon, McGregor, McKellar, McLean, Mills, Moeller, Roblin, Seaborn, Shewman, Smellie, Stanes, Steinkopf, Strickland, Watt, Weir, Witney, and Mrs. Morrison.

MR. CLERK: Yeas, 17; Nays, 32.

MADAM SPEAKER: I declare the motion lost. The adjourned debate on the proposed motion of the Honourable the Member for Gladstone. The Honourable the Attorney-General.

HON. STEWART E. McLEAN Q. C. (Attorney-General) (Dauphin): Madam Speaker, I adjourned this on behalf of the Honourable the Minister of Highways.

MADAM SPEAKER: The Honourable the Minister of Highways.

MR. WEIR: Madam Speaker, the information that is requested in this Order for Return will show up in, not exactly this form, but the information will be contained in the map that I spoke of just a few moments ago, so I really can't support the motion in the form that it is here.

MADAM SPEAKER: The Honourable Member for Gladstone.

MR. NELSON SHOEMAKER (Gladstone): Madam Speaker, it seems to me that this is one that my honourable friend could nearly guess at in light of the information that was contained in the Hansard that I read two or three years ago, because the information that was given to the backbenchers stated - stated quite emphatically - that the traffic count in three years was something like $3\frac{1}{2}$ million.

Now my guess is, if I was permitted to guess, is that it is somewhere between about 1.3 million and 1.2 million, and what is wrong with giving us this kind of information when we're

(MR. SHOEMAKER cont'd.) only asking within about 10 percent of the actual count. I would think that this kind of information could be given to us this afternoon if my honourable friend wanted to give it to us. In fact, I imagine he could come back in 20 minutes with the answers to these questions if he felt like it. And so, Madam Speaker, I insist that, inasmuch as there's no problem in giving it to us, that we should have it.

MADAM SPEAKER put the question and after a voice vote declared the motion lost.

MR. SHOEMAKER: Yeas and nays, Madam Speaker.

MADAM SPEAKER: Call in the members. The question before the House is the proposed motion of the Honourable the Member for Gladstone, That an Order of the House do issue for a Return showing: (1) Did the number of motor vehicles traversing along P.T.H. No. 1 between the Perimeter Road and Portage la Prairie in 1965 exceed one million. (2) Did they exceed 1,500,000. (3) Did they exceed 1,400,000. (4) Did they exceed 1,300,000. (5) Did they exceed 1,200,000. (6) Did they exceed 1,100,000.

A standing vote was taken, the results being as follows:

YEAS: Messrs. Barkman, Campbell, Desjardins, Froese, Guttormson, Hryhorczuk, Johnston, Molgat, Patrick, Shoemaker, Tanchak, and Vielfaure.

NAYS: Messrs. Baizley, Beard, Bilton, Bjornson, Carroll, Cherniack, Cowan, Evans, Groves, Hamilton, Harrison, Hutton, Jeannotte, Johnson, Klym, Lissaman, Lyon, McGregor, McKellar, McLean, Martin, Mills, Moeller, Paulley, Peters, Roblin, Seaborn, Shewman, Smellie, Stanes, Steinkopf, Strickland, Watt, Weir, Witney, Wright, and Mrs. Morrison.

MR. CLERK: Yeas, 12; Nays, 37.

MADAM SPEAKER: I declare the motion lost. Order for Return standing in the name of the Honourable the Member for Gladstone.

MR. SHOEMAKER: Madam Speaker, I beg to move, seconded by the Honourable Member for St. George, that an Order of the House do issue for a Return showing: (1) The number of applications for admission of patients received by The Manitoba School, Portage la Prairie, in the calendar year 1965. (2) The number of patients admitted in the same period. (3) The method used in determining priority for admission.

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

MADAM SPEAKER: The adjourned debate on the second reading of Bill No. 7. The Honourable the Attorney-General.

MR. McLEAN: Madam Speaker, may this item stand?

MADAM SPEAKER: The adjourned debate on the second reading of Bill No. 53. The Honourable the Member for Rhineland.

MR. J. M. FROESE (Rhineland): Madam Speaker, could I have this matter stand?

MR. ROBLIN: Madam Speaker, I beg to move, seconded by the Honourable Minister of Health, that Madam 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.

MADAM 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 Winnipeg Centre in the Chair.

COMMITTEE OF SUPPLY

MR. ROBLIN: Mr. Chairman, before we enter into our routine proceedings, perhaps I might be allowed to say a word about the order of business in the committee. A meeting was held yesterday by the Whips and others to consider whether we could complete our work in the Committee of Supply within the period of 80 hours laid down, and I think I am correct in saying that there was agreement that we should try to do this and there seemed to be a reasonable prospect that we could succeed in doing it. I very much hope that turns out to be the case.

In order to facilitate that process, a rearrangement of the order in which the estimates were to be called was suggested, and I give this to the committee in the hope that it will prove satisfactory. The order that we will now follow after Health will be as follows: Highways and Public Works, Treasury, Executive Council, Legislation, Municipal Affairs, Provincial Secretary, Labour, Welfare, Mines and Natural Resources, Public Utilities, Industry and Commerce. I hope this will prove to be satisfactory.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, before I receive some well intentioned advice from the honourable members today in discussion of the estimates, I would like to answer some of the questions that were asked of me during the last

(MR. WITNEY cont'd.) evening session.

Some time ago the Honourable the Member for St. Boniface asked me about the Hospice Tache, and in regard to the new building program there have been several meetings with the Sisters of the Order, the Advisory Board and their architects. Apparently the Sisters and the Board have not yet decided what they will do, but it is my information that the Mother House has advised that they will be willing to support a new Personal Care Home. The City of St. Boniface has advised that it will give a grant of \$10,000 per year for a ten-year period, and no move can be made as yet until such a decision has been made by the Sisters and the Board on the project.

During a period of time the Hospice Tache has been fully sprinklered. Hospice Tache has an internal fire wall built between the two sections of the Home so that there can be a lateral transfer of patients, and one section of the building is sealed off. The Sisters have complied with all the demands made of the Fire Commissioner and the Fire Chief, and in 1964 and in 1965, cost for fire safety and electrical alterations were over \$15,000, and in 1965 they were \$36,400. The work of the fire authorities has now been completed, and because of these changes there has been a completely new fire-fighting plan developed for Hospice Tache by the Fire Chief of St. Boniface, and the staff and patients are being reoriented to the new plan. The fire drills and practices are being conducted by the Fire Department of the City of St. Boniface. It might be interesting to note that every Care institution in the Metropolitan area has a fire safety and disaster plan approved by the Home, approved by the Fire Commissioner and the local Fire Chief, approved by the Metro Civil Defence and by Care Services, and the precautions for fire in other parts of the province we feel are satisfactory.

Another question was asked by the Honourable the Member for St. Boniface about the Deer Lodge Hospital. I think the first approach to the people in Ottawa was made in a letter from Dr. Johnson, the then Minister of Health, to the Hon. Roger Teillet, the Minister of Veterans Affairs on October 11, 1963. October 31 he received a reply, and in that period of time there has been other correspondence: January 28, 1964 - a letter from Mr. Pickering to Dr. Crawford; on July 23, 1965 - a letter from Dr. Crawford to Mr. Holland, the new Chairman of the Hospital Commission.

I think it's interesting to consider the situation at the Deer Lodge Hospital at the present time. The hospital's occupancy has ranged between 75 and 80 percent since 1960, and that's considered to be a reasonable occupancy for all practical purposes in this type of facility. There is a traditional drop of summer occupancy in the hospital. Eighty-three percent of these cases at Deer Lodge are Manitoba civilians and 60 percent of the days of care provided in the active treatment areas are covered as in Shared Services by The Manitoba Hospital Commission. During 1965 that was at a cost of some \$1-1/4 million. At the present time this hospital is making an important contribution to research and medical teachings throughout the whole of the province. It is the province's only haemodialysis unit - I hope I pronounced it correctly - but I understand it's an artificial kidney.

So federal authorities are in agreement with us that Deer Lodge should be used to maximum advantage to serve the community generally. There is a constant watch being taken on the occupancy statistics and other factors at the hospital by the Hospital Commission and the Federal Government authorities, and the negotiations with these people are continuing. I believe there has been a meeting between them and the Hospital Commission within the last month or six weeks, but that would require confirmation.

The Honourable the Member for St. Boniface also asked about the projects for 1966. On Page 23 he will see that we opened some hospitals, and of course the opening of these hospitals will improve the situation with respect to waiting lists. At Emerson we opened one, Melita, Ste. Anne, Steinbach and Winkler, and here in the Metropolitan area we opened a new 174 additional beds and renovations with new extra equipment. As of the 31st of 1965, the projects that were under way are the new 258 bed hospital at Grace Hospital in St. James, Swan Lake, Swan River, Winnipegosis, and the Winnipeg General Hospital's renovation of the "B" Wing.

The projects that are listed for the coming year - to get started in this year at any rate - Ashern, expansion and renovation from 10 to 16 beds; Brandon, new Nurses Residence and School of Nursing; Churchill, interior renovations; Gladstone, expansion from 22 to 25 beds and improved services; MacGregor, expansion from 6 to 12 beds and improved services; Manitou, expansion from 10 to 14 beds and improved service areas; Minnedosa, increase 25 to 35 beds and improved service area; Morden, expansion from 57 to 75 beds, including a 27 bed extended treatment unit and a separate Health Unit Building; Notre Dame, improved services

MR. WITNEY cont'd.) and increase from 8 to 9 beds; Portage la Prairie, expansion from 94 to 110 active treatment beds plus a 35 bed extended treatment unit; Thompson, extension to provide 43 additional beds from 32 to 75; Whitemouth, expansion and renovation to provide enlarged and improved service area; Winnipeg Children's, expansion from 232 to 320 beds, including a 20 bed long-term Psychiatric Unit; St. Boniface General, south wing and Out-Patient Department expansion, 30 additional maternity beds, additional service areas; Victoria General, new 250 bed hospital to replace the existing 145 bed facility, Nurses Residence, School of Nursing; Health Unit; and then minor projects. And then as I announced last night, we are expecting an announcement with respect to Concordia Hospital within the next few days.

On the basis of the waiting list that the Honourable the Member for St. Boniface spoke about, we have expanded, as I mentioned last night, the home care services throughout the Metropolitan area and we now have four hospitals. I think I revealed some figures in the work of the care services section in home care, and also that we are going to expand our home care activities into our Health Units, that the medical officers of Health and the nurses there are wanting to take on this added responsibility to see in which way they can aid in this problem.

The extended treatment care program is under way, and it brings up the questions that were asked by the Honourable the Leader of the Opposition. With respect to the extended treatment care - the principles - they are listed in the study of Hospital Facilities and Services for the Chronically Ill, and I might say that at the time that this study was on my desk for recommendation, that I had quite a difficulty in my own mind because I quite appreciated what the Sanatorium Board of Manitoba had done and quite appreciated the fact of voluntary assistance that the Sanatorium Board of Manitoba had been able to muster over the years, a fact which has been very significant in every way. But after this study and the principles, etc., and consultation had been made with all the interested bodies, what impressed me was the fact that the Manitoba Medical Association supported the principles that are outlined in this report. Now the medical profession are the people who must do this work and the university are the people who are responsible for educating the doctors of the future, and on that basis I adopted this report and recommended it to the government.

Assiniboine Hospital is now under the operation of the Brandon General Hospital as of January 1, I believe it was, of this year. The renovation of the old Brandon General Hospital will take place following the starting of the new school. The old Brandon General Hospital now has nurses in there in residence until such time as the new Nurses Residence and the school will be completed, and then the renovations will take place and the transfer will occur from the present Assiniboine Hospital. I didn't know up until this morning the answer to whether or not they had lost their accommodation. Apparently they have lost their accommodation but the hospital authorities out at Brandon do not know why, because they are asking why at the present time. Apparently it is something that has happened quite recently - I understand it's within the last week or two - and it may be because of the old facilities that the unit is in at the present time.

Now speaking about the questions that were asked -- oh, just one more with the Honourable Member for St. Boniface on student nurses. I had them check this matter out this morning, and the information that we received was that the student nurses are working a 40 hour week. It says here "no more" and less coffee breaks and lunch hours, and apparently there is a trend now to swing away from the evening shift into the day shift. This is a trend which is taking place at the present time. This is the information that I received this morning from the Manitoba Hospital Commission who I asked to check with those who are interested and those who are involved.

Now in respect to the questions of the Honourable the Leader of the Opposition, I brushed on this last night about the Brandon Research Centre of the Association for Retarded Children. I mentioned the fact that in the estimates of the Department of Health that we are considering at the present time, we have listed under Psychiatric Services, an Office of Child Development. The office of Child Development is a new concept to add to the new program that is being taken over by the Department of Education where the Department of Education now become responsible for the educable and the trainable retarded child, and the Minister of Education gave the details of that matter during consideration of his estimates.

The office of Child Development Services is an office of assessment and diagnosis of all children emotionally disturbed and also retarded children, and those that are having various problems such as learning disorders. It will be set up with a psychiatrist, with a psychologist,

(MR. WITNEY cont'd.) . . . with a social worker and with administrative staff for the moment; and it will function through the present facilities such as the Winnipeg Child Guidance Clinic, the Brandon Child Guidance Clinic, and it will begin to work into the Health Units. We are going to use the Health Units that we have now in the province which cover most of the people in the province. There are still some areas where expansion is necessary in order to use the facilities that they have and the professional people that they have in order to get advice - if you want to use the term advice - to get knowledge of these types of children as soon as possible so that the child can be assessed; so that a regime can be given for the child; and so that we can try to prevent a deterioration of the child's condition and to prevent what we have had happen to us over the long period of years before the new concepts and new ideas of psychiatry in dealing with this type of problem have been known to professional people.

That will be operated by the Department of Health. It will be a referral centre for the Department of Education, to refer children who are in the educational system, and it will also aid in development of problems with respect to youngsters when they come from the school system. The Department of Health will then take over also - and here we hope that the Association for Retarded Children will be able to bring their activities to bear with us - the facilities to help in providing for services and necessary rehabilitation procedures for those youngsters after the age of 18 and also for pre-school activities.

Now with respect to the specific question that was asked about the centennial project, yes, we did say that we could not contribute to the centennial project that they had because we had this new program started here, and we suggested to them that they might be able to find ways and means to join in or to participate with the program that has been adopted by the government at the present time. Now it's my understanding from the Minister of Education that he has a letter in which apparently they advise that they are willing to do that. This correspondence will be tabled and the Honourable the Leader of the NDP will be able to see it and of course so will the Honourable the Leader of the Opposition.

Just once more to reiterate this matter of the Willard Report, Part II, because as the Honourable the Member for St. Boniface said last night, I was moving rather fast. I had a - I don't know whether we'd call it an evil purpose in mind, but I had a purpose in mind at the time at any rate of sitting down at five minutes to ten, but it didn't work. But on the basis of the Willard Report, we have these new schools of nursing - the St. James, the Fort Garry, and Brandon; and the new residence for nurses - the Misericordia, the St. James, the Brandon and Fort Garry. Then we have increased in these past two years - in 1964 we were graduating about 75 LPNs, and that is now increasing to the point where we will be graduating 300 licensed practical nurses.

We have expanded our activities in the lab and x-ray technicians through the Manitoba Institute of Technology, and the work that we are doing in the Brandon Hospital for Mental diseases - the numbers of people that have graduated there, and the activities that we have in Portage la Prairie. We have of course the active program that is going on in the development of psychiatric nurses. And finally, in the area of physical medicine - the School of Physical Medicine, the graduates that started to learn their activities in 1960 are now becoming available to us and we feel that with the expansion of the extended treatment care program that has developed throughout the province, in Brandon - it's in Dauphin now, it's in Steinbach; and with St. Boniface General Hospital when they are into extended treatment care, that we will be able to have sufficient personnel in order to staff them.

On the question of the shortage of nurses in some of the hospitals and the closing of the wards, I find that a lot of this at any rate was because of the fact that modifications taking place at a traditional time when the demands in the hospital are at a low ebb, and also that we have more married nurses coming back into the services of hospitals, and married nurses, perhaps with families, at any rate they naturally have a tendency to take their holidays during the summer months.

The Honourable the Member for St. Boniface asked about this report on medical services insurance. As I said last night to the Honourable the Leader of the NDP, we had laid it on the table and I think really that in the last paragraph we have said what we want to do, and we feel that we can do it.

MR. M.N. HYRHORCZUK Q.C. (Ethelbert Plains): Mr. Chairman, the Minister overlooked my question yesterday as to doctors' clinics. I would like a statement from him.

MR. WITNEY: Yes, I'm sorry, Mr. Chairman, I neglected that question. The matter that the Honourable the Member refers to with Riverton and Ethelbert, I have recommendations

(MR. WITNEY cont'd.) coming to me from the Hospital Commission. They will be considered and I have noted the points that have been raised by the honourable member.

MR. HRYHORCZUK: There was just one other question. Is there any hope of these projects getting under way this year? If the Minister will recall, I said that the municipalities that are involved are waiting for a decision so they can put in the necessary appropriations in their budgets.

MR. WITNEY: I can only say in answer to that, Mr. Chairman, that the recommendation - I still see it and I would just make note of the fact though that you say there's one week before they start to make up their budget.

MR. HRYHORCZUK: Can I take it from the Minister's answer that the government will actively consider the implementation of this new policy?

MR. WITNEY: Yes.

MR. MOLGAT: Mr. Chairman, I would thank the Minister for some of the answers he gave me to my questions of yesterday although I cannot say that they satisfy completely the problems that I think have arisen. I would like, if possible, to get copies from him of the report to which he referred, the one in which the closing down of the Assiniboine Hospital, or at least its operation under the Sanatorium Board has been concluded, and I would hope -- these may have been distributed - I'm sorry if they have been and I've missed it because I don't recall seeing that particular document.

MR. WITNEY: Mr. Chairman, they were distributed rather late in the Session last year, but I'll see that the honourable member gets the copy that he wants - I'll send him a half a dozen.

MR. MOLGAT: Thank you, Mr. Chairman. I would like to know from the Minister as well exactly what are the plans for reconstruction at Brandon. He says that this will follow after, I presume, the nurses quarters are completed. Could he give us the date on which it is expected that this will occur? What is the planned schedule for the development at Brandon?

He referred to the question of accommodation - I think it was a slip of the tongue - I think he meant accreditation of the Assiniboine Hospital. This seems to me as a rather serious development. I do not know the reasons why the accreditation has been lost, but my understanding of accreditation is that it is something that is done not by the province but on a national basis, and if the national body that decides whether a hospital should be accredited or not has decided to change the accreditation of the Assiniboine Hospital, then I think it is very important for this House to know exactly what are the reasons. Is this body not in agreement with the decisions that have been made by the government? Are there some other reasons for which this decision has been made?

But all this comes back, Mr. Chairman, I think, to the attitude the government is taking towards voluntary bodies. I think it is essential in our work, if we are going to achieve the maximum benefits, that we work as closely as possible with those people who are prepared to be active as volunteer bodies in whatever field they choose, and here we are on these two subjects dealing with volunteer associations which in my opinion have done outstanding work - the Sanatorium Board for one and the Association for Retarded Children for the other. These are the two topics on which I had specific questions of the Minister. Here we have groups who have shown in the past a tremendous interest in these particular fields and I'm convinced a great knowledge of the field. They have been prepared to spend a great deal of their own time and money to raise funds on their own, meaning that the government doesn't have to do so, and I think that there is a pool there of enthusiasm, of knowledge, and tremendous possibilities open to us.

It seems to me that the government is proceeding along on its own. It does its planning apparently without regard for these people who are working in the fields and then the government presents them with an accomplished fact and says, "We don't like the plans that you have, how would you like to fit into our plans?" This, it seems to me, is the wrong course of action. I couldn't think of a better way for the government to discourage these people from working with them than to take that high-handed attitude, and it appears to me that in the case of the Assiniboine Hospital in Brandon this has been the decision by government - the Minister says it is based on a report that he has received - and I ask him, what consultation was there beforehand with the Sanatorium Board? What attempts were there to resolve this matter and keep up the interest of these people? It seems to me that it's been the reverse. The Sanatorium Board have been told simply this is it; we're taking this out of your hands; thank you very much for what you've done in the past but we're going to handle this in another way in the future.

(MR. MOLGAT cont'd.)

I think we are losing there some great possibilities. I think we may be losing from a straight dollar and cent standpoint insofar as the operation of that institution. My understanding, as I said last night, is that the Associated Commercial Travellers, who have done a great job in this field, were prepared to put up the 20 percent of the money which must come from sources outside of the government. I know what difficulties we've had in our hospital construction since the advent of the Hospital Plan in getting those voluntary contributions. Here they were available. I wonder if they will be available under the new plans of the government.

Turning now to the question of the Retarded Children. It seems to me that here again the government has taken the position that they know best. Here is the plan, and if the Association of Retarded Children want to go along with that plan, well all right. But they ignore in the meantime the work that this volunteer organization has been prepared to do and they ignore the plan that has been set up not strictly on a Manitoba basis but on a national basis. Because what is it that the Association says in this regard. I'm quoting here from a letter from the Canadian Association for Retarded Children to the Manitoba Division and I'm not quoting all of it, just one section. "The Manitoba project is an integral part of the nation-wide series of pilot projects. Since all the other pilot projects are proceeding as planned, Manitoba will reap the benefits from the contributions made by the other provinces and the Federal Government. The idea that the government not support this project in Manitoba would undermine one of the most significant developments in the field of mental retardation in Canada."

Well now, Mr. Chairman, there is a group who have been operating for years in this field. They didn't develop this plan just overnight, this has been the result of a great deal of study on their part here in Manitoba and across Canada. This has been the result, they say, of two years of planning involving some 200 scientific professional program development leaders. But there appears from the government standpoint to be no concern about these people. The Minister tells us today: well, between myself and the Minister of Education, we have developed a plan and we've told them that we're not prepared to go along with their centennial project but maybe they can fit into our plan.

I repeat, Mr. Chairman, I know of no better way of discouraging volunteers whom we desperately need in these fields. I believe that, wherever possible, if we can have volunteer organizations doing something, that it is a better way of doing it than having the government take it over, and wherever possible, the government, far from taking the high-handed position of you fit into our project, the government should develop its plans in co-ordination with these volunteers. It appears to me that in both these cases, that is not what has been done and I'm deeply disappointed at the position that the government has taken in this regard. I suggest to them that they reconsider their whole outlook in this matter. If they don't, they are going to end up by having volunteer organizations tell them, all right, you do the whole job. You're not prepared to co-operate; you want to handle everything; you take it over from now on. This is where we are going to end up.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, as the Honourable Minister said, we were aware of his evil purpose yesterday and I think he probably realizes today the reason why we didn't go along with him. He is much more co-operative today in giving us some answers, and I don't think it was fair for him to think that in four minutes he would answer the questions that had been thrown at him from all sides for the three or four hours previous to that.

Now, Mr. Chairman, I come back to the second part of the Willard Report on Personnel. I'm certainly not satisfied and I'm sure that the people of Manitoba are not satisfied with the answers of the Honourable Minister. Now he tells me that there are many more nursing schools and this is fine - this is good - but the point is that this should have been done a long time ago. I still say that we're panicked now; we're trying to do something to have this personnel ready; and I say we won't get it ready, not with what we're doing. We're certainly not doing enough, and we didn't do anything, or very little when we received this Willard Report.

Now the Minister gave us reasons why it might be difficult to find nurses, but this is not going to get more nurses. He says that there was a shortage of nurses, especially in the summer, because they were on vacation. Well this is not something new, Everybody that works is entitled to a vacation, and they will take vacations every year. The Minister doesn't realize this. He's saying that some of the girls left to get married. This also is no great discovery. Nurses do get married occasionally, and I submit that others will get married too and that we lose some more.

(MR. DESJARDINS cont'd.)

The Minister does not say too much about the conditions, about the pay of nurses, and about the training - something to keep them here. It's true, and I'm certainly not condemning this, we are having more nursing homes and I think we should have more in the country also, maybe with a special course, because I think it is accepted that some of the nurses that want to remain in these hospitals in the country might not have to take as long a course as say in the General Hospital here. I think they would qualify just as well as long as they worked in these hospitals. This is something that we should do because the rural points certainly have a shortage of hospitals also.

Now I think that the Minister first of all should try to make sure that the nurses are well paid, and I think we should take a leaf from the book of the Minister of Education. For a long time we were told that the teachers weren't well enough paid but this year there is a radical change. We'll have to do exactly the same thing in the nursing field. The conditions also will have to be looked into and the period of training and what goes on during the training. The Minister said he only found out today that the student nurses were working an ordinary 40 hour shift. Well I know that. Everybody knows that. Nobody said that they were working more than 40 hours, but the word that the Minister said was "work," and they're supposed to be training. They're supposed to be training. A few years ago the previous Minister of Health told us that they had so many hours - I don't remember the exact amount - and their time on the ward is supposed to be training. The Minister hit it right on the head. They're working 40 hours a day -- 40 hours a week, and they're not paid at all.

Now the Minister said there is a trend into getting away from shift. Well, he said that pretty fast. I'd like to know if they still have these night shifts because I know they have. Now this is the point. I say, and I repeat, that these student nurses are subsidizing this plan. They're not being paid, and I'll ask the Minister if he doesn't believe me, take all the student nurses just in the Greater Winnipeg area - take all the student nurses away from the wards for one week - one day - one day - and tell me what's going to happen. Put them into class for one day - all of them. Now I'm not saying there is anything wrong with that if it's not carried on too far. They are certainly getting valuable experience, but they're supposed to be in training and they're not being paid at all. I think that this is one of the points that should be looked into.

The Minister said that they are training more nurses, but as I said -- I don't know if this was a coincidence, but out of 10 student nurses that I asked, the first ten when I was a patient in General Hospital, eight of them told me they wouldn't be here. What do we do about that? How much does it cost to train a nurse? We don't know that because everything is the per diem day in the different stay in the hospitals -- we have everything. We have education, research and patient care, and this is something else that should be determined. We won't do it - I know, and I don't blame the Minister in a way - we won't do it because if we take education out of this we'll get less grants from the government. But the people of Manitoba are also Canadians, and the people of other provinces are also Canadians, and I think that we should show the lead in that and when we have these meetings with the Federal Government and the different Departments of Health, we should discuss these things the same as this lack of co-operation between the - co-ordination; I shouldn't say co-operation, that's wrong, because I think as I've said before the Commission has improved an awful lot in this - but the lack of liaison or co-ordination between the, through no fault of their own mind you, between the Commission which is in charge of a few beds and so on, and the Care Service. This again is costing us an awful lot of money, and I say that all these different cares should come under the same administration.

Now we might have to do something a little drastic to get these nurses to stay here, to get the person, and I will suggest something that might not be popular, but I will suggest something to the Minister. I would say that this is the first condition, that the condition that the girls go through during the training and the pay of a graduate nurse, registered nurse, this is the first thing that we should study, and when this is done to everybody's satisfaction, if this is possible, but at least that we feel that we are being adequate, I think it might be a very good idea and I suggest that the Minister look into this, to have every girl who applies to go in for a period of training, to have her sign, to have her promise that she will give one year to the province. That wouldn't kill anybody. Because after all I did say - I want to be fair - I did say that these girls are working hard, but it's also costing the people of Manitoba money to train these girls, especially now when we are opening all kinds of nursing homes -- nursing schools

(MR. DESJARDINS cont'd.) . . . I should say, with no guarantee that these girls are not going to take this education and go somewhere else. Maybe the nurses will not like this suggestion, but I think they will accept it fairly soon. As I say, a year is not going to kill anybody and then every case, if there's a special case there could be a board that could look into it or the Minister himself, if for certain reasons they have to move. But I think that the people of Manitoba -- we have to look at the nurses and we also have to look after the interests of the people of Manitoba, and we are not going to -- this is not just going to be a big school this province here, where we pay for the education and train different people and then we lose them to other provinces or other places. So I think that this is a suggestion that the Minister should look into. I certainly feel that it has merit, but as I repeat, we must make sure that we pay these nurses that are staying here, these graduate nurses, a fair salary; a fair salary; and I think that we are not doing that now.

Now we are losing a lot of instructors because we don't recognize some of them. They are getting very little pay. Some of them -- one of the instructors at General Hospital has been instructing for I think it was a period of five or six years, but she hadn't had any time at the university; she was getting way less than somebody that had had a few months at the university. And I think that this girl was qualified. This is one thing that the Minister said, we haven't got enough instructors.

Well I certainly don't wish to take any more time on this. I think that this is an important thing and I still -- my accusation still stands that this government has done nothing and is just starting to act now on the second report of the Willard Commission. We're not only thinking of the future, we're not carrying on now. We have to close hospitals, we haven't enough nurses even with the existing hospitals now.

Now there is another thing, Mr. Chairman. When we spend \$21 million or more on a certain project, why should we have to come here and ask the Minister to give us the list of the 25 projects, and that we get this only on demand, that the people of Manitoba will only get this on demand, and just a list? Now a few years ago -- I know that the Minister of the Department regrets this now, the former Minister -- but a few years ago there was a lot of work put into this. We had Schedule 1, Hospital Projects Approved for Future Construction, and grants and so on, with the year, the description and the year the project was supposed to start, and the estimate how much it would cost. Well this embarrasses the government because -- we didn't work on this at all, we made big announcements then what we were going to do, but they didn't do it. But we should still get this, Mr. Chairman, and I think that the Minister should have this ready for this Session even if his estimates are through. I think that we should have a schedule and we should know how much it is going to cost; when it's going to be finished.

You don't spend \$21 million of the people of Manitoba without telling them what it's all about. This is all right. It looks good in the Throne Speech to say we spent \$40,000 so far and that includes all the other projects that the Minister stated, those that should be completed in '65 and so on. This is not something new. Those form part of the \$40½ million that we spent so far. Now if this is going to be an election year, and if we are going to say in the Throne Speech we are going to spend \$21 million and leave it at that, that's not fair to the people of Manitoba, and that might not be the truth at all. I want to know, I want a schedule of what is going to be done, and I want to know when it's going to be finished and I want to know how much it cost.

I thank the Minister for his reply on the Deer Lodge Hospital but there again, we are building a big hospital there, the Minister said we have no agreement. Yes, we had a letter in 1963, another one in '64. Well that's not important. What happened? Why haven't we got an agreement? You would think that we'd try to get some sort of an agreement before we contemplate any new project. I wonder if we could run our own businesses like that?

There's the same thing on the weekends, the suggestion that we use these hospitals and the facilities and so on for the weekend. The Minister hasn't said a word on this at all, and I think this could be very important. I think that we could save quite a few million dollars on this.

Now yesterday the Minister gave me something to lull me to sleep, as if I wasn't tired enough after this Session. Well he did me a favour, he didn't tell me the page and I read practically the whole book, and I would like to keep this book if I may because I think the speeches are very well thought of, but I still haven't got my answer on the secret formula. All I'm told is that this is what they want, and I don't know of any other government agency that has a secret formula. It looks like this is practically a slap in the face to the hospitals. This secret formula

(MR. DESJARDINS cont'd.) is supposed to be to find out how much money we can give you. I know that this is a very difficult job, and I think that the Commission is doing very good work, and I know that they have to hold back sometime. They have to say "no" to the hospitals. I have seen that and I believe that. But I think that they could say "All right, if they say we have so much money, if this is what they want to do, if we want to put a ceiling on it, that's fine," but you don't say to somebody, "Go ahead, prepare your budget" and then you send it back to them, "No, this is too high, because it doesn't meet our secret formula." Well what does that mean? If that means, "Well we have so much money to give you and you have to do it," well let's tell the hospitals that this is the case, because nobody can prepare a budget when you have to rely on a secret formula. I recognize the difficult, very difficult work of the Commission. I congratulate them for the sincere work that they have put into it. And they put a lot of work, and they are doing a pretty good job, but I think that the secret formula should disappear.

Now, another thing that I feel is important is the question of the Medicare, and the statement that the Minister made was very vague. For some people the main thing is it has to be a compulsory plan. This is what they believe in. This is part of their philosophy. Other people feel that it can't be compulsory, that it shouldn't be compulsory. But a lot of the people of Manitoba and a lot of other people feel that the main thing, the main thing is adequate medical care when it is needed for the people of Manitoba. And I personally won't be embarrassed at all if I have to go to compulsory if this is the only way that it could work. I stated before that I think that it could work on a voluntary basis. I think that it could work and this is what I would much prefer because I think there are too many other abuses that will come in, and I could talk about the hospitalization -- the hospitalization was mentioned yesterday as a compulsory thing. I think that the compulsory part of this creates a lot of problems, but as I have said, not just after seeing the statement but when I replied to the Speech from the Throne, when I took part in the debate, I said that if it was the only way this could work I would buy the compulsory plan. So I don't think that the Minister should keep me or keep the people of Manitoba that feel as I do in suspense any longer. I want to buy his plan, but I think that he has to do a little more than just make a statement that this is what they want; the Federal Government should do this and should do that.

Now I think that the Federal Government has brought in certain conditions, and I want to know where do we stand on this compulsion or voluntary. Sure, Mr. Chairman, the Minister must be ready to go to the Federal Government and say, "We don't want compulsion, we want a voluntary base, and this is what we are going to do; this is how it is going to work." Surely all this work is done. It has to be done. They're not just going to go in with a theory, "We don't want compulsory." You have to show the government that this will work, and this is all I'm asking. I'm asking the Minister to tell the people of Manitoba and tell us who are concerned primarily with care, not a theory, I want the Minister to give us a little bit of information on this.

Now to make the Minister's day complete, I must - only once though - but I must talk about this 20 percent. I am just going to ask the Minister if the government still believes that this policy is right or if it's the intention of the government to change this policy, and for those who didn't hear me mention this the twenty odd times that I did in the past few years, I'm talking about the 20 percent, the first 20 percent on construction in the Greater Winnipeg area that is now paid by the people of the Greater Winnipeg area through Metro, and I feel that this should be changed, and that the whole amount should come from the Province of Manitoba. I won't have to explain any further.

Now I'd like the Minister -- there are certain things he might not want to answer, what they are going to do, if they are ready for the athletes of the Pan Am games, and some of these questions that might not be too important. If they didn't think about it, if that reminded them, that's fine. I am sure they are going to be ready. I'm not going to insist on these questions, but I want to know a little more about the student nurses and what can be done. I would like to hear, if the Minister wished to answer, what he thinks of my suggestion. But the main thing, I want him to tell us more about the projects - he told us what he could tell us today - but to assure us that we will prepare a schedule, even if he only wants to prepare it for me if he doesn't need it, and I would like him to give us a little bit of information in regards to this proposed Medicare that will be voluntary if the Government of Manitoba has its way.

MR. FROESE: Mr. Chairman, I too would like to take some part in this debate under the Minister's salary. I was unable to be here last night but I hope that whatever I say will not be

(MR. FROESE cont'd.) just a repetition of what has already been commented on.

Before I go into any details, I would like to state that I fully support the Honourable Member for St. Boniface when he speaks about the student nurses. I think this is definitely an area that has to be corrected and done something about, because these students are working long hours; they're not getting the time off that they should be for classes; and then there's no pay whatever. I think we're asking too much, and what we're actually doing is we are subsidizing the City of Winnipeg hospitals to a large extent in this way. This opportunity is not given the rural hospitals because they have no training facilities and they have no nurses in training, so that the City of Winnipeg hospitals stand to gain to a large degree through the program the way it's being operated to date.

I was very interested in the Minister making his opening remarks and talking about his Medical Services Insurance Plan for the province. Naturally, I think if he had his way some of the things would be different than what the federal plan calls for. I believe in a voluntary plan and I think the government does likewise, at least from press reports this is definitely the case, that they argue their point in its favour. I want to commend him for it because I feel that under a voluntary plan you can eliminate many of the abuses that you would otherwise have and that creep in. I think the cost under a voluntary plan would be less, because once you have a compulsory plan people will naturally demand more and more and the cost as a result will rise.

I note the four provisions as outlined by the Minister in the Manitoba Plan will contain such as to provide comprehensive benefits for physicians' services; be universal in coverage; be available at cost within the reach of all; and maintain the maximum possible freedom of the individual and the physician. The last point is something I would like to comment on briefly, because I think it already restricts the individual to a very large extent just as insurance from one single agency. The government no doubt will be required to set up an agency to provide these services.

Now, in my opinion, by just having the one agency you eliminate competition, and whenever you do that the costs naturally in my opinion do rise. I know the Alberta Plan has been operating for some years now. They had 28 companies, if I'm right, that were able to give services and that you did have competition and that the individual was free to choose the company of his choice and the plan of his choice, the type of plan that he wanted to subscribe to. Now we here in Manitoba have had the MMS, and as the report stated, some 75 percent of the people in the province do subscribe to one plan or another and have the services of an insurance plan of some kind. I think this speaks well of a voluntary plan and that the people have a choice as to what type of insurance they do desire.

My question would be, what is the proposition? Does the government intend to integrate the MMS into this new plan that they intend to set up, and to what extent would we -- and I assume we would have an Advisory Committee of the medical profession because they operate the present plan under the MMS as I understand it, and I think they should definitely have a say as to how the plan should be operated. Just how much freedom will the individual be able to exercise, and also this applies to the doctors. Will this mean that the doctor will be only subject to call at certain hours of the day or will he have shorter hours or staggered hours? What is the plan, or hasn't the plan been developed to that extent. I think we should receive a little more information on this whole matter if it has been discussed, and if some basic requirements have been set up.

I would like to know from the Minister how many medical doctors we have practising in Manitoba and to what degree we have them centralized in the City of Winnipeg. What is the need? Is there a shortage in the city? Is there a shortage in the country, and to what extent? How many doctors were licensed in the last number of years, and the number per year. I think these are some of the facts that should be made available to members of this House so that we could determine for ourselves what the situation was and what it -- and also to have protection so that we could have some understanding as to what the requirements would be probably three or five years from now and whether he sees a shortage developing, and if so, what actions are being taken to correct this. I think these are matters that we as members should have some idea of and should have a right to know.

During this last year, as the Honourable Minister has pointed out and as contained in the report, a hospital was opened at Winkler. While it is not in my constituency, nevertheless a lot of the electors in my riding use the services of that hospital and it's also the hospital that I go to when I have to, and the people in the community certainly appreciate having this new

(MR. FROESE cont'd.) hospital for their services. They however have run into some snags or some difficulties which are being looked after - or trying to be corrected. Apparently they had some difficulties with their heating system. One thing I was going to point out is that during the recent storm that we had, the Altona Hospital was cut off power for some time. They were able to lead in some power from a neighbouring house so that they at least could fire their furnace again and heat the place, but I think we should have auxiliary plants at these hospitals. I find that whenever - like the Winkler Hospital too - when the architect's drawings were drawn up they actually include auxiliary plants, but then when they start cutting down the figures in order to not have the cost too high, this is one thing they lop off. I think this is a poor thing to do and that the hospitals should have auxiliary units so that they would not be subject to such conditions as they recently had at Altona. I for one would like to see that this would not be the case in the future program of hospital extensions.

I would briefly like to comment on the Hospital Commission's financial statement. I would like to see a budget contained in the report. We have as yet not seen any budget, yet we're supposed to vote \$13.4 million toward the operation of the Hospital Commission. What is the anticipated budget? Is there going to be a deficit, or what are we budgeting for when we're allocating \$13.4 million toward the cost of operating the Commission. What is the anticipated result? Will they have a surplus or will there be a further continued deficit? We note from the report on Page 25 that they still have an accumulated deficit from 1958 of \$5.89 million. Now, what is the practice? Is this going to be carried forward indefinitely? This was incurred way back in 1958, and yet if we don't get the budget, as members we have no way of correcting it in the House here by allocating additional funds towards it if we don't know what the budgetary items are going to be. I think this should have been taken care of long ago. Why carry forward this from year to year?

Then we note that in 1965 a further deficit was incurred of \$1.1 million. Naturally they also show on the statement the operating surplus for the year ending December 31, 1964 of a million and a half, so that if you deduct that from the deficit of 1965, you'll have a surplus of 453, but if you deduct the \$453,000 from the 5.89 million, then you still have a large accumulative deficit of well over 5.4 million, and I for one would like to see this corrected. I don't think that we should carry on this way, and that when we do allot monies for operations of this kind that we do have a budget before us.

I note from the estimates that the total amount listed here is \$51.3 million for the year ending 1967, and out of this the Federal Government is supposed to contribute \$24 million; the premiums anticipated, \$13 million; and the balance then is being covered by the estimates. The total of that amounts to \$51 million, but we have no assurance that the budget of the Commission will be \$51 million. We haven't received an itemized statement at all. Can the Minister assure us that this is the total amount that will be spent, or what are their estimates on this?

I would like to come back to the original plan of the Medical Services as was outlined to us the other day in which he points out that we already pay some \$2 million towards such a plan under the various items in the estimates. Is this the total that would be taken out of the estimates once the plan was in effect? Would we have to add - well whatever the total amount will be to cover such a plan - all that we would be deducting from that amount would be \$2 million in order to balance it? I think that this is also an important item that I would like to see some clarification on, because as the statement says here, they intend to cover - what is it - nine or ten items, such as preventative medical services, mental health, rehabilitation, environmental sanitation, public health and nursing services, dental health services, laboratory and X-ray services, health education and care services. If all these were taken out of the estimates that are presently before us, the total amount would only be \$2 million, I take it, from the way the report reads. I would like the Minister to correct me if I'm in error.

There are a few points that I'd like to raise at this time. I will have more items as we go along.

MR. WITNEY: Answering the last speaker first, these services that are listed on Page 2 of this Medical Services Insurance Report, these are the areas that we have been traditionally responsible for and our responsibility will continue for those services, preventative medical service, etc., down to care services. The Medicare people that are on Medicare now would -- assistance for them would continue, and on Page 4 we say for those who could not meet the cost, public assistance for all or part of the cost would be available.

The member for Rhineland also spoke about the question of doctor supply in the province.

(MR. WITNEY cont'd.) We have a Newsletter of the College of Physicians and Surgeons which is dated December, 1965, and it says that the number of licensed medical practitioners in Manitoba in 1965 in the Greater Winnipeg area is 889; and outside Winnipeg, 293; for a total of 1,182. It lists a series of figures here on totals: in 1956 - 961; 1957 - 996; 1958 - 1,022; 1959 - 1,065; 1960 - 1,113; 1961 - 1,153; 1962 - 1,138; 1963 - 1,181; 1964 - 1,179; and the figure for 1965 - 1,182.

I mentioned last night in the House that we do have a continuing committee working with the College of Physicians and Surgeons, the Manitoba Medical Association and the Faculty of Medicine, on the matter of physician supply in the province, particular emanating from the report of the College of Physicians and Surgeons of some time ago which said that if the exodus of doctors increases or if the inflow of doctors to the province is increased, we would in 1975 be facing a doctor shortage. As I mentioned last night, I believe we are making progress in that committee, and there are certain problems that have been recognized by all concerned and we are endeavouring to work our way through them.

The member for Rhineland also spoke about the Manitoba Hospital Services Program deficit. The \$5 million that goes back to 1958 -- during the first six months no premiums were collected - this is my understanding of it - and the \$5 million deficit came up at that time, but I further understand it's a bookkeeping entry. The deficits that have occurred from year to year - some years we have had a surplus and some years we have had a deficit, and we feel that the deficit being carried at the present time by the Manitoba Hospital Commission is not out of line in relation to the size of the budget of the Manitoba Hospital Commission.

The budgeting of course is still going on. The Manitoba Hospital Commission operate on a period from January 1 to December 31 of each year and the hospital budgets begin flowing in - I believe it is around about October - and then worked upon, then the hospital is notified and the hospitals have questions of appeal. So the final budget that is going to be anticipated still has to be worked out because there are appeals taking place on behalf of hospitals in the province at the present time.

In connection with the questions of provincial agency, hours of doctors, etc., these matters are all to be worked out and we are working them out in conjunction with the medical profession. The MMS has submitted their capabilities and there has been a visit made over to the MMS and the matter of the provincial agency is still to be decided.

In connection with the voluntary aspects, in the plan we have said that we would meet the Federal Government stipulations, and the stipulations are at the present time that for the first year it would be -- or in order to qualify you must reach 90 percent participation rising to 95 percent in the second year, so it will be a voluntary plan for meeting those requirements which have been set down quite clearly by the Federal Government.

In answering some of the questions of the Honourable Member for St. Boniface - Pan American Games - as the Minister of Health he has drawn it to my attention, and it will certainly be looked into. The Hospital Commission made note of it last night. The 20 percent policy, which is a province-wide policy, will be adhered to by the government. I was pleased to hear him say the Commission was doing good work and I'm sure that they were pleased to hear that also.

We have two hospitals now in the Metropolitan area who are working a six-day surgical week - the Children's and the Concordia Hospitals - and negotiations are still continuing with the Manitoba Hospital Commission to see if that can be extended. They have helped to contribute to a study of the Winnipeg General Hospital on ways and means of improving the services of the hospital and the efficiency of the staff and the facilities that are available.

In answer to the Honourable the Leader of the Opposition, the Brandon General Hospital extended treatment hospital is planned to commence during 1967, and of course if the Commercial Travellers still wish to aid in helping in the development of this facility in the old land of the General Hospital, they will be quite welcome. I would like to mention that the policy of the government is to encourage voluntary organizations and I think there are several fields in which we can point that we do. Perhaps the Society for Crippled Children is one of the significant ones that we are speaking about. The work that we have done with Skills Unlimited - establishing Skills Unlimited - and with the Sanatorium Board. The Sanatorium Board have been in to see me since the issuance of our report - which is a report which applies to the whole of the province - they have been in with me and I have felt that they may have disagreed with our decision of the Assiniboine Hospital but they have not allowed that, nor have we, to break down

(MR. WITNEY cont'd.) the good liaison that we have had with them and the recognition of the good work that they have done in the past and continue to do. As a matter of fact, using the Associated Travellers, they have now expanded some of their activities in the southwestern part of the province on an experimental basis. I should also mention too that when we think in terms of the Assiniboine Hospital and the Sanatorium Board, that the Brandon General Hospital Board is also a voluntary body that has local citizens fairly involved.

The questions about nursing that have been raised by the Honourable the Member for St. Boniface, all of these are now being considered by the Minister's Committee on Nursing. I think it was back in 1963 that the Hospital Commission met with all the interested people on the question of supply of nurses, and as a result they went back and they formulated a two-part report. When the two-part report came in, we further established the Minister's Committee on the supply of nurses to take a look at the whole situation in its broad context - everything in connection with nursing - and they were asked to report to me as soon as possible, preferably by the end of April, and I understand that they are working on their final report at the present time.

On the question of accreditation at the Assiniboine Hospital, the report on the extended treatment care has had no bearing on that. The accreditation people move to every hospital at any time that they feel like it and they look at the hospital as the hospital is and make their decisions at the time they are visiting the hospital.

Unless there is some that I have neglected, Mr. Chairman -- just one more point on the secret formula. The Commission allocates to the hospitals what it considers is necessary in the way of funds to provide proper service to the hospital and to see that it is operated efficiently. It bases its opinion on the hospital's own past experience, on the comparative experience of other hospitals in the province, on the hospital's program itself, all of which is translated into financial terms. Now we feel that this guideline or formula - and the honourable member called it a secret formula - we feel the guidelines are quite sound. We also feel that it would not be fair, because this word 'fair' has been used quite often during the discussion of my estimates - we do not feel it would be fair to reveal to a hospital every detail of the comparisons and calculations made because this involves private interests and the opinion of other individual hospitals.

. continued on next page

MR. CHAIRMAN: (a) -- passed. (b) -- passed. (c) -- passed. (d) --

MR. PAULLEY: Mr. Chairman, I just have one question of the Minister and he may not have the information with him and I will be pleased to receive it at a later date. Last year dealing with the question of rehabilitation services, in particular dealing with alcoholism, you will recall, Mr. Chairman, there was a co-ordinating committee set up to interlock the various services pertaining to alcoholism and I asked the Minister at that time whether or not he would provide us with a synopsis at this Session of what had happened with this rehabilitation committee and co-ordinating committee on alcoholism. If you'll remember, Mr. Minister, there was the committee on - I just forget the name of it - there were two or three committees anyway became amalgamated in the field of alcoholism and I'd like to get a report, if possible, dealing with this subject. If you haven't got it, I would be quite content to receive it at a later date.

MR. WITNEY: Mr. Chairman, I'm sorry that I neglected to do so and the report will be given to you within the next week.

MR. ARTHUR E. WRIGHT (Seven Oaks): Mr. Chairman, I should like to make a few comments on this item of rehabilitation. I first of all want to say how much we in Manitoba should appreciate the work of the Rehabilitation Hospital and the dedicated work of Doctor Truelove and his staff. At the visit I had there, I was very thrilled with the work that is being done. And today, Mr. Chairman - and I know you are interested because of the work that you have been doing along the lines of alternate care and with senior citizens housing, you too are interested in this - we know that people are living longer today and we know that we have diseases of old age. We do know that we have the need for Geriatric Centres now and for Rehabilitation Hospitals.

Now at the Rehabilitation Hospital in Winnipeg, I understand there is usually a waiting list of about 68 - and by the way there are 160 beds there - and the average waiting time is about 17 days. I am informed that the average stay at the Rehabilitation Hospital is from 45 to 50 days. Now at the end of this time many people are able to go home, but a great many of them are still too disabled and many of these people come from the rural areas. Discussing this with the staff there, I gathered that there is a great need for hostel services. Mr. Chairman, last night I had occasion to visit a person in the Central Park Lodge, and while this is quite a luxury type of development, it has filled a need - a need that it seems to me to be becoming more evident every day.

But we have a need for hostel care for people who come to Winnipeg for this rehabilitation treatment. I know that the trend today is toward centralizing our hospital facilities, and I imagine that the people who are recommending this know what they are doing, but I wonder if we haven't a need for rehabilitation hospital services in places, say, like Brandon or Dauphin, but I thought that I would like to stress the need, and we in this group are all always willing to support the spending of more money, because it's going to cost more money when you start talking about hostel buildings for this type of work.

Now, Mr. Chairman, to place people in nursing homes, as you know the nursing care placement is very difficult, and nursing care is -- while we have good nursing homes in Winnipeg we are not leaning too heavily on this concept of placing people who have come out of the Rehabilitation Hospital. In Britain they have what is known as Cheshire Homes where they have turned large estates and large homes into Alternate Care centres. It seems that in this new concept of rehabilitation and of providing alternate care services we should be looking at the need to be able to accommodate people from the rural areas when they come here for this treatment. I don't know what the costs of staying at these hospitals would be, Mr. Chairman, but I do realize that it would release many of the 160 beds at the Rehabilitation Hospital, and I would like to have the Minister spend a few moments in talking about the plans for the future in regard to geriatric centres, in regard to Alternate Care Homes and especially if there are any plans afoot to extend the wonderful work that is being done at the Rehabilitation Hospital in Winnipeg.

MR. WITNEY: Mr. Chairman, the question of the Rehabilitation Hospital, I recognize that it has been doing good work and I think it's interesting to point out that it is being run by The Sanatorium Board of Manitoba. We feel that as we get the extended treatment care program which we laid on your desks last year, that this will help a great deal in some of the -- this question of rehabilitation, because with the extended treatment care program also is involved a question of physio and occupational therapy, and we have gradually extended these programs now into those areas where we have extended treatment care, and as mentioned earlier we feel that we will have the numbers of people available in order to meet the increased

(MR. WITNEY, cont'd) . . . demand that will come as the extended treatment care facilities are available.

We've also provided in the section of care services for advice to the places where these people are as to how physiotherapy can be carried out, and if I recall correctly, we have in the estimates here a person to do that type of work.

The question of the hospital that the Honourable the Member for West Kildonan, my member, who asked about the hostel. I saw the resolution at the Sanatorium Board in their meetings and I see now what they are thinking about and I have referred the resolution to the department for its reaction to it. We are not planning, at the moment at any rate, on building geriatric centres as the honourable member suggests. We do feel that through extended treatment care, through care services and through the development of a personal care type of home, and through the greater activity which we've had to bring into effect of the health units in the field, our association with the Canadian Arthritic Society, etc., that we are developing a program that will provide for the needs of our older people. We've also asked for a Chair of Geriatrics at the university. I think I mentioned this last year, possibly not, and the university are still considering the advisability of establishing one. And of course the idea of the extended treatment care hospital also was to bring this type of patient closer to the main stream of medicine in order to foster and feed the interest of the medical profession in this growing recognition of our older people.

MR. CHAIRMAN: . . . (d) passed. Resolution 36 -- passed. Resolution 37 (a) -- passed. Resolution (a) -- passed; (b) -- passed; (c) -- passed . . .

MR. SHOEMAKER: I suggest to my honourable friend the Minister that when he receives a letter from anyone in my constituency (and I think everyone else would be interested in this), where it is clearly marked on the bottom of the letter that a copy has been sent to the member, that when he replies to the writer that he forward a copy to the member, because the very fact that he has received a letter indicates that the member is involved in it, and I refer to a letter that my honourable friend received on November 17th last from the Secretary-Treasurer of the Neepawa Graduate Nurses Association in which they express real concern and point up the need for a child guidance clinic in Neepawa and district. For the past few years, once a month a guidance clinic consisting of a psychiatrist and a psychologist and a speech therapist from Brandon were able to assess and treat 15 to 20 cases on each visit. This was still inadequate.

MR. CHAIRMAN: . . . hospitals for mental diseases.

MR. SHOEMAKER: I'm on 37, on mental health.

MR. CHAIRMAN: You're on the wrong item.

MR. SHOEMAKER: Mental health, is it not?

MR. CHAIRMAN: Those are hospitals for mental diseases; (c).

MR. SHOEMAKER: Well, where would we talk about -- well, this is on mental diseases that I'm discussing, and I don't -- where else, you tell me where I could bring it up. It's on mental health.

MR. WITNEY: On (f), Mr. Chairman, which comes up later.

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

MR. LEMUEL HARRIS (Logan): I'd like to say something on mental health here.

MR. CHAIRMAN: We're now on (d), Manitoba School for Retardates, Portage la Prairie.

MR. DOUGLAS L. CAMPBELL (Lakeside): Mr. Chairman, I have a very brief question in connection with (d). It's addressed to the Minister so I'll wait until he's disengaged. I would like to check with the Minister as to whether the name of the Portage la Prairie or Manitoba School is now officially the one that's shown in the estimates? My reason for asking this Mr. Chairman, is that I have a continuing dislike for some of the terms that are used to describe what in effect are certainly people and citizens of this province, and I subscribe completely to the remarks that the Honourable the Leader of the New Democratic Party made about how well that particular institution is operated and how capable the staff is, particularly the superintendent. But I was rather disturbed when I noticed the name that appears in the estimates here.

I think there's been a move recently, and there should be a move, and there should be more of one than there is at the present time, to get away from these unfortunate designations. I thought the name of this institution was the Manitoba School. That's a good name, nothing the matter with that name: The Manitoba School, Portage la Prairie; but to put in the other

(MR. CAMPBELL, cont'd) . . . part here, "for Retardates." Why do we always need to be reminding people? Do you know what that institution was called when I first came into this House? It was called "The Home for Incurables." I don't know, if you can ever think of any horrible name to give an institution, it's that, "The Home for Incurables," and maybe -- that's terrible philosophy, isn't it? And maybe we didn't do very much better on the next name, because actually after that it was called "Home for Mental Defectives," and I thought it was a great advance when we finally got it to "The Manitoba School" and left out everything else, and now I see that for some reason or other so far as the estimates are concerned that this appendage of "for Retardates" has come in.

Why do we need that word "retardates" anyway? There are a whole lot of expressions creeping into the language these times that we don't need. We know who these people are. We don't need the experts to coin unfortunate terms for them and certainly I think we don't need to append them to the name of an institution that had gone through some unfortunate experiences in the past as far as names were concerned, and it finally got down to something that didn't cause anybody to have any difficulty, or questions about the type of institution that it was. So my protest, Mr. Chairman, is simply that I think we should strike off the "for Retardates" and resort to the former name "Manitoba School."

MR. WITNEY: Mr. Chairman, I agree with the Honourable Member for Lakeside. I believe that the designation in here is the official designation of the facility. When we set up our office of Child Development, originally we had it labelled as an office of Mental Retardation, but we have changed that to the office of Child Development. I acknowledge his comments and that will be changed.

MR. CHAIRMAN: (d) -- passed; (e) -- passed; (f) -- passed;

MR. SHOEMAKER: Mr. Chairman, is this where . . . This is where I'm going to be allowed to read the letter. Well, I was interrupted on the last attempt, and now I'm going to read the whole letter, because anyone reading Hansard (and I'm sure there's not many that do that) they will completely lose us. This is addressed to my honourable friend the Minister, dated November 17, 1965, and I don't know whether he has yet answered it because I have not received a copy.

The letter reads: "The members of the Neepawa Graduate Nurses Association wish to draw your attention to the urgent need of a Child Guidance Clinic in Neepawa and district. For the past few years, once a month a Guidance Clinic consisting of a psychiatrist and a psychologist and a speech therapist from Brandon were able to assess and treat 15 to 20 cases on each visit. This was still inadequate to meet the needs of the community. Due to the lack of personnel in Brandon we are now limited to the services of a psychologist only. We feel this situation is critical and deserves immediate attention. The burden of emotional problems is increasing. With the lack of personnel in the field of psychiatry, we urge you to evaluate the reasons for this shortage, whether they be due to lack of training facilities, low wages or other causes. We will be grateful for any encouraging information of a program or immediate steps being taken to remedy this situation." Signed by the Secretary-Treasurer of the Neepawa Graduate Nurses Association.

Now this letter, coming as it does from a body of graduate nurses, cannot be said that it was written in a light vein, because if there's anybody in the world that's qualified to know what they're talking about in this particular field it is the graduate nurses and the medical profession, and so I would like to know: (1) Did my honourable friend answer the letter, and if he did could he let me have a copy of it, or perhaps he could tell the committee, because certainly if it affects Neepawa it affects many many other rural points in the province. Perhaps he could tell us what he has in store for us and other points in a similar situation.

MR. HARRIS: Mr. Chairman, I've been doing some reading lately about the changes in methods of caring for the mentally ill, more especially the changes in type of hospitals being used. It seems that many authorities responsible for the treatment and care of mentally ill feel that the large institutions they now have hamper the patient's recovery and slow down his ability to go back into society. These articles say that many mentally ill people can recover more quickly if they are near enough to their families and they can be visited often. They say that small hospitals close to the community help the patients in making the adjustments that are necessary if they are to function properly in society. They say that an ideal situation for all but the incurable insane would be a relatively large number of small community treatment centres. Saskatchewan has built one hospital of this sort as a pilot project, and has another one planned. People are coming from all over the continent to see it in operation. This hospital was

(MR. HARRIS, cont'd) . . . designed by an architect who took a drug which made him see the same things as some mental patients do, so that he could understand their fears and be sure that nothing about the building itself would hamper a patient's recovery.

We have one of the finest medical schools in North American, and I am sure that if the government gave the school the "go ahead," it could produce similar ideas. I want to ask the Minister if he is aware of these new ideas and if his staff is looking at them. Can we expect this sort of enlightened treatment for our mentally ill in the near future?

MR. WITNEY: Mr. Chairman, the matter that's referred to by the Honourable the Member for Neepawa, I'm quite certain that it was answered. However, I will check to make sure. The problem that he has mentioned has certainly been one which we have been aware of and trying to do something about. We are as a result of that starting to make more use of the health units and to bring them into this field in order to help the community mental health teams, and our medical officers of health have all attended now what might be termed a short course - I suppose it's a very short course - but a very short course on psychiatry in order to be able to assist the mental health teams as they move across the country, and discussions have been taking place with the staffs at Brandon and at Selkirk and here in Winnipeg as to how we might overcome the problem that we are facing with respect to the numbers of people who are coming for help.

With respect to the question asked by my honourable friend with some Irish lineage I believe -- he said yesterday, away back. The answer is "yes", the new ideas are noted and our psychiatrists and medical superintendents have all been over to these new facilities and are all aware of the ideas themselves. I might add, too, for the honourable member that our medical superintendents and our psychiatrists and our doctors are generating ideas themselves, and that there are ideas that have been generated by these people here in Manitoba that have been adopted elsewhere, so I feel that while we are noting them we are noting our own programs, we are comparing what they have in relation to what we have, we are comparing where they are stronger in relation to ours, and we are also noting where they are weaker in relation to ours; so there is a cross-pollination of these professional people and our men are given every opportunity and latitude to travel to various conferences, including international conferences, in order to keep themselves abreast of all of the new ideas, particularly in those areas where there are heavy concentrations of people such as Europe; and where these problems have been met and wrestled with for a longer period of time than we have in this country.

MR. CHAIRMAN: (f) -- passed. Resolution No. 37 -- passed.

MR. FROESE: Mr. Chairman, under (f) (3), there's a considerable item here of \$769,000. I wonder if the Minister could give us some idea as to where these monies are going and what organizations of the province . . .

MR. WITNEY: Yes, these are the amounts of money paid for people that we have in such places as St. Boniface Sanatorium, Home of the Good Shepherd and two of the Children's Aid Societies in Manitoba, and the vocational rehabilitation services at the Broadway Home, Mennonite Benevolent Society, Hospice Tache, etc.

MR. CHAIRMAN: (f) -- passed; Resolution 37 -- passed. Resolution 38 (a) -- passed.

MR. WRIGHT: Mr. Chairman, I have a question for the Minister in regard to drugs. As the committee knows, in 1962 I proposed a resolution in regard to the high cost of drugs and I withdrew the resolution in view of the fact that the Federal Government had set up a committee to investigate the high price of drugs. This committee it seems has done very little about it, and just last week the committee in the federal House was reconstituted with 24 members to again look into this business of the high cost of drugs.

Now on Page 152 of the annual report of the Health Department it mentions, there's a heading, "Special Drugs of a Lifesaving Nature," and any of us who have been in a municipal field know that for some time the municipalities have been supplying insulin at I believe reduced rates to people who require it, but it says here that "arrangements made under this program provide for the supply of free drugs which are required as a lifesaving measure and as a long term continuing necessity extending over months or years and where there is financial need." Then it said, "The financial need is assessed on the basis of a statement by the municipal authorities, if the patient is unable to bear the cost of the drugs without creating undue hardship, that the municipality itself will be prepared to contribute 50 percent of the costs." I assume that the other 50 percent would be paid by the province, or is the other 50 percent paid by the person needing it?

Then it says, "The medical need is assessed on the basis of a certificate from the

(MR. WRIGHT, cont'd) . . . attending physician usually supported by a report from a recognized specialist in the appropriate field." Then it goes on to say that there are other drugs, such as for cystic fibrosis supplied through the pharmacy of the Children's Hospital, and the total cost is borne by the Province. Then it goes on to say that there are other expensive drugs which the cost is shared equally between the province and the municipality.

Finally, it says that there are people suffering from some special disease necessitating special diets and the cost of these drugs are entirely supported by the federal grant.

This to me seems a little confusing, but I would like to say, Mr. Chairman, that the cost of drugs has been assessed under the new Health Care Plan at some \$20.00 per capita, and in my estimation the very high cost of drugs is one of the things that can undermine this new scheme. The British Minister of Health set up a committee with the British Pharmaceutical Industry to establish a scheme of price regulations for certain categories of drugs. This scheme has exerted steady and in the long run effective pressure on firms to drive down and hold down the price of drugs, and has certainly prevented the firms from exploiting the taxpayer. It says, whether we resort to this scheme or some alternative is still a matter for decision, but the important point is that despite a great proliferation of study nothing effective has been done in Canada, either at the provincial or the federal level.

This is the point I wanted to emphasize, Mr. Chairman. Nothing has been done in Canada. In 1962 this special committee set up in the federal House did nothing that I can see that was of any benefit to the people of Canada in bringing down the price of drugs. For example, in 1963, a select committee of the Ontario Legislature reported in the Spring of 1963 with a number of recommendations, one of which was that all hospitals should be encouraged to develop a formulary system whereby chronic and needy patients who need large quantities of expensive drugs can obtain them more readily and at lower costs. Such a system involved a drug committee in the hospital to review the bewildering range of drugs now on the market, and to specify two or three generic names that would be authorized to meet specific needs. Unless a doctor uses these means, his patients suffer the financial consequences. This relieves the doctor of the difficult task of choosing from among the growing duplication of drugs, thereby countering the high pressure efforts of the drug retailers.

Mr. Chairman, I mentioned in my speech on the Speech from the Throne of the very confusing situation that confronts the doctors today whereby many of them do not really know with the proliferation of drugs on the market today just what ones to use, and I think that this would be a responsibility of the government, especially the Provincial Government here, to set up in the hospitals committees such as visualized by the Province of Ontario, because I think that unless something is done to make a study of the costs of drugs and to make sure that they are obtainable at reasonable prices, the very idea of a proper and comprehensive scheme of health will be sadly undermined.

MR. WITNEY: The department provides drugs for such matters as Sabin vaccine, gamma globulin, and the necessary vaccines for diphtheria, tetanus, whooping cough, small pox, etc. The rheumatic fever program was taken over by the province during the past year. At one time we used to require 50 percent from the municipalities. The other drug programs we have we require the certificate of the medical officer and we require 50 percent sharing by the municipalities.

On the question of drug costs we have continually sought the elimination of the sales tax from the cost of drugs and I have had two meetings now with the Manitoba Pharmaceutical Association. We are investigating right at the present time the possibility of a drug program which will perhaps ease in the future the problems that are being faced now.

MR. SHOEMAKER: Mr. Chairman, on this same point of the cost of drugs, under the Medicare program, MMS - and certainly the government were involved in that - it provides, that is the Medicare card provides for the four services as the Minister well knows, one of which is prescribe drugs, and I have been told that there is no standard set price for drugs. Surely, surely, Mr. Chairman, the government checks with Medicare to see whether they're paying two or three times as much to one druggist as they would to another for exactly the same prescription. And under this same item, Mr. Chairman -- I think it's this item -- I notice that under the cancer control grant it's down over \$400,000. There may be a satisfactory explanation for that, but it's odd in light of cancer causing more deaths than ever in this day and age that the grant should be down.

MR. CHAIRMAN: (b) -- passed.

MR. PAULLEY: Mr. Chairman, I have one request to make of the Minister in respect

(MR. PAULLEY: cont'd) . . . of (b), Environmental Sanitation. In your report, Mr. Minister, on Page 122, the report of the Department, mention is made of a number of surveys that have been conducted in respect from a comprehensive survey of all foundries dealing with the silica hazard; another one, carbon monoxide surveys in garages and workshops; ventilation studies; paint spraying, welding, etc. I wonder, Mr. Minister, if copies of these surveys are available, and if so I would appreciate very much receiving a copy of those specific surveys.

MR. WITNEY: Mr. Chairman, copies will be forwarded to you. The difference in the cancer control grant is simply that the Manitoba Hospital Commission has taken over the operating costs of the Cancer Foundation here in Manitoba.

MR. CHAIRMAN: (b) -- passed, (c) -- passed, (d) -- passed, (e) . . .

MR. FROESE: Mr. Chairman, under (d). I note too that this item is reduced somewhere by \$50,000 for the Treatment and Control Program. What accounts for the reduction? Are there that many less people receiving treatment? Does this account for it?

MR. WITNEY: Yes, it's the success we've had over TB over the years.

MR. CHAIRMAN: (d) -- passed, (e) -- passed, (f) -- passed, (g) . . .

MR. SHOEMAKER: Mr. Chairman, in Health Units; just about once a month in our area the rumor circulates around that the Health Unit in Neepawa may be folding up and moving somewhere west about 18 miles. Now why does this rumor -- where does it originate from or why should it -- (Interjection)-- I confess I have nothing to do with it. I'm perturbed every time it is suggested to me, and I don't know what the point is or where it originates from. Can I have some assurance that it is nothing but a rumor?

MR. WITNEY: It is nothing but a rumor.

MR. LEONARD A. BARKMAN (Carillon): Also, on the Health Units, and I do not wish to hold up the committee, but in regards to this matter, I'm referring to a certain article in the local paper of the doctor of the Red River Health Unit, and things seem to be pretty serious in this unit in regard to shortage of help and the like, - I don't mean anything serious otherwise - and I imagine this possibly exists in a lot of the units, but can the Minister assure us in any way that there's any kind of help on the way for some of these units?

MR. FROESE: . . . while we're discussing it, we received a list of the hospitals that would be constructed during this next year. Is there also consideration being given to any new Health Units as well?

MR. WITNEY: To my knowledge, Mr. Chairman, most of our Health Units with the exception possibly of one, we are at full complement. If we are not at full complement though, I believe that we are not having any difficulty in filling these positions. At least the Department have not drawn to my attention any real problem in this area, but I will check to see what the difficulty is with the Red River Unit and there will be a new Health Unit established in the south-central part of the province, and an X-ray Unit. And an X-ray Unit will be established in the Swan River Health Unit.

MR. CHAIRMAN: (g) -- passed; (h) . . .

MR. SHOEMAKER: Mr. Chairman, on (h), Lab and X-ray, I would like to ask the question whether or not the entire province is now covered with the Lab and X-ray Units, because I think this is most important. Last year my wife required a great deal of medical attention and I received a bill from the clinic in Winnipeg for \$37.00, made up as follows: \$5.00 for professional services, \$20.00 for X-ray, and \$12.00 for lab. And I paid it. \$32.00 for X-ray and lab in Winnipeg, and I could have got exactly the same services for \$1.25 in Neepawa, so I threw \$30.00 away and that hurts us fellows.--(Interjection)--. Well, how many times was this multiplied? As you know, when you are living in an area they charge you what? A dollar for the first X-ray and 25¢ for every one thereafter. Right? Right, he says. And the lab is free. Yet I had to pay \$32.00 when I come to Winnipeg to get it. So what's the explanation for this?

MR. WITNEY: Lab and X-ray Units, Mr. Chairman, are being expanded throughout the province; south-west corner during this past year, the south-central part of the province this coming year at Swan River, but expansion to the whole of the province is a big matter that has been -- I have charged the responsibility of the Department of Health and the Manitoba Hospital Commission to bring up recommendations to me. I announced to the medical profession that we were going to work on possible ways and means of doing it and there has been a considerable amount of work done up to the present time. The expansion to the whole of the province, however, is a very difficult matter.

MR. CHAIRMAN: (h) -- passed; (i) -- passed; (j) -- passed; (k) -- passed; (l) -- passed; (m) -- passed.

MR. WRIGHT: day I asked the Minister if he would table the report or the recommendations of the Committee on Ambulance Care.

MR. WITNEY: Up there they note me firing questioning glances to where is it. It will be here and we have passed the estimate now, but in the Estimates we have provided for an ambulance officer to help when the . . . --(Interjection)-- Here, no; this is more or less the experience that we have had over the years. We've just gradually increased.

MR. CHAIRMAN: (l) -- passed; (m) -- passed; (n) -- passed

MR. HRYHORCZUK: Mr. Chairman, I believe that at one time, and probably we still have what was known as a travelling clinic where a dentist visited schools throughout the rural areas and did as much work as he could while at the school, and at the same time he gave the children or their parents information as to what attention the children needed. I would like to have the Minister tell us whether this travelling clinic is still in existence, how many of them there are, and what areas they cover.

MR. WITNEY: I'm sorry I can't give you the exact number except that the program is still in effect and has been expanded during the past year because we have received good support from the Manitoba Dental Association who have provided us with dentists in order to do work in various areas. I don't think we have a clinic as such, except that our men go out into the country and, in some areas, they may have to take facilities with them, but the program is continuing and it has been expanded during the past year. I'll get a specific answer on the number of clinics for you.

MR. CHAIRMAN: (m) -- passed; (n) -- passed; (o) -- passed

MR. MOLGAT: Mr. Chairman, under (m), I'd just like to ask a brief question of the Minister regarding fluorination. One of the other departments through the Water Control Board is now establishing water systems in many parts of the province. Is there any attempt made by the Department to encourage the fluorination at these plants, or is this left strictly to the local people?

MR. WITNEY: It's up to the local people. When they ask for our support we give it to them. There's about 60 percent of the population covered now.

MR. CHAIRMAN: (m) -- passed; (n) -- passed; (o) -- passed; (p) -- passed; (q) -- passed; (r) -- passed; Resolution No. 38 -- passed. Resolution No. 39 -- passed.

MR. MARK G. SMERCHANSKI (Burrows): . . . the Manitoba Hospital Commission, I'd like to ask the Honourable Minister, has he got any idea as to what is the possible timetable for the first stage of the Children's Hospital planning?

MR. WITNEY: Well we have sent a letter to them, Mr. Chairman, to start on various plans and I assume they have done that, and apart from that I couldn't give you any further information.

MR. SMERCHANSKI: . . . question is, is this project going to cost \$6.2 million or \$7.2 million, and does the Minister acknowledge that James A. Hamilton, the Hospital Consultants, are they a competent group according to the Department?

MR. WITNEY: The project has been approved at \$6.2 million. Personally, I'm not aware of this consultant group, their qualifications one way or the other.

MR. SMERCHANSKI: What does the Minister base his reduced cost of \$6.2 million as against the \$7.2 million which was recommended by the James A. Hamilton, Hospital Consultants, as well as being recognized as the amount required by the Children's Hospital staff and Committee? On what basis does the Honourable Minister overrule these people in terms of saying that the project should not cost \$7.2 million but should cost only \$6.2 million.

MR. WITNEY: On the recommendations of the Manitoba Hospital Commission.

MR. SMERCHANSKI: Mr. Chairman, does the Manitoba Hospital Commission take upon itself to overrule the consultants who are quite competent, as I understand from the Minister, as well as the Manitoba Hospital Commission fails to recognize the competence and planning ability of the staff of the Children's Hospital? Is this correct?

MR. WITNEY: The Manitoba Hospital Commission have worked closely with the staff of the Children's Hospital in all phases of planning, and I am told today that there have been many times when these considerations have gone into 11:00 o'clock at night.

MR. SMERCHANSKI: Mr. Chairman, one other question then, which will close it. In other words, as far as the present government is concerned, the Honourable Minister feels that the amount that will be allotted to the Children's Hospital is going to be \$6.2 million and

(MR. SMERCHANSKI: cont'd) . . . they can either take it or lump it. Is this the attitude?

MR. WITNEY: The question of either take it or lump it: The original expansion plans - they started at \$2.5 million; they went up to \$5 million; they then went to \$8 million; they have been stabilized down at \$6.2 million after full consultation with the Children's Hospital.

MR. SMERCHANSKI: Mr. Chairman, I again find fault with the Minister's remarks in that last night I pointed out in quite close detail that the additional cost of \$1-1/2 million for the psychiatric addition came to the Children's Hospital at the request of the Department and the Manitoba Hospital Commission. Therefore, it is unfair to say that this additional cost in the hospital is due to the staff or planning of the Children's Hospital, and I further say, Mr. Chairman, that the Manitoba Hospital Commission has to receive some guidance, either from this government or from the Department of Health, to have them reconsider their stand that \$6.2 million is sufficient, and I don't want to repeat what I said last night but I bring it to the Minister's attention that this is insufficient. They need the \$7.2 million. They require the \$7.2 million, because this is the laboratory facilities, the flexibility, the pediatric swimming pool, and these other additional requirements that they need in this hospital are very urgent, and I would strongly recommend to the Honourable Minister to take it under advisement with the Manitoba Hospital Commission to acquiesce to the request of the Children's Hospital Planning Committee.

MR. DESJARDINS: Mr. Chairman, talking about lumping it, I wonder if the Honourable Minister would un lump something for me? In the annual report of the Commission, we are giving a financial statement which is lumping the capital and operating costs. I wonder if this is the best we can get. I wonder if the Minister would tell us under different items -- there is something on Page 25, the grants from the Government of the Province of Manitoba and contributions from the Government of Manitoba. I would like to know what for operation and what for capital costs? There is on Page 29 the same thing in the Accounts Receivable that we have there from both, from the Government of Canada, and on Page 30 the grants for insured services and other hospital costs from the Government of Canada. The Minister, Mr. Chairman, should have this information because I warned him on Thursday that I'd want this information.

And then there's the question again that I would like to know. There's an amount here of \$13,400,000. I would like to know how much of this comes from the Consolidated Fund, how much from this hospitalization tax. I would like the Minister to tell me what it would be if the tax would have remained the same at six percent income tax and one percent corporation tax, because the government -- (Interjection)-- I beg your pardon? I know, but some comes from the Consolidated Fund. I think that last year you mentioned that you would replace from the Consolidated Fund which you reduced. I think that the First Minister will have to reply to this. It's 12:30 now, Mr. Chairman, and this is something that I would like to know.

MR. ROBLIN: It's the same.

MR. DESJARDINS: He says it's the same. I don't know what he means by that.

Then there's the -- I would like the Minister just to answer yes or no. Could I, then, personally receive a schedule of the new projects with the target dates or start of the projects, the dates that the projects will be completed, and the estimated costs of these projects? Are you going to call it 12:30 Mr. Chairman, because I certainly expect to get this information now.

MR. ROBLIN: Is there any possibility of sitting for a minute or two and completing this item or not?

MR. DESJARDINS: Could we get the information now? As far as I'm concerned . . .

MR. ROBLIN: Well the Minister might be able to give some of it or else give it to you personally.

MR. MOLGAT: We'd certainly be agreeable to stay and finish the item.

MR. PAULLEY: We would too.

MR. ROBLIN: Mr. Chairman? All right.

MR. WITNEY: On the question of the projects that are being scheduled, I gave them out for 1966 and I can give him the target dates for them. The amounts of money involved, well I guess we can do that too.

MR. DESJARDINS: . . . the Minister will give me this information eh? What about this un lumping business now, Mr. Chairman?

MR. WITNEY: This has been the method, that this has been placed in the Estimates for some time now, and I really have no objection to giving . . .

MR. DESJARDINS: You have no objection to what? Mr. Chairman I . . . --(Interjection)--

(MR. DESJARDINS, cont'd) . . . I beg your pardon?

MR. WITNEY: To unclumping it.

MR. DESJARDINS: Oh, fine, go ahead then. When? Now?

MR. WITNEY: I can't do it right now because I haven't got the figures before me.

MR. DESJARDINS: Well Mr. Chairman, are we going to hold this then, because I asked the Minister to do this on Thursday.

MR. WITNEY: Oh, pardon me, I can give it to you right now, Mr. Chairman.

MR. DESJARDINS: Fine.

MR. WITNEY: The total hospital cost of \$48 million as shown in the 1965 Annual Report of the Commission contains an amount of \$2,133,297.67; it represents grants to hospitals for hospital construction. This is made up as follows: federal construction grants \$1,022,334.23; provincial construction grants \$1,110,963.44.

MR. DESJARDINS: Mr. Chairman, now the Provincial Treasurer might answer my question now. I wanted to know from this amount of \$13-1/2 million, what came from the Consolidated Fund that the original grant that we were getting. I'd like that divided too. What money was needed from the Consolidated Fund to put in this one percent income tax that was reduced, and last year the Premier said that this would be an added grant from the Consolidated Fund; and how much did we collect from this hospitalization tax of five percent and the one percent corporation tax?

MR. ROBLIN: Mr. Chairman, the figures on that will be given in the Budget statement.

MR. SHOEMAKER: Mr. Chairman, on the Manitoba Hospital Commission, under days of care, under the old arrangement I understand that it was generally accepted that the maximum days of care was 28 days. Has the agreement been changed at all in this regard? I understand that the doctor, of course, is the adjustor, but continually we have people coming and saying "Well, gee whiz, I just cannot take so and so out of the hospital." in fact just during this Session my honourable friend was probably aware of a case that was brought to our attention, a lady came back two or three different days, and eventually, eventually, they agreed to let her father stay another few days. In fact he's still there. What is the policy in respect to the days of care offered under the plan?

MR. WITNEY: That is the responsibility of the doctor and the Medical and Discharge committees.

MR. CHAIRMAN: . . . 39 -- passed; 40 -- passed --(Interjection)-- Department of Highways --(Interjection)--.

MR. PAULLEY: Mr. Chairman, before we rise, I made this request yesterday of the Minister of Public Utilities and the Minister of Mines and Natural Resources in regard to the transcript of the meeting on Public Utilities which we held, I believe, a week ago. The Minister assured us that they would be in our hands last night, and I would like to know where they are.

MR. ROBLIN: Yes, just looking at my honourable friend the member for Burrows, I think he's got a copy. I think . . .

MR. SMERCHANSKI: This is correct. I got mine this morning.

MR. PAULLEY: I've been so busy here, Mr. Chairman, I haven't picked up my mail yet.

MR. FROESE: Mr. Chairman, they're already in the mailbox. I picked mine up. I have one question under 40, and that is under Provincial Buildings and other Projects. If the Minister could at some later date give me a list of the projects that he has under this item, I would appreciate that.

MR. CHAIRMAN: Committee rise. Call in the Speaker. Madam Speaker, the Committee has adopted certain resolutions and asks leave to sit again.

IN SESSION

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

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

MADAM SPEAKER: It is now 12:30 and I leave the Chair until 2:30 this afternoon.