

THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Wednesday, February 1, 1967

Opening Prayer by Mr. Speaker.

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

MR. SPEAKER: Orders of the Day. The Honourable the Minister of Industry and Commerce.

HON. SIDNEY SPIVAK, Q. C. (Minister of Industry and Commerce)(River Heights): Before the Orders of the Day I'd like to lay on the table of the House the submission to the joint committee of the Senate in the House of Commons by the Government of the Province of Manitoba dealing with the White Paper on immigration and copies will be made available to the members.

MR. SPEAKER: The Honourable Member for Inkster.

MR. SIDNEY GREEN (Inkster): Inkster?

MR. SPEAKER: I believe you rose at the same time as the Minister.

MR. GREEN: Thank you, Mr. Speaker, for your indulgence. I wonder, Mr. Speaker, whether I may correct an inadvertant misstatement which I made yesterday with regard to a resolution that I had put forward. I would be very brief, if I could just correct it, I don't want it to continue to be misstated for any length of time. It was just with regard to the 1954 Labour Relations Act. Mr. Speaker, I mentioned yesterday that the amendment in '57 added the words "for the purpose of impairing the bargaining position of a certified bargaining agent." It also added the words, " or increase rates of wages." It doesn't change the argument that I put but it does indicate that the '54 statute didn't do exactly what I thought it did. And I have already made Mr. Hillhouse aware of it.

HON. DUFF ROBLIN (Premier)(Wolseley): Mr. Speaker, I'd like to refer to a question that was asked me yesterday by the Honourable Member for St. George respecting the speech of the Deputy Minister in the Manitoba Development Authority and government policy. I note from the newspaper reports of that that I may not have stated my position with sufficient clarity. I think I would like to say that the policy of the government of course is stated by ministers and is to be found with respect to our relations between the province and the Federal Government in the various statements that have been made, particularly the last two I should suspect, to the Dominion-Provincial conference. Those are our policies in respect of those matters and I think that Mr. Kristjanson's speech would have to be judged against those to come to any conclusion as to any relationship between his views and ours.

What I really wanted to stress in my reply yesterday was the fact of regional development is a matter of great continuing concern to us; I do not necessarily subscribe to any particular method that may have been presented as to how that regional development should be handled.

MR. NELSON SHOEMAKER (Gladstone): Before the Orders of the Day are proceeded with Mr. Speaker, I'd like to direct a question to my honourable friend the Minister of Industry and Commerce. On or about December 10th I directed a question to him, namely in consideration of the fact that the Friendly Family Farms has changed ownership: has the government recovered its loan of over a million dollars in full without loss to the taxpayers? At that time he said he would take it as notice and advise the House at a later date. It is now February 1st and I wonder if he would care to comment at this time because surely he knows that it has changed hands.

MR. SPIVAK: Mr. Speaker, I'll take this question as notice.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, I'd like to address a question to the Minister of Education. Insofar as the 19th of March vote on school divisions, has the Minister accepted the returning officers that were previously in existence in the divisions, or is he appointing new returning officers.

HON. GEORGE JOHNSON (Minister of Education)(Gimli): By and large - the divisional officers of divisions have been appointed, by and large. In some cases, they didn't want to serve, one or two cases I think they may not have been the division officer in the division concerned, in about two instances. I have the details down below.

MR. SPEAKER: The Honourable Minister of Highways. I'm sorry.excuse meI wondered if the Honourable Leader of the Opposition had a supplementary question.

MR. MOLGAT: It was, Mr. Speaker. I gather then that in two instances individuals other than the existing division returning officers have been appointed, but the balance of Manitoba, the returning officers that were acting in the division have been appointed as well for the vote, is that correct?

MR. SPEAKER: The Honourable Minister of Highways.

HON. WALTER WEIR (Minister of Highways)(Minnedosa): Mr. Speaker, before the Orders of the Day may I reply to a question that was asked of me several days ago by the Honourable Member for Elmwood, concerning the delay and the reasons therefore in the construction of a graded separation at Nairn Avenue. There has been no planned delay by the Metropolitan Corporation of Greater Winnipeg; the delay in actual start of construction comes about I think as an underestimate in the original planning stages of the project as to the time it was to be required for approval of all parties and particularly the board of transport commissioners for their share and their contribution in the project. It wasn't until sometime in October that this was received. In the meantime negotiations for land must be carried out and all of these things take time. The present scheduling is for a construction to start sometime this coming spring. But there is no planned delay; it's a matter of being able to clean up all of the necessary details prior to going into construction.

MR. MOLGAT: Mr. Speaker, I'd like to address a question to the Attorney-General. Could he tell me whether Chapter 12 of the 1966 Statutes, that was, an act respecting the reception, care, treatment, custody and rehabilitation of juvenile and adult offenders has been proclaimed in its entirety?

HON. STERLING R. LYON, Q. C. (Attorney-General)(Fort Garry): Mr. Speaker, my honourable friend has reference I believe to the Corrections Act, The Corrections Act has been proclaimed. As to whether it was proclaimed in its entirety I would have to double check and find out.

MR. MOLGAT: the date of proclamation when he does find out and what items were not proclaimed, if any.

MR. SPEAKER: The Honourable Member for Elmwood.

MR. RUSSELL DOERN (Elmwood): Mr. Speaker, I'd like to address a question to the Honourable the Attorney-General. Can he tell us when some new construction will come about on the Vaughan Street detention home?

MR. LYON: Mr. Speaker, I imagine there will be ample opportunity to discuss that and other items when the estimates of this department are before the House.

MR. SPIVAK: Before the Orders of the Day I'd like to lay on the table of the House a Return to an Order of the House No. 3 dated December 7th, 1966, from the honourable member the Leader of the New Democratic Party.

MR. MOLGAT: I'd like to address another question to the Minister of Education. Has he received any complaints that the correspondence courses, in particular in Grade 10 French, have not been going out since the Christmas vacation? I have received a complaint that these have not been going out, apparently due to some problems in getting them printed. Has he received any such complaints.

MR. JOHNSON: Mr. Speaker, I have not. I'll be happy to take the observation as notice and get a report.

MR. SPEAKER: Before we proceed I would like to direct the attention of the honourable members to the gallery. On my right we have 60 students of Grade 8 standing under the direction of Mr. Hollinger and Mr. Semenko. This school is situated in the constituency of the Honourable Member for Selkirk. On behalf of all the Members of the Legislative Assembly I welcome you here today. It's also a pleasure for me to refer to the students on my left in the gallery, 23 students of Grade 5 standing from the Lord Roberts School under the direction of Miss Lambert. This school is situated in the constituency of the Honourable the Minister of Labour, the Osborne constituency. On behalf of the Members of the Legislative Assembly I welcome you all here today.

MR. SPEAKER: The adjourned debate, the proposed motion of the Honourable Member for St. Boniface. The Honourable Member for Gladstone.

MR. SHOEMAKER: Mr. Speaker, I adjourned the debate to take a look at the wording of the Order for Return and to make certain that all of our Manitoba firms or Manitoba based firms were given exactly the same opportunity as the successful bidder in the contract that was let on September 30th, last, because certain information that I received indicated that this may not be so, and surely every person in the Province of Manitoba that is interested in its growth

(MR. SHOEMAKER cont'd) would like to see a Manitoba firm get a contract of this size - all other factors being equal.

Most of the members of the House - well not most of them, I think the paper reports that 32 of the members of the House last evening met with a group of ladies in Room 200 here who were concerned about prices, consumer prices, in Manitoba and that Brief said quite a lot of things but what they did say and reported to be a fact that Winnipeg was 49th on the list so far as wages were concerned in Canadian cities. They said that on the one hand and they said the cost of food in Manitoba was no less, and that these two factors certainly made it difficult for people in Manitoba to enjoy the same standard of living as other residents of Canada. They said those things and then they said if you add on a 5 percent sales tax it'll be five percent worse.

The Minister of Industry and Commerce at the very same time was down at Ottawa I believe pleading with the Department of Immigration to lower the bars and liberalize their regulations to provide for a further group of skilled and unskilled labour people to Manitoba because we were in fact short of them. The ladies told us last evening that because of the fact that Winnipeg was 49th on the list, that 12,300 people had left Manitoba in 1966 -- I'm not certain whether she meant 1965 or 1966, but nevertheless it was a shocking figure. And why did they leave? They said, because of working conditions and the cost of living in Manitoba. The department of Industry and Commerce and the people concerned with the growth of Manitoba reported, well every year since they were set up, I think last year we received the third or fourth annual report of the Manitoba Economic Consultative Board and each and every one of the reports that we have received to date does not paint a very glowing picture of growth in Manitoba. So we are a little bit concerned that an Alberta firm received this nearly two million dollar contract, if it was at all possible for a Manitoba firm to get it, that's what we're saying in this Order for Return.

Now the facts that have been presented to me are something like this, that the date of the closing of the tenders originally was to be August 22nd and for some reason or other they were extended to August 29th, 1966, and that the final tender was let a good month later I believe - on September 21st or thereabouts. The report from the Southam Building Reports, this one is dated September 30th, contract awarded construction of camp buildings \$1,843,704, owner Manitoba Hydro, specification No. 416 construction of camp buildings Kettle Generating Station so on, awarded to Atco Industries Limited, Calgary. Tender closed August 29th.

I understand that when the tenders were let it was generally understood, that is, they naturally had set out all of the specifications for the temporary housing units at Kettle Rapids, but there was added a paragraph to the effect that the Hydro would welcome other alternatives, concrete sound alternatives if the bidders had one to offer and I understand that when the Alberta firm Atco, which I believe stands for Alberta Trailer Company, they made their bid on the specifications and they communicated to Hydro by some means or other - I'm not saying it was by letter - that they would be glad to tell them of an alternative plan that they had whereby they thought they could save them some money, and what we would like to know is, was every other firm that was interested in the contract given this same opportunity of submitting their alternative plans. Were they given exactly the same opportunity?

Now it is quite possible, Mr. Speaker, that there are no firms in Manitoba that were in the same position, that is, the same years of experience in this field as did the Alberta firm, because I understand that Atco or the Alberta Trailer Company, I understand, have been told they are a subsidiary of Kaiser Aluminium people, and they have been manufacturing all of the temporary housing or trailer units that's used in Viet Nam and if that's a fact then they have a world of experience in this particular field. I have also been informed that the material that they had in mind for this contract was surplus material that was no longer required in Viet Nam and that they had this advantage over a Manitoba firm. Now this is quite possible, quite possible, but have we made certain. That's what I'd like to know. Have we made certain that every Manitoba interested bidder was given the same opportunity as the Alberta firm?

I was also told that when the tenders were let immediately a lot of the sub-trades in Manitoba, that is the plumbers, electricians, the painters and so on, immediately started contacting the bidders to see what their possibilities were of getting a slice of the contract and all of them were quite interested in the offers being made by the sub-trades, except the Alberta company, and they said they were not interested at all in any - sub trade work, that they did not require any assistance in this regard at all; they could supply the whole order without any help.

(MR. SHOEMAKER cont'd)... .

So, Mr. Speaker, actually my purpose of adjourning the debate was to just once again make certain that we were giving every opportunity to every person in Manitoba providing he was given exactly the same opportunity to do the same job as the successful contractor. I have nothing more to say at this time, Mr. Speaker.

HON. STEWART E. McLEAN, Q. C. (Provincial Secretary)(Dauphin): Mr. Speaker, I move, seconded by the Honourable the Minister of Education that the debate be adjourned.

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

MR. SPEAKER: The adjourned debate on the second reading of Bill No. 3. The Honourable Member for Burrows.

MR. BEN HANUSCHAK (Burrows): Mr. Speaker, there are a few comments that I wish to make with respect to this Bill. Firstly, I wish to confirm comments made by my Leader, that I too was disappointed that in coming up with this major revision of the Insurance Act, that the government did not see fit to bring in still a further revision and that is in the form of providing a government insurance scheme. However, we have this Bill to deal with.

I would hope, Mr. Speaker, that before this Bill reaches committee that we would have a more workable form of it presented. I note that other bills have explanatory notes accompanying them, giving reasons for amendments, deletion, addition, what have you. This draft of the Bill does not contain that information and consisting of some 25 or 30 pages, it is a rather cumbersome document to work with, particularly when it's absolutely necessary to cross check with the Act which is found in the Revised Statutes 13 years ago and checking through the Statutes of Manitoba for any amendments that may have followed.

There is one section therein that particularly concerns me and I would hope that this House would obtain some explanation from the Government or from the Minister concerned, and that is the one shown on item No. 4 bottom of page 2, the amendment to section 30 of the Act which indicates the minimum capital stock of an insurance company and then it goes on to state the minimum unimpaired surplus of life insurance companies and of other insurance companies.

I am concerned about this section for two reasons. One - and this is the first question that I would like answered; does the government feel that this provision gives the insured adequate protection -- and I am mentioning this not necessarily in the light of what has happened to some insurance companies in the East, but when we look at the sum of \$500,000 and an unimpaired surplus of \$100,000 in the case of insurance companies not undertaking life insurance, and take into consideration the size of damage awards that are made today -- I am wondering whether this is adequate. Now there may be an explanation to this that may certainly convince the House and the public that this is quite sufficient, but I would like to hear the government's comment on this.

By the same token I am also concerned, as I indicated before, I am concerned about the adequacy of it but I am also concerned about whether or not this proviso may not be too restrictive in allowing the insurance industry to grow if there is any need for it. Now if the government, being an advocate of competition, and our free enterprise system, I would like to hear the government's views on this from the point of view of whether or not this may be too restrictive. In other words, does this proviso limit the insurance industry to a club consisting of a select few or does the government feel that on the basis of the financial records of insurance companies in operation, that there is ample scope for expansion and for the creation of new companies if it should become desirable or some would feel desirable to go into this business.

MR. LYON: Mr. Speaker, I would like to make just a few comments with respect to this Bill, summarizing out of comments made by the Honourable the Leader of the New Democratic Party who raised some subsidiary matters with respect to the Insurance Act itself and the question as to how persons should be dealt with by insurance companies, how policies should be cancelled and so on. My only purpose in rising at this time was to suggest that the Bill which we have before us should be allowed to pass at second reading and go through the various stages and be passed this year, because as I understand it from my colleague the Provincial Treasurer, this is a set of uniform amendments which have been suggested by all of the superintendents of insurance. That however, would not look after the points that have been raised by the Leader of the New Democratic Party and other speakers, and I rise to suggest that many of those points, if indeed not all of them, could well be investigated and inquired into when the government re-establishes, as it intends to do, the committee to look into the question of automobile insurance rates; the committee which was established last session which died with the dissolution of the House and I am suggesting now that it is the government's intention to renew the patent of that

(MR. LYON cont'd) . . . committee and to have it sit again and I'm sure that most of the items that have been raised in the course of this debate could well be attended to by that committee. I would therefore hope that this bill would receive the support of the House.

HON. GURNEY EVANS (Provincial Treasurer)(Fort Rouge): Mr. Speaker, if there are no further members who would like to offer comment I'll close the debate.

I would like to refer to the various matters raised, first by the Leader of the New Democratic Party referring to the matter of the right of the superintendent of insurance to review rates or indeed perhaps to have some influence on the more . . . control of them. I think the Attorney-General has said this would be a good subject to bring up and that's the purpose of the committee that is to be formed, to discuss rates and whether adequate and proper or not.

Nova Scotia is the only province in Canada that has the right to review rates in this way. I have no information as to the success of that operation in Nova Scotia. I am advised however that in the United States where any attempt is made to control automobile rates, that the results were satisfactory neither to the insurers nor to the public and that it has not been a success in that respect in the United States. I merely offer that as advice that comes to me and for what it's worth, I mention it now.

My honourable friend questioned whether the protection provided in the Bill was all for the companies and not for the public. It is really not the purpose of the Bill to protect anyone except to set the conditions within which the insurance companies are allowed to write insurance and the coverage they are allowed to offer. By inference it precludes some things that they may not offer and I think the purpose of the Bill and those who drafted it, was to protect the public by only granting to the companies certain powers and not others. Certainly the provision of certain limits of capital that they must have is intended to be a protection to the insured. My honourable friend from Burrows has been dealing with this matter and it is an interesting point. In the judgment of the insurance branch of the Manitoba Government the present limits for Manitoba are thought to be satisfactory. Now by putting certain minimum capital requirements for the establishment of a new company does in fact restrict the number of people who can enter the business -- this is true. It is not intended to restrict it to any particular club, I think, or group, small group, or protected group or vested interest, or whatever word you want to use. It is however, intended to restrict the insurance business, in the life insurance field on the one side, the automobile insurance field on the other, to those with sufficient financial strength to be able to meet their commitments. It will have the effect of restricting the number of people who can enter that field but not so severely as to prevent the growth of the industry. In fact there are a very considerable number of companies operating in the automobile field here in Manitoba now and we have the head offices here of several life insurance companies, and in fact in proportion to Manitoba's size we have a very substantial industry in the province now, and we would not do anything - to restrict the growth of this industry or to hamper it within the limits of financial soundness. I hope that's answered my honourable friend's question.

The Leader of the New Democratic Party raised an interesting point as to whether it was forbidden for him, for example, in an accident, to walk across to the other driver and say, "I'm sorry, it was my fault." And I think there may be a slight parallel here to a point that was raised by my honourable friend the other day in connection with the labour bargaining rights. I would think that the insurance company for this purpose becomes the bargaining agent of the person who is insured and it would be wrong for him to go behind the back of the bargaining agent in this case.

With respect to the insurer's right to terminate the contract on fifteen days' notice - I have some information as the numbers of automobile policies that have in fact been cancelled. With over 300,000 policies in Manitoba it's understandable that there will be cancellations on both sides. Usually replacement insurance is arranged without trouble particularly if the motorist's driving record is good. In other cases, with record blemishes, insurance is available through the assigned risk plan.

The question of company cancellation of automobile policies in mid-term was investigated in 1963. In that year there were 325 such cancellations out of 300,000 policies. After some exchange of correspondence between the Premier and the All Canada Insurance Federation, I think that calculation worked out at a tenth of one percent of the policies, but there has been a favourable trend in the number of cancellations because some leading companies undertook to refrain from this practice, and in December, 1965, the industry reported only 176 cancellations. So there has been a sharp reduction in that regard. This would indicate that the government's

(MR. EVANS cont'd).....expressed concern in 1964 has had a salutary effect. --(Interjection)-- Yes, and I think it's quite right to say that the Honourable Leader of the New Democratic Party brought this matter up for attention and I think we should say that he performed a service in this regard.

There are still occasional instances come up and I think it's only right to point out that in some cases - and perhaps if not the majority, at least a very large number of them now are justified cancellations that almost anybody would agree were right. They may result from a variety of causes such as non-payment of premium, violation of policy conditions, fraudulent misrepresentation in obtaining the insurance and suspension of driving licence. Investigating the specific cases is the way of determining if there has been any unfairness and complaints in this regard should be directed to the Superintendent of Insurance or to me and I'll see that they are directed to the proper place.

There were one or two additional matters arose during the discussion. My old friend, the Leader of the Opposition, the Official Opposition, asked whether the special committee would be reconstituted and when and the Attorney-General has given us some information on that. He commented that the British Columbia investigation presently under way is a very big one. I am told that when the expenses of both the government and the private companies are added up they will exceed a million dollars and that the documentation is very big.

He asked subsequently whether we had been in touch with them and the answer is yes. As soon as the committee was announced the Superintendent of Insurance of Manitoba applied to the Secretary of the Board to be asked to be given all documentation and we have asked whether we can receive the evidence -- I believe they are taking verbatim evidence at the commission-- we're asking whether we can get it and asking to be put on the list.

I hope I've dealt with all the matters that were raised by the honourable members during the course of the debate and I do ask for support of this Bill at second reading.

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

MR. SPEAKER: Second reading Bill No. 17. The Honourable Minister of Mines and Natural Resources.

MR. EVANS: I wonder, Mr. Speaker, if I might have this item stand?

MR. SPEAKER: Adjourned debate, second reading Bill No. 8. The Honourable Member for St. Boniface.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Speaker, I adjourned the debate of this resolution because I felt that it was important that we get commitment at this time from the government and from the Minister. I wouldn't want anybody to be scared by the headings that I've seen in the Free Press that Desjardins stalls government Bill on uniform time. I think that this would -- Daylight Saving Time would start only in April. I certainly don't intend to stall this this long. But I would like to make sure of a few things. I've been in the House since '59 and this is at least, at least, the fifth session that we've been talking about this and I would like to see us adopt the principle, get something finalized and act on it and then leave it alone for at least another two or three years.

I won't go back to '59 but I'll go back to 1962, and I moved the following resolution at the time: that,

Whereas for many years some areas of the Province of Manitoba have instituted Daylight Saving Time for varying periods of the year while other areas of the province retain Standard Time;

And whereas the lack of uniform time in the province has caused concern, inconvenience, hardship and considerable economic loss;

And whereas it has created great difficulties in school districts and particularly in those school districts which overlap varying time zones;

Therefore be it resolved that uniform time be established in the Province of Manitoba and that it be Central Standard Time for the period from the first of September to the 31st of May inclusive and Central Daylight Time from the 1st of June to the 31st of August inclusive.

Well, it was a step that was -- we have been told, the first few years that I was here, especially as soon as this government took office, that we had nothing constructive, we provide no constructive criticism, we had no ideas at all and we felt that this was one. At the time this was kind of ridiculed, the Member from Souris-Lansdowne was against the principle of uniformity and I think quite a few of them on the other side said that they were against it. This is fine, this was their privilege to discuss when they had this resolution. The former Minister of Agriculture also wasn't interested in the principle of uniformity and he went a little further and

(MR. DESJARDINS cont'd)...he accused the Liberals of thinking that this wasn't important and this was why they were bringing in such legislation. This was in 1962.

Well all the members that were here in '62 remember that famous amendment, the one that my honourable friend here from Selkirk called the "weasliest" amendment he'd ever seen and the Leader of the NDP Party concurred with him on this. Now the amendment was from the Honourable Member for St. James that the, amending this - and in fact they have the request of the Manitoba Urban Association and the Union of Manitoba Municipalities bring in their recommendation on this. So this was done. Of course at the time these two groups that always see together, especially in cases like this, it was something like trying to get something on the margarine question.

So in 1963, Mr. Chairman, I signified that I would bring in a resolution again. We had had the report of these different committees, we would bring something in again. Well we saw something in the Throne Speech, then the Minister of Municipal Affairs got up and he brought in a Bill but all of a sudden we were told that it was in the Throne Speech, that was there so mine could be declared out of order -- my proposed resolution -- it was brought in by a Minister but no it wasn't government policy. That was quite difficult to understand, in fact I never understood this. This is one of the questions I want to ask -- I want to make sure -- today.

So the Minister practically apologized in this speech for having to bring in this resolution that he didn't agree with too much. But we did get a Bill -- I think it was Bill No. 34 that year, and in the course of the debate the First Minister made an interesting comment. He said that, -- and this was on page 50 and 53 of Hansard -- that he intended to raise this question of time to see whether anything can be initiated that it might be uniform across the nation and provide an improvement over the arrangements that we have at present. The Minister said that he would bring this up at the Conference of First Ministers of the different provinces. This was in 1962. I would like the First Minister -- I hope that he will give us a chance to tell us what he did if he brought this up and what was the different suggestions or what, if anything worthwhile, for the good of Manitoba as he stated in 1962 came of this.

So that motion of course, that Bill in '63 came in. Then '65. In '63 finally we had this great leadership from this reluctant Minister bringing something that didn't mean a thing for the government but we did get the principle of uniformity.

Well in 1965 we had another Bill, Bill No. 41, that said no more uniformity. Well no, worse than that. Uniformity for so many months, no uniformity for this - do what you want the rest of the time. So we felt that this was going a step backward. Now we brought in an amendment to the Bill at the time. We voted that Bill No. 41 be now read a second time but that it be resolved that in the opinion of this House the government should not depart from the principle of uniform time throughout the whole province. And people that voted for this were all the Liberals, Mr. Froese, well all the Liberals and all the Social Credit Party and then Mr. Gray, Paulley and Peters of the NDP and the rest of the NDP Party and the Conservatives voted against this amendment and we voted against the Bill, we had adopted the question of uniformity as well as Mr. Peters and the Leader and Whip of the Social Credit Party.

So this year we're going back to uniformity. I think the Act is good, I think it is terrific. In fact it's the one I wanted to propose in 1962. Maybe the period wasn't exactly the same but we've never debated on the period. We know that it would be difficult, we wanted to arrive at a compromise, we wanted to have uniformity recognized in 1962.

Well now, Mr. Speaker, I would like to tell the Minister that I certainly will not oppose this Bill, but I would like the First Minister first of all before the debate will be closed to tell us what happened when he brought this to the Conference of Premiers, what has been decided because my Leader at the time had suggested that maybe we should review the time zone and so on. I thought this made a lot of sense at the time, it seems that there had been a certain change and I think that it would be important in a country such as ours, in a province such as Manitoba, we want to take advantage of all the sun that we can get, so this was something worthwhile and I wonder if the First Minister would tell us what has happened. But I would ask the Minister when she is going to close the debate to tell us for sure this time, if this is government policy, is this going to be government policy, and if this is really adopting the principle of uniformity and is this going to stand for at least a couple of years.

Because it is no use bringing in, we might as well bring a Bill, leave it in the hands of the Minister that she can change every month if she wished, unless we know we are going to accept the principle of uniformity once and for all. We had it in '63 if you remember; they took it off in '65; we have it in '67. Are we going to take it off in '69? This is what we are concerned about.

(MR. DESJARDINS cont'd)... This has been coming on now too often. If this is the government accepting, giving us leadership in bringing in this policy, this new policy of uniformity, we will certainly approve it and vote for it, but we would like the Minister to tell us if this is the case.

MR. SPEAKER: Are you ready for the question?

MR. ROBERT STEEN (St. Matthews): Mr. Speaker, I would like to say a few words on this particular Bill. First of all, I would like to congratulate the government for taking the bull by the horns and bringing in this Bill and settling this question which I hope will be once and for all. When I first came down as a visitor to the gallery about 21 years ago and sat up in the gallery, guess what the discussion was? And any time that I have been down to the gallery since, sometime during the session we have got onto the subject of fast time versus slow time.

I congratulate the government for bringing in a Bill which will give six months of Daylight Saving Time to the entire province and six months of Central Standard Time and having uniform time throughout the province and when we are on daylight saving time that that time is uniform with the remainder of the country, and in this particular regard I am very pleased that we finally have reached the stage of uniformity throughout our province and with the remainder of the country. I am very pleased that the government has finally taken this stand, taken the bull by the horns and presented a piece of legislation to settle this question, which I hope along with the member for St. Boniface, will settle it for a number of years to come. Thank you.

MR. JOHN P. TANCHAK (Emerson): Mr. Speaker, I will be very brief on this. We in this corner have always endorsed the principle of uniform time for the Province of Manitoba, and I would say that up until now the present government, the Government of Manitoba has been guilty of showing very little leadership in regard to the problem of uniform time for the Province of Manitoba. I am also happy that finally the government has also accepted the principle of uniform time and that makes me feel good because even the government now recognizes that our group in this corner have always been right. This option, the option that was permitted last year, created problems in very many rural areas. I am sure the Minister knows that herself, she has probably experienced some of these problems. I know that it didn't cover all of Manitoba because some municipalities chose to stay on uniform time.

Now I have a few little reservations and I know it is very difficult to reach a compromise, but I would like to see the duration of this daylight saving time shortened a bit and I don't think it is asking too much and I mean - I disagree with the honourable member that has spoken, not on the principle - this principle would still be incorporated because we could shorten the period of daylight saving time say to five months. I don't think it will hurt anybody so very much because as we know, I would like it shortened at the bottom end, that is, daylight saving time to terminate the last Sunday in September.

In September, after September and October we know that the season has reached, say - it is a different season. The summer is just about over and we also know that in September we have the equinox and I cannot see why anybody would have too much objection to shortening the hours of daylight saving because after the equinox, our hours of daylight are shorter than the hours of darkness, so actually I cannot see how we can say that we are saving daylight because there would not be any daylight saving time. And the main purpose of objecting to the number of hours of daylight saving time or asking it to be reduced to five is that I know it is very, very difficult for some segments of our population to wake up early enough when it is still dark -- and now I am not referring to the grownups, but especially to the children of the Province of Manitoba. When a child wakes up in the morning and it is still towards October, it is still kind of dark, and especially out in the country where the children have to be transported miles and miles away, some as many as twenty-five miles, in some instances there're even, I read in one paper, up to 100 miles -- it is very, very difficult for them to wake up that early in the morning and I think it would create a lesser degree of hardship if they were not required to get up as early as that in the morning and I do not think that one month shorter would actually hurt anybody else and especially for the sake of those children who have to wake up so early in the morning. They don't mind so much staying a little later, because they are fully awake by then but early in the morning it is very difficult for them and I know that it will create a hardship in many rural areas. So this is the only - although I endorse the principle wholly of uniform time, but we can still have uniform time with 5 months of daylight saving.

MR. SHOEMAKER: Mr. Speaker, I just simply want to ask a couple of questions before the Honourable Minister closes the debate.

(MR. SHOEMAKER cont'd).....

I wonder if the honourable minister has given consideration to the advisability of trying to persuade the airlines, the trains and all other means of public travel, to make their schedules uniform. Now to add to all of the confusion that the members have told the House about, resulting from the fact that we didn't have uniform time, there is this confusion of the railways remaining on standard time all year round and the airlines - they, I think, they went along entirely with the Winnipeg daylight saving time, which didn't fit the country. So I wonder if there is some way that we can encourage or entice the airlines, the railways and so on to print a schedule that everyone can interpret and that will fit into the daylight saving time as envisaged by the legislation.

MR. RUSSELL PAULLEY (Leader of the New Democratic Party)(Radisson): Mr. Speaker, if I may just on the point raised by my honourable friend, I do not presume to answer for the railway industry in this House, but the CNR railway at least, and I believe the CPR last year, did likewise, conducted all of their business insofar as passenger traffic is concerned, in fast time. Once it was started in the City of Winnipeg, Metro area, then any enquiry in respect of train departures or arrivals was done in the fast time.

As far as the Bill itself is concerned, we generally in this group support the principle of the Bill, namely uniformity in time. I agree to some degree with what the Honourable Member for St. Boniface has said in retrospect over the various proposals that have been before us. This is nothing new. It was one of the problems, as the Honourable Member for St. Matthews stated, when he was a youngster 21 years ago. I don't know whether he was carried in at that time or not by his appearance today, but however, it has been a problem all of the years that I have been in the House. We may have some interesting discussions when the Bill is in committee but it is my understanding that the various municipal organizations have agreed in principle to the bill of the Honourable Minister, and we will support it.

HON. THELMA FORBES (Minister of Municipal Affairs)(Cypress): Mr. Speaker, I am sure that you as well as myself remember very vividly the debates in this House. I am sure we all recall the correspondence that we have received from our various constituents. I know that you know the Resolution passed by the Urban Association this year in September at Brandon, recommending the implementation of daylight saving time throughout the province from the last Sunday in April to the last Sunday in October; also the Resolution passed by the Union of Municipalities in November recommending, or requesting rather, that we establish uniform time throughout the province and they said daylight saving time from the last Sunday in April to the Sunday following Thanksgiving. This made two weeks of a difference in time. However I believe that we must consider all the debates. We must consider all the correspondence but we still come up with the general consensus of opinion that everybody wants uniform time throughout the province.

I think about the Honourable Member for St. Boniface in his remarks -- and I'm rather sorry he isn't in his seat, because he usually talks to me and I have never yet had a chance to talk back to him. But I do know that he must in some way accept this principle, that a man who bows down to nothing can never bear the burden himself and sometimes a noble failure serves the world as faithfully as a distinguished success. So we have gone through the processes that he mentioned here, but in the Bill which is before you now, we intend to introduce across the province a uniform system of time which will provide for the use of Central Standard Time as the official time from 2 a.m. the last Sunday of April to 2 a.m. the last Sunday of October, and the official time in that said period will be one hour in advance of Central Standard Time. This is government policy and I recommend it to the Members of the House.

MR. SPEAKER put the question and after a voice vote declared the motion carried.

MR. SPEAKER: Adjourned debate on second reading of Bill No. 22. The Honourable Member for Turtle Mountain.

MR. EDWARD L. DOW (Turtle Mountain): Mr. Speaker, in regard to Bill 22 there are some general reservations that I would like to get clarified by the Minister. Water control and conservation does cover a wide field and in reading over the proposed bill, and several of the communities in Manitoba have phoned me with some concern in regard to certain contracts that were entered into prior to this bill becoming legislation, and while the Minister mentioned the other day that it had nothing to do with the water rates of the Water Supply Board, this is not the concern that these people have. This is a concern of communities that have entered contracts with the PFRA and have established water reservoirs and are using the water for potable water supplies, and really now have been turned back by the Crown to municipalities.

(MR. DOW cont'd)... Does this in any way have any confliction with the original agreements?

In other words, I might ask a more direct question: Can it be written into the thinking of the Bill that these communities could be charged for the use of water on these private supplies? This is the concern that they have. If the Minister could suggest that this, or any idea of this, why it would eliminate some of the thinking of some of these particular communities because they are concerned that possibly taken in the wrong manner was the Minister mentioned in introducing the Bill, licensing of Lake Winnipeg. This has been now brought back down to a smaller level and does this Bill provide for that or will it provide for it?

MR. SPEAKER presented the motion.

MR. PHILIP PETURSSON (Wellington): Mr. Speaker, I would beg leave to adjourn the debate on behalf of our Leader. (okay) I would adjourn it, adjourn debate on this question.

MR. EVANS: If my honourable friend would care to move a motion and name a seconder.

MR. PETURSSON: I apologize for not being so completely familiar with the rules and regulations. I do that. I would move adjournment, seconded by the Honourable Member for Inkster.

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

MR. SPEAKER: Bill No. 24. The Honourable Leader of the New Democratic Party.

MR. GREEN: Mr. Speaker, may I have leave on behalf of the Honourable Leader of the New Democratic Party that this matter be adjourned.

MR. SPEAKER: You asking that it stand?

MR. GREEN: That it stand, yes please.

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

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

COMMITTEE OF SUPPLY

MR. CHAIRMAN: Department of Health and the motion of the Honourable Member from St. Boniface. The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Chairman, I'm only too aware that we've already spent 19 hours and 55 minutes on estimates out of a total of 80 and I will not delay the proceedings. I rose to take part in the debate last night only to clarify a couple of points and to give the Leader of the NDP - unfortunately he's not here now - but I thought that he might want some moments of sober reflection so that he could reassess his position again and perhaps would want to change his mind once more on his position, but I regret that he's not here and presumably we won't have the benefit of a new approach from him today.

MR. PETURSSON: Mr. Chairman, may I just point out that he is unavoidably absent because he is attending a meeting of the Board of the St. Boniface Hospital. There's an important matter that the Board is dealing with that requires his presence, and that's why he left.

MR. MOLGAT: I was not being critical of his being absent, I was simply deploring the fact that he was not here. I presume if he is away it's for some good reason. He did however bring out an interesting point in the democratic process which I thought I should speak on very briefly, Mr. Chairman, if I may, because he seemed to indicate that once having passed a vote in this House on one subject then that would clear the whole matter. This is certainly a new departure on the operations of the House. It would mean that having voted one minister's estimates and passed that department we should by the same token pass all the others. It would also mean that when I as Leader of the Opposition proceed to propose a want of confidence motion that presumably my honourable friend will no longer propose want of confidence motions himself because the matter has been settled the once. It's certainly an entirely new approach. However I realize the embarrassment in which he finds himself on the subject. It's his own decision. If he wishes to support the government on it he's free and able to do so. That's his decision to make. I only would recommend to him that when he makes these decisions he not accuse everybody else of whatever it is that he thinks is important at the time. Let him make his decision, vote the way he wishes and proceed to explain his reasons - not heap abuse on others for what he himself creates.

So, Mr. Chairman, I will not delay the matter any further and as far as we are concerned we are prepared to proceed with the vote.

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

MR. MOLGAT: Division, Mr. Chairman.

MR. CHAIRMAN: Call in the members.

MR. CLERK: Ayes 13; Nays 37.

MR. CHAIRMAN: I declare the motion lost. (a) (1) Minister's salary, passed.

MR. DOW: Mr. Chairman, I was interested the other evening when the Minister made his official opening statement on his estimates in a few sentences of which he quotes, I quote from Hansard: "as we see the cost of hospitalization rising and as we see such programs coming up as medical service insurances, it is up to the Department of Health and all others to do as much as they possibly can to prevent illness." This I commend the Minister's remarks on and I'm wondering in view of the fact of the dilemma that we seem to be in with the department and the Manitoba Hospital Commission as to whether we are doing all we can to prevent illness.

When you take such clippings and statements from the paper as from the Manitoba Hospital Commission saying that our costs have risen from \$31.00 per person in '59 to \$60.00 per person in '67, stemming from constantly more people being involved and caring for the same number of patients; and at the same time having the reports of the hospitals requesting appeals against their budgets of which the - just as recently as this morning's paper where two hundred doctors met last Wednesday to protest the budget position of the Winnipeg General Hospital to get more money to maintain the high calibre of care expected by patients, that the Manitoba Hospital Association said that none of the planned programs of services submitted by hospitals would be honoured. And this is not a policy for progress, it is a policy of barely meeting the existing cost of existing services where various hospitals are shown as having been cut by substantial amounts; and then other remarks to this effect that we have been marking time to expand for a number of years, said one administrator, and unless the hospital receives the amount it asked for a four-bed intensive care unit costing forty thousand dollars will probably not become a reality. And while the current nursing staff would affect further hiring would not be likely, I am perfectly happy to operate the hospital at the rate the government sets, if the government is prepared to accept the criticism it is likely to get from the public.

Then, Mr. Chairman, certain statements have been made in regards to the specialty care that our medical fraternity is trying to develop in Manitoba and quoting a statement made by quite an eminent doctor in Canada when he says this: "It seems to me that the objective needs to be clearly defined that the faculty of medicine naturally stresses medical education, there's no denying that this is the absolute essential and we need to improve the standards and facilities to meet the changing times. On the other hand one has to be sure that the patient care does not suffer through an overriding interest in the science of medicine." Mr. Chairman, this brings up a point to me that are we progressing in the proper line to give the people of Manitoba the best services that we can possibly give.

I would like to bring out a statement which I think can be substantiated, that 80 percent or more of all hospital care and admissions to hospitals can be taken care of by one doctor. The other 20 percent or less comes into the specialty field, and we find members of the Commission making statements that are certainly developing a concern throughout the province, particularly in the rural smaller hospitals when Dr. Doyle, a Member of the Manitoba Hospital Commission told the delegates at the annual convention of the Union of Municipalities in Winnipeg that it is our obligation to create centres whereby a hospital may be of a minimum of 25 beds served by several doctors. Mr. Chairman, this sets up a position that is highly intolerable in a lot of smaller communities. This small hospital, in my opinion, is an integral part of the community. It is providing a service that is current with the society we're living in today and if we accept the fact that we must centralize hospitals with larger areas, we're going back to the horse and buggy day where people had to be moved many miles to do certain medical practices. When I think - and I've had some practical experience in this - how sincere are we in this House? Are we as sincere as we try to make out? On the one hand we talk about regional development and we wish to promote regional development. I refer to a decision made by the Manitoba Hospital Commission, and later stated that it was government policy, that for reasons that have been a little hard to explain to me, is why a service that was being given to Western Manitoba by the oldest, by the most experienced people, The Manitoba Sanitorium Board, an extended care treatment hospital, and all of a sudden the decision was made that it shall be closed and shall be set up in the Brandon General Hospital.

If I might take a few minutes, Mr. Chairman, to point out the various steps. The Assiniboine Hospital under the control of the Manitoba Sanitorium Board was really the only regional

(MR. DOW cont'd).....concept that we had in western Manitoba. It was financed primarily by the activities of the Commercial Travellers' Association throughout the rural towns and the patient participation in this particular hospital was roughly 50 percent city and 50 percent rural. Two years prior to the decision being made by the commission and the government policy this committee had requested that we build a modern 200 bed extended care treatment hospital in Brandon. But at no time could we get acceptance and finally we, the Board -- and I was one of them -- we were turned down and said we had to close up by 1970 and the Brandon General Hospital would take it over. Now are we being fair in the protection of people, the disabilities they have, when you finalize and try to make out this decision that the Brandon General Hospital decided to build a new hospital and their building was more or less condemned as an active and acute hospital, Brandon wanted a school for nursing. This building was condemned for that and then all of a sudden it becomes an active building that can be used for extended care treatment. To me this is a backward step and it's a step that if government policy goes along this way we're not acting in the best interest of the province to give the best services that we can.

Going along a little further if you will, Mr. Chairman, and again it's a personal experience I had. I was asked to be on a committee to study the feasibility of closing three small rural hospitals and building one, with the idea that you could have more than one doctor in this particular hospital. This request to me is absolutely a silly request in this respect. That once you take the hospital away from the community involved you take away the medical service; and once you take the medical service away you definitely create illness by worry of people that they can't get the services when they're required. When you stop to consider that the general practitioner can take care of 80 percent of the ills of people both in the hospital and at home and you take the workshop away from him I can't go for the fact that we are now doing our best to prevent illness and give the people the services they require.

If you want to go one step further, a hospital in my constituency has been on the books for many years. The Willard Report requested that it be increased in bed capacity. It was on the estimates, I think it was in 1961 or 1962, that it be done and now they're suggesting that this hospital will likely have to be closed. In the meantime, the medical practitioner in this particular area has to take patients and use several hospitals to take care of his practice. Now surely these people are paying their premiums the same as anybody else; then why should they be subject to be asked to drive 27 miles or more to get this service when all that's necessary to give the service is to do a little bit of construction work and not too much special equipment?

I think that our commission - and if our government are going to accept the commission's decisions as policy - that they should be severely reprimanded, because in my opinion we're not giving the service to the people of Manitoba that you can expect. Now, from the rural point of view of a specialty field, by golly to get into the hospitals in the specialty field you pretty near have to make a booking like you were going to Jamaica or the Phoenix or someplace else. You're told, "Well we'll get a date for you. It might be a month or two months away." But on the other hand, if you have the right type of friend, the right connection with the right doctor, then you can get in a little quicker. Now I think this is a mistake that we're making and I don't think that we can argue the fact that we're giving the service we should.

The people are prepared to pay and have been paying the costs of hospitalization. They are prepared in most localities - and I speak from some experience - to take care of deficits, to run their own hospital. There is no quarrel. They have no problem. They have a very distinct pride in the fact that in their community they have the medical services, they have a hospital, and I protest the decisions made by the hospital commission that they are retarding this, and I think this is bad for the development of Manitoba and it's bad for the people that have to have medical care. I remember, as a boy in Manitoba, that our great fear in the rural parts, particularly in the wintertime, was that we had to drive many many miles to get hospital service. Are we going back to that kind of a stage now? And I appeal to the Minister that he take a good look at the hospital commission's decision, that he take a good look to encourage more and more beds for the smaller hospitals because as we get the beds in the smaller hospitals then we will get the medical services there; and this is my plea to you, Sir, that if we get this then we have a better Manitoba but if we're going to continue listening to the decisions of the hospital commission as they're giving out and driving everything into a centralized area, then we're being detrimental to Manitoba.

MR. SAUL MILLER (Seven Oaks): Mr. Chairman, we're still the Minister's salary, I believe. I'd like to bring up a point that is of great concern to the people in the northern section of Metropolitan Winnipeg, and this is the fact that this area has not had a hospital and, despite efforts to acquire such a hospital, we seem to have gotten nowhere. The City of Winnipeg, I believe, has formally sent a resolution to the department requesting this. The Kildonan-St. Paul Health Unit has also gone on record as requesting that a hospital be built, but so far to no avail. And we are concerned because at one time there were two hospitals in the metropolitan area of north Winnipeg - or in the northern area of Metropolitan Winnipeg rather - the Children's Hospital and the St. Joseph's Hospital. Now both those hospitals are closed down and probably quite rightly so. They were both very old buildings; they were too small to serve the growing needs of the community and the time came when they had to be replaced, and no one questions the decision to close them down at that time and to even move them. However, we are concerned that an area comprising of about 100,000 people are now being completely ignored insofar as hospital facilities are concerned. The criticism I have is that -- it would appear to me as if the department and the Minister are hiding behind the Manitoba Hospital Commission and using them in a sense as a buffer whenever this question of hospitals comes up. They are the body who are to survey these matters, they are the body who determines where and when hospitals shall be built. And I'm afraid to say that in my opinion the Minister has an obligation in this matter and should not simply hide behind the hospital commission.

I'm looking now at the Manitoba Hospital Survey Board Report of 1961. At that time, in the study of hospital facilities, the Survey Board referring to the application of the Grace Hospital stated this: "The existing hospital is centrally located" -- that is the Grace Hospital -- "well situated to serve, and on the whole has certain advantages in terms of travelling distance for a considerable number of physicians on staff." This is the present location on Arlington Street and they say, "The move from the present location on Arlington to the St. James site would undoubtedly see greater use of the hospital by residents of St. James and less by residents of the City of Winnipeg." In other words implying that when a hospital is moved it certainly has an effect on the use, or the people who would use it. If it's re-located in another area it will mean that the people who are presently using it will be affected and the tendency will be for people who are closer to it will then use the facilities.

In the application or the study which the Mount Carmel Clinic proposed to the commission at that time, they said further that considering the proposal of the Mount Carmel Clinic to build in the Winnipeg north area took into account the fact that a considerable sector of the population in the area that is presently being served by Mount Carmel Clinic is relatively close to the great complex of hospital services near at hand, and they include the Winnipeg General Hospital. The service area for Victoria Hospital they said indicates that "a considerable portion of the population in this area is now being served by it largely on the basis of the choice of physicians, and the enlargement of Victoria Hospital will have some effect on the availability of services to persons in this area," and then follow and suggest that the Victoria Hospital facilities should be added to and modernized on the present site, that is on River Avenue.

Well what actually has happened? In the five years or six years since that report, we know the Grace Hospital is about to relocate; the Victoria Hospital has been given permission to move from its present location to south of the University of Manitoba in Fort Garry; the Concordia Hospital -- the Attorney-General says "hear, hear". I am very happy for his sake that he's acquiring a hospital and I am not suggesting it should not be relocated at all. The Concordia Hospital which might, it could have been argued, serve some of the people living in the northern area, is also being relocated. The result is this: whereas on one hand they suggest that the existing facilities were adequate and were serving the people of the area, they then proceed by their own decision to create a situation where the very arguments they put forward are then nullified because we are now in a position where these hospitals have been removed, the Winnipeg General Hospital has announced and, although it may not have taken place, it is inevitable that it will take place, that they are withdrawing 700 of the 950 beds from the availability to the G. P. The result is that the people in North Winnipeg have been sort of left out in the cold in all this matter, in all this re-shuffling, and I suggest that it isn't enough to simply say, well there are X number of beds in Winnipeg. We get lost in a forest of statistics on that basis. I suggest that if it is logical for the commission to argue against a hospital in North Winnipeg in 1961 because of the availability of certain services, that when they proceeded to withdraw those services they then created a vacuum and that vacuum must be replaced.

(MR. MILLER cont'd). . . . There are, as I say, 100,000 people living in this area. The area is not closed off to expansion. In 1961 there was a question whether there would be any further building in the area. I can now say that in West Kildonan we have opened up the entire municipality to development. The sewer and water lines have been laid. They are now crossing over into the Old Kildonan area where there will be room for another population of close to 15,000. The City of Winnipeg has acquired about 2,700 acres of Rosser for development. The eastern industrial part is growing rapidly, and becoming one of the major areas, industrial areas in Greater Winnipeg, and inevitably people working in these areas will want to reside near those areas.

So I suggest, Mr. Chairman, that this is a matter that I feel the government has to look at very closely, because I don't think there has been any logical or rational plan for building or for construction. I think rather that this has been based almost in an attempt by the commission to build, allow building whenever the pressure became too great, not because the plan was logical or was needed, that they also bowed as I say, to this kind of pressure and perhaps too they were governed by the fact that in their desire to be a buffer between themselves and the government they were dictated more by the financial resources which might be made available to project a hospital. I am referring now to the fact that the federal and provincial grants represent a drop in the bucket to the actual cost of the beds, and the 20 percent which the municipality or local authority has to pick up is perhaps the governing factor in this, and that they are influenced to that extent that they are not following a logical plan but rather building as the pressure is brought to bear on them, and I would like to urge the government that a hospital be built in North Winnipeg, in the northern end of Winnipeg, to service the City of Winnipeg, the City of West Kildonan, the Rural Municipality of Rosser, of Old Kildonan, of West St. Paul; each and every one of them have urged the building of this hospital which we all think is long overdue.

MR. DESJARDINS: Mr. Chairman, I do not rise at this time to add on to the remarks and suggestions that I made last night. I would much prefer letting the Minister reply to myself as well as to other members that have spoken. But I would like to clarify one of the remarks that I made last night. I was complaining about what I call discrimination against the St. Boniface Hospital and the doctors from that hospital practising there, as far as the University and teaching hospital is concerned, but at no time did I charge discrimination against the hospital or the doctors because of racial origin or religion. I can see why these remarks that I made, especially associated with my person and with St. Boniface, could maybe be misconstrued, because in the past I have certainly talked about the question of discrimination against different nationality and religion, but I would like to reassure you, Sir, that this is not my intention at all. I would like to say that at the St. Boniface Hospital the French doctors are in the minority. The only thing that I was complaining - I would like to make this quite clear at this time, Mr. Chairman - that we have three teaching hospitals in Manitoba - the Children's Hospital, the General and St. Boniface, and I don't think there has ever been a full-fledged professor from St. Boniface which is a teaching hospital. Now, I would like to explain again, these professors are named by the faculty council, and I said at the time that I knew this was the case but I felt that in all fairness to the excellent doctors that are also practising at St. Boniface, in all fairness to the administrators of this hospital and also to give the prestige that it deserves, the honour I might say, and also to give a little I should say chance, or hope, to the young doctors in this hospital, I felt that the Minister should look into this and if he feels, as I am charging, that there is discrimination against these doctors, that this should be corrected as soon as possible.

MR. SHOEMAKER: Mr. Chairman, I was rather disappointed that the honourable minister in his opening remarks made no comment at all about the proposed Medicare program, or if he did, I did not hear him say what they were. Now in consideration of the fact that we have taken a great deal of time on the estimates to this date, perhaps it is his intention to introduce this following the estimates, and yet on the other hand I can't understand why it wouldn't be necessary to have a certain sum in the estimates to take care of the initial program, but a propaganda sheet that I have before me, dated December 5, 1966 - that was immediately before the session - is headed "Medicare Program, Civil Remedies Code Proposed." That's the headline of the propaganda sheet, and it starts off by saying, "Plans for a Medicare program for Manitoba were announced Monday in the Speech from the Throne." Now I wonder, is my honourable friend going to tell us about it now or does he intend to do so after his estimates? Perhaps he can reply to that when he gets up.

(MR. SHOEMAKER cont'd)...

Another thing that concerns me a bit is, why is he delaying the legislation to outlaw the denturists if this is the way that he feels? He indicated on at least two different occasions that it was his intention to bring down legislation at this session of the Legislature in line with the recommendations of the Special Committee on Dental Services, and so perhaps my honourable friend will touch on those two matters some time this afternoon or tomorrow.

Now my views haven't changed a great deal in the last five or six years in respect to the overcrowding or the shortage of hospital beds in the province. I think the same arguments that I put forward seven or eight years ago are still pretty valid arguments. About all that anyone has to do to see why there is an overcrowding in our hospitals, is to visit one about once a week like I do. Take a walk in and look around and visit some of your friends that are there, and you will notice, I am sure, that about 35 percent or more of the people that are there are older people who would be served just as well in alternative care homes or, in many cases, in their own home if they had someone there to look after them, and I know that when the plan, the Manitoba Hospital Commission Plan, was implemented in 1958 the then Minister of Health envisaged that these things were going to happen at the time, and he said so. He said so. And twice in this House I have told the story about my own aunt and I am not going to tell it again this time. I said that you could multiply this a thousand times over, that older people were going to go into hospitals for care, even if it cost them ten times as much or cost the government ten times as much as it would if they were looked after at home, and this is exactly what has transpired from one end of Manitoba to the other, and perhaps it's not limited to Manitoba.

I read to the House two or three letters on two or three different occasions written to me by doctors who felt exactly the same way. Some of the doctors are saying this: "We can prescribe drugs to persons that have colds, minor colds that could develop into a major problem, and keep them at home if they had the money to buy the drugs." They said, "In many cases we could prescribe \$30.00 or \$40.00 worth of drugs and say, 'Now you go home and stay in bed for a couple of days. Take these drugs and you'll be all right in a week or so,' " but the patients will say, "Well, I haven't got the \$30.00 or \$40.00 necessary to buy the drugs." "Well, he said, 'I'll send you into the hospital then, where you will get the drugs for nothing,' " so they stay in the hospital at \$25.00 a day until they not only get the \$40.00 worth of drugs but it costs someone \$100.00 to keep them in the hospital. There are many, many cases of this kind throughout Manitoba.

These are some of the reasons that we have overcrowded hospitals all over the country, and a letter that I have before me here, this doctor even suggests that over 50 percent, he says, of all the patients in the hospitals are beyond the age of 65. Now if that is a true statement - and there is no reason to believe that it isn't true; it is written by a practising doctor - then I say we are not doing enough in the field of alternative care. We are not doing enough in the field of home care or alternative types of care - call them what you like, but let's proceed further and let's have greater imagination in this regard, see what we can do without building a lot more hospitals to make the best use of the plants that we presently have. My honourable friend and desk-mate, the Member for St. Boniface, suggests that many people go into the hospitals on a Friday night and they lay there until Monday before they are ever examined. That is, it is a place for them to spend the weekend. He claims that this is a real waste of plant and energy. Now if what he is saying is true, then this demands some investigation.

When I happened to serve as a member of the Associated Hospitals of Manitoba some ten years ago, at that time they were endeavouring to reduce the length of stay of patients in Manitoba, and if my memory serves me correctly, what they were striving for was an average length of stay of six days, I believe - they said "it's six point something now and we feel confident that we can get the average length of stay down to 6 or 5.9 " or whatever it was. That was ten years ago. I wonder are we gaining even a decimal point in this regard, because if you can bring down the average length of stay by 10 percent you automatically then increase the number of beds that are available by the same percentage, don't you? Or is my arithmetic not sound? I think it is. I think it is and perhaps we are not doing enough - we are not doing enough to try and get down the length of stay.

My honourable friend the Member for St. Boniface touched on the subject of a deterrent yesterday and some years ago you will remember that I proposed this and believe that in Alberta they do have a deterrent but it is only about \$2.00 a day or something of this kind. Now it could

(MR. SHOEMAKER cont'd)...help to reduce, I think, the number of admissions. It might work a bit of a hardship on some of the people that are in for a long stay.

And so, Mr. Chairman, I hope that my honourable friend the Minister will have some more information for the committee in respect to some of the things that I have touched on briefly at this time.

.....continued on next page

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, we have had considerable comments since I made the opening statement on the estimates the other night and we had some specific items that have been asked of me and I should like to deal with the specific items now as best as I possibly can.

The Honourable Member for St. Boniface asked first of all, or he commented and made a suggestion about the use of operating rooms at the hospitals during the full seven days of the week. It was back in 1963 that the Manitoba Hospital Commission took some of the commissioners and some of the hospital people into the United States to see a hospital which at that time was working on a seven day week. As a result of that, there are two hospitals now that are slating elective surgery on Saturdays, the Children's and the Concordia Hospitals, and other hospitals in the metropolitan area particularly have extended the operating schedules during the week days in order to get the same type of equivalent operating schedules on a Saturday. The hospitals too have been making it a practice to organize the routine business of hospitals, the laboratory tests, the x-rays, special treatments and the surgery which is slated in advance, in such a way that the majority of doctors and many other people working in hospitals have some freedom on the weekends. So there has been a move toward utilizing the hospital facilities more during the full week, particularly full six day week, but not done in the specific manner that was suggested by the honourable the Member for St. Boniface. It is a matter though that the hospital commission is keeping under active consultation with the hospitals in the metropolitan area and in other areas where there may be some pressure on the beds.

The member for St. Boniface also requested whether or not we could see that the annual report, at least the narrative with respect to the Manitoba Hospital Commission, could be given earlier, and I think that possibly if the estimates are going to come up before the report is ready that I would try to see if we can do the same thing as we have done with the summary of activities for the calendar year 1966 which was distributed to the members during the Christmas season. This process arose out of a similar problem which was drawn to our attention a couple of years ago.

The Honourable Member for St. Boniface made reference to bringing the alternate care beds or the personal care beds under the jurisdiction of the Manitoba Hospital Commission. This question of personal care beds and alternative care is a difficult one that not only this province faces but other provinces face as well. But when we move from the alternative care section in the Department of Health to the care services operation that we have, over the years we've had a very dedicated staff in care services, and in the two and a half years or three years I think that care services have been operating, there has been progress made by this particular group and progress made by the policy that has been established by the government since that time.

I'd just like to point out to the Honourable Member for St. Boniface that on Page 138 there is some reference to the direct services to patients that care services provide, and also some figures which I think are such that they back up the comment that I've just made about care services. A comparison of the first nine months of 1966 with the same period in 1965 shows an increase of 52 - from 820 to 872 over the period of 1965. So in the first six months we have had -- in the first nine months of 1966 we have had an increase of placements or direct services to patients in the numbers of 52 from the period of 1965, and of course when we get to the end of the year for a full twelve month period that figure will rise. Nevertheless, this matter of alternate care is receiving right at the present time the study of both the Deputy Minister of Welfare, the Deputy Minister of Health, and the Chairman of the Manitoba Hospital Commission. Therefore, in the field of alternative care, we keep running into changing conditions.

I think it would be wise to draw to the committee's attention that when we introduced the extended treatment care program about two years ago that we actually lowered the level of the hospital premium from acute care down to another lesser level of care, and we began to provide facilities for the housing of people who are in the extended treatment care bracket. That report was studied by all of the people in the Province of Manitoba that were interested in this field of geriatric care. The opinions of the Manitoba Medical Association, the opinions of the College of Physicians and Surgeons, of the - now the Manitoba Hospital Association, and the opinions of the university, were all gathered together by the hospital commission before that report was issued, and I do recall that the report was a controversial one and the Honourable Member for Turtle Mountain made reference to the time that he was a member of the Sanatorium

(MR. WITNEY cont'd.) Board and the reservations that the Sanatorium Board had at that time.

Nevertheless, the method that was adopted by the government in extended treatment care and the processing of that report, which is going on at the present time, was a method that was endorsed by the doctors of this province, the men who are called upon to take care of these people; and was endorsed by the university, the people who are called upon to train the people who would be able to handle the matter of geriatric care. We have with the university an outstanding request from them that they establish a Chair of Geriatrics because of the problems that we are running into with respect to the older people of the province. I feel that during the past two years with the extended treatment care policy and with the care services policy and the personal care homes that have been developed, or that are to be developed in the hostels, in the elderly persons' housing, that there has been progress over the years made in the matter of alternate care and that the progress is continuing.

But nevertheless, as I have mentioned, because of the changing circumstances with respect to old age people, we are continually reviewing it and I have it right at the present time, along with the Minister of Welfare, under the Deputy Ministers of our departments for a complete review and a complete reappraisal of the system that we have at the present time. It's very interesting to note that people are living an awful lot longer. I think down in the southwest corner the last figures I saw for people who are of the age of 85 that there's 10 percent more now than there was 10 years ago, just to indicate the length of time the people are living now in relation to what they were a decade ago.

I might also comment at the time that the honourable the member for - I'm sorry I just can't get the constituency for a moment - he mentioned about the undertakers. Actually, we have more people coming into the world and those are more people to keep healthy, to keep living longer, but sometime they have to expire, and I think that the Department of Health is actually doing quite well by the undertakers by keeping more people alive and keeping them alive for a longer period of time.

The Honourable Member for St. Boniface also made reference to a figure of \$70,000 capital cost for a bed and I think that figure is rather high. The figure that I am aware of is \$30,000 as the capital cost for the construction of a bed.

He asked about the north end hospital and he referred to some of the comments that I had made during one period when I was introducing the estimates, and I might say to him that after I made those comments I had advice given - in various degrees of politeness - given to me that the matter was looked into by the Manitoba Hospital Commission and the Manitoba Hospital Commission have agreed in principle that there should be a hospital in the north end of the city. There has been work done, particularly with the City Council, and as late as December 21st of last year the Hospital Commission met with the City of Winnipeg and at that time it was agreed between the two of them that the work would be done to finally select and secure the best possible site for such a hospital, and it was agreed at that time that in order to undertake that type of an examination that it would take time, and we know from our dealings in the Concordia Hospital that it takes time to plan and to position a brand new hospital. I think it's well that it should, because the hospitals, even at \$30,000 a bed, cost a great deal and when they are decided or placed in one particular position and the decision is made to build them, they must be done on the best advice that we have available at the present time.

The Manitoba Hospital Commission also has been working closely with the metropolitan people in order to help determine or to determine with them the trends of growth in the metropolitan area, the areas of where the majority of the population will be, and then to plan the respective hospital needs over a long period of time as a result of those projections of the growth of the metropolitan area.

The Honourable Member for St. Boniface also asked about the Concordia Hospital. The new 200 bed Concordia Hospital is now in the functional planning stage and the Board of the Concordia Hospital at the present time, it is my understanding, are examining and going to be making their comments on the functional plan which is in their hands at the present time. He asked about the Grace Hospital, and the Grace Hospital officials on this new St. James Hospital have stated to us that they expect within 10 days to two weeks that they will be able to announce the final day when they will be able to open the hospital. I believe that they have been under some difficulties which certainly were not foreseen at the time, difficulties such as supply of equipment, and difficulties which have made it hard for the hospital to actually predict a date when they can open the doors of that new facility.

(MR. WITNEY cont'd.)

And then the Honourable Member for St. Boniface referred to deterrents, and the matter of deterrents were referred to by the Honourable Member for Gladstone-Neepawa. The matter of deterrents has been one which the Manitoba Hospital Commission has been continually studying ever since it was formed, and particularly noting the application or the effectiveness that deterrents in the provinces of Alberta and B.C., which are the only two provinces in Canada where they are employed at the present time. I think it's rather interesting to note that Alberta, according to statistical figures last year, had one of the highest ratios of beds per thousand population than any other province in Canada, and even at that time the Minister of Health was being beset with the same type of criticism or complaints as I am being beset with in this House about the shortage of beds. And then if I remember correctly, the figure was in the neighbourhood of about nine per thousand, and that figure may stand a correction because I'm working on memory of about a year or so ago. We are gradually working up to now when we have about 6.9 beds per thousand and with the construction that we have under way at the present time and planned for the immediate future, that figure will start to rise up until we get to 7.1 beds.

I can also recall when I was a rooky Minister of Health being out in British Columbia and having been taken to a new satellite hospital - if I can call it that - the Lion's Gate Hospital, which was a hospital of some 250 beds, and then to one of the largest hospitals in Canada which was the Vancouver General. In discussing this matter of deterrents, the hospital administrators at that time stated that the only way that you can deter is when you put a daily fee on in the neighbourhood of about \$5.00 a day, and when you have a deterrent in the neighbourhood of about \$5.00 a day, you then have to ask yourself whether you still have a hospital plan. The indications in Alberta were, I believe, that they charge \$1.00 a day and I think in B.C. it's about \$2.00 a day. It's my understanding that you can also buy insurance against the deterrent, and it is questionable whether or not the various methods that are employed in Alberta and B.C. actually have been effective.

The Manitoba Hospital Commission has looked at other methods of deterrents and so far we have not been able to find any satisfactory methods of a deterrent. Then of course you come down to the philosophical argument about the deterrent too, as to who does the deterrent actually affect. It has been pointed out to me by the Manitoba Hospital Commission that in the semi-private accommodation and private accommodation there is a form of a deterrent in that people have to pay an extra per diem cost over and above the general ward that they -- or the general hospital bed that they have covered under their premium. There are quite a number of people who prefer semi-private accommodation or private accommodation, and this added amount of money is acting as a deterrent at the present time. Those people who cannot afford to go into the semi-private wards or into the private ward, many of those people are the type of people to whom a deterrent could quite possibly hurt. It might deter them from going to the hospital for the fixing up of whatever is wrong with them - and they might need to be fixed up - but because of the deterrent they don't go, the condition deteriorates, and instead of seeing it reflect in the hospital we find them coming back in some other form because the debilitation has gone to the point where eventually the government steps in and with some form of social program helps to pick up the cost of taking care of these people.

Nevertheless, the matter of the deterrent is still another one of these which is studied regularly and discussed regularly with the other provinces. And of course I think I should point out to the honourable members that the federal legislation is such that it rules against the deterrent. The legislation of the Federal Government is such that the Province of Alberta doesn't receive any consideration of the deterrent, or the Province of B.C. Now this deterrent, if it is found to be wise and if it is found to be effective, if it is going to be applied, it would really have to be applied across the whole of Canada and be recognized under the federal legislation of Bill No. 320.

The Honourable Member for St. Boniface also brought up the question of the university hospitals and it was mentioned by the Honourable Member for West Kildonan, the number of beds that the university have in the Winnipeg General for teaching purposes. Here again we're coming into a very difficult area. The philosophy has been decided that the university teaching hospitals should be associated with the general public hospital, and when you make that decision you then have a difficulty in deciding just how many beds you will have for the university and how many beds you will have for the general public use. One of the factors affecting the university's consideration is that the university, if it's going to be able to train doctors, if it's

(MR. WITNEY cont'd.) . . . going to have people come to the university to be trained as doctors or health personnel, it must be accredited and the accreditation standards that have been determined by the Canadian Accreditation Committee are such that the university must have so many beds that they are able to use for teaching purposes. The university naturally does not wish to lose its accreditation and it presents the problem that we are faced with at the present time.

But on that matter the university, and in particular the General Hospital and the Hospital Commission, have been meeting ever since, I believe, about September when the issue first arose quite vociferously and those discussions are still going on. I simply want to point out to the honourable member that it's not an easy matter because we must maintain the medical college here in such a fashion that it will be able to be on a par with other medical colleges across the country, and if it is to be on a par with other medical colleges across the country, it must meet accreditation and in order to meet accreditation it must have so many teaching beds. And when that happens, when you're working in conjunction with a public general hospital, you run into the problem of the division of the numbers of beds that will be for the university and for the general public.

The Honourable Member mentioned also - the Member for St. Boniface - he referred again to the shortage of nurses and of course we have his resolution on the Order Paper and I had a fair amount of material to deal with the resolution when it comes up on Friday. But the shortage of nurses is a very interesting subject. It seems to change. I was quite interested in the fact that in the cursory perusal I've been able to make of the Minister's Committee, it said that at the outset the committee was confronted with the most difficult aspect of the study, to define authentically the alleged deficiency in the number of nurses. The many reports compiled by other agencies in Canada and in the United States of America, as well as information from other parts of the world, were studied by the committee but failed to provide any conclusive answers. Later in the report they go on to say that here in Manitoba we are perhaps short about 475 nurses, but then the Canadian Association of Registered Nurses says that here in Manitoba we have a registration of something about 4,700 nurses, so it appears that from reading the report that the shortage is approximately about 10 percent.

Now you can look at all kinds of other professions that we have in the Province of Manitoba and you may be able to say that we've got 10 or 20 or 25 percent of a shortage, but even as late as just a while ago when these figures were being checked up, and following a circular that the Manitoba Hospital Commission sent out to hospitals to say, for immigration purposes, how many nurses will you be able to accept, the figures turn up to be different again. Right at the present time the figures appear that it's only somewhere in the neighbourhood of about 370, the figures as we have them today.

Another matter which I feel is of interest is the amount of nursing care that has developed since the period of 1959 and 1965. In dealing with professional nursing, in the hours of professional nursing care there's been a 27 percent increase in the hours of nursing care per patient in the hospitals in the Province of Manitoba, and yet as I pointed out the other day the number of patient days that are being recorded in the province and are being budgeted for are not increasing. The number of nurses that we can point to have increased about 20 percent in relation to a 10 percent increase in the number of patient days in the hospitals. But taking all paid nursing care, licensed practical nurses and nursing orderlies, etc., the amount of attention being given to the patient in terms of hours per patient per day from 1959 to 1965 has actually increased about 40 percent, and again I go back to the figure about the increase in the number of patient days that we have in the province. I'll have more to say about the particular resolution when it comes up on Friday because the resolution makes certain statements which I'm sorry to tell the Honourable Member for St. Boniface that I can't really agree with, and on Friday I'll tell him why I can't agree with it.

He spoke also about the shortage of doctors, and it was in some time about two years ago that there was a report issued by the College of Physicians and Surgeons which essentially said that here in the Province of Manitoba we do have sufficient doctors, but if we have a change in the number of doctors coming in or a change in the number of doctors going out, by a period of about 1975 we may face a shortage of doctors. Now when that report came out we convened meetings with the College of Physicians and Surgeons, with the Manitoba Medical Association, with the Department of Health, and began to work on the problem. The university has recently come up with its proposals. Those proposals are now being considered and we are making certain that the proposals are being considered, while the teaching hospitals that they affect

(MR. WITNEY cont'd.) are also kept fully informed at all times about the proposals of the university so that they can comment on them, and there's a debate as to how many doctors we ought to educate in the Province of Manitoba. At the present time we're educating about 75. Consideration has been given to educating about 90, and the question comes: Can you find 90 people to go into the medical college to be educated in this province, considering all of the competition that comes from the other professional fields. Should it stay at 75? These questions have been asked of the university and they are being asked of the teaching hospitals in full knowledge of what we are asking to determine, just what are going to be the needs, particularly with medical services insurance coming up.

The distribution of doctors is a different matter. But again you can come down to statistical figures, and then you can just drive around the province and it's always rather of interest to me that when you go to, say Steinbach, there's a group practice at Steinbach; at Morden, there is a group practice there; you get down to Deloraine, there's a group practice at Deloraine; in Brandon, Brandon has now got specialists that they never had before and there are more specialists coming into Brandon. There are group practices at Virden, group practices at Hamiota, group practices in The Pas, and group practices in Dauphin; and when you take a look at the province, you take a look at Pinawa, Lac du Bonnet, Churchill - three doctors in Churchill at the present time - you have to try to correlate the statistics with what you can actually see as you move around the province. To me, it's not a matter of whether the hospital commission or the Minister of Health, what they're going to decide about the small hospitals, it's going to be the trend of doctors in the future, and doctors are moving into group practice. Group practice has been recommended by the Royal Commission on Health Services and that is a trend that is developing. You can see the trend developing here in the province, and as a result of it you can also see, small it may be, but you can also see the movement of the specialists from the metropolitan area out into the other parts of the province, and I believe myself that it's going to be the practice of medicine now and in the future which is going to have a great bearing upon the problem of small hospitals versus regional hospitals versus the larger hospitals, etc.

The Honourable Member for St. Boniface also made reference to the full time professors and he asked a question the other day - I couldn't answer it because I didn't know the answer at the time - and it is right that there is no full time professor at the university from the St. Boniface teaching hospital, but there are over 100 doctors at the St. Boniface General Hospital and all of those doctors have access to the teaching wards on the St. Boniface Hospital and the St. Boniface Hospital has associated professors with the university, and the university and St. Boniface Hospital - I submit that since the plans at the university came up that we have been able to put them closer together - and with the university, who really have the authority in the matter, and with the hospital, that the problem that is presented by the Honourable Member for St. Boniface will be resolved by those two people. And I think that's the way that it ought to be, that the university who has this responsibility of educating, and St. Boniface as a teaching hospital knowing its respective needs, that when they get together that those two professional groups ought to be able to make the necessary decision.

The Honourable Member for St. Boniface also mentioned about doctors' offices and there will be an amendment coming into The Hospitals Act, I believe it is, which will provide for doctors' clinics in areas where there is a hospital district. We have two that are in the process of development now, one at Ethelbert and one at Rivers, and they have been benefitting by a hospital grant, but they will just be doctors' clinics but only where they are part of a hospital district, and when they are part of a hospital district then consideration will be given to this type of development. But I might say that we are moving very cautiously and I think we well might move cautiously because of the trend of medicine that I have just been commenting upon with the group practice.

He also referred to lab and X-Ray and I made a statement to the Manitoba Medical Association that it was the plan of the province to bring in the lab and X-Ray to the whole of the province as soon as we possibly could, and asked the Manitoba Medical Association to give us some ideas as to how it might be done, because it's a very complex matter and it has some very deep ramifications to it. It has the professional component and the hospital component and all kinds of components that, as a layman, confuse me mightily, and we were starting to work toward it with the idea that our medical services insurance, as our statement was, that when it came in in 1967 that we would have a plan which would be able to meet the full requirements of the Federal Government. They have moved that to 1968 and we are still continuing to

(MR. WITNEY cont'd.) study this matter of lab and X-Ray in hospitals. We have recently received some information from the Manitoba Medical Association as to what their viewpoints are, and anything that we did in this field would have to be done in consultation with the Manitoba Medical Association who have the doctors who have to do the job and who perhaps recognize the complexities of the matter just as well as we do.

He asked about the number of years that the commissioners have to go. I think it is approximately two years that the present commission has to go. They are appointed for, and they have been appointed for a period of three years, and the present group that we have are on their second term of office.

I would also, because the Honourable Member for West Kildonan said that we were hiding behind the Manitoba Hospital Commission -- the Manitoba Hospital Commission and the commissioners have been good men and the Manitoba Hospital Commission and the commissioners have worked extremely hard on the problems that they have had to face. This Legislature, by legislation, gave to the Manitoba Hospital Commission the responsibility of designing a planned and integrated hospital system. The Willard report was brought down and the hospital commission have the Willard report on which to work. There have been some amendments to the Willard report over the period of years, some changes have been made, but generally speaking the Manitoba Hospital Commission have been following that report and the Manitoba Hospital Commission and the commissioners have been tackling the problems of the hospitals of this province, not only immediate but the future problems of hospitals in this province, with a great deal of diligence and I was pleased to see that the Honourable Member for St. Boniface at least acknowledged that the chairman was doing a good job, and I believe that that possibly would extend into the commissioners.

So we have given them that responsibility; they are exercising the responsibility; and as far as being people who submit to pressure, they are the last people to submit to pressure. They are constantly warding off the pressures of one type or another, and if anyone could visualize the pressures that the Manitoba Hospital Commission have been under over the period of time that they have been operating, I think they might perhaps wonder why it was that two doctors and two laymen would continue to work with these pressures the length of period that they have done.

MR. DESJARDINS: Mr. Chairman, I wonder if the Minister would clarify something. Is he suggesting that I made a statement that they were submitting to pressure?

MR. WITNEY: No, the matter of pressure came up from the Honourable Member for Seven Oaks. The Honourable Member for St. Boniface was also worried about the bread and the bakeries. We have food inspectors in our health units and the City of Winnipeg have food inspectors, and the inspection of all of the facilities where food is distributed or dispensed or manufactured is under a steady and active control of either the City of Winnipeg Health Department or our own.

I was pleased to hear the member for St. Boniface say that there was very little need for people to go to places such as, well outside of the country, and I think that is right. Over the period of years there has been a tremendous development in medicine right in this province, and the Province of Manitoba over the period of years has produced some rather startling and very progressive steps forward in the field of medicine and it is not necessary for people to have to go long distances for the vast majority -- there may be one or two specialties left yet -- but for the vast majority, they don't have to leave the province in order to get good, quality, sympathetic, sincere, capable, taken care of.

On dealing with the Honourable Member for Wellington, he spoke about Mark Twain and he said that the degree of Heaven, if you are not bored you are in Heaven, and ever since he made the comment I have been concerned, because I have never had a day of boredom since I have been the Minister of Health and I'm just wondering where that relegates me, if you are not bored. -- (Interjection) -- Oh, if you were in Heaven you'd be bored. Well I'm not in Heaven and that's the only conclusion that I can come to.

He mentioned about the hospital staff increasing at too slow a rate. Well again, when I have my comments to make on the resolution of the Honourable Member for St. Boniface, which again I am not in favour of, he will learn at that time that this comment of his was really not necessary because there has been progress made in the field of hospital staff. Just look over at the Manitoba Technical Institute, where just about two years ago we were training 75 licensed practical nurses. Inside of a year we had increased it to 150 licensed practical nurses, and then we increased it to now in January 1st of this year we are training 300 licensed practical

(MR. WITNEY cont'd.) nurses, and there has also been the School of Physiotherapy. I don't know whether he was here when I was talking about extended treatment care and the idea of having the university establish a Chair of Geriatrics. At the extended treatment care program it was brought up in the manner that it was brought up, the tying it into a general hospital in order to provide for the care of older people into the mainstream of medicine. In other words, so that the general practitioner will be able to have close contact with older people and will be able to understand their requirements and will be able to understand what needs to be done for them instead of having them over here somewhere, where just the matter of physical distance often prevents a man from going over there because he is very busy over here, and this philosophy of the mainstream of medicine is being practised in psychiatry and it is being practised in the field of geriatrics, and I think in time we will find that it will be practised in the field of such diseases as tuberculosis.

Now he also made a statement that I had - he apparently misinterpreted me - that I said that there would be 1,000 new staff. What I said in the statement was that the hospitals during 1967 had asked for 1,000 new staff and that they had obtained 300 new staff in the budgets for 1966. He also asks, are the mental hospitals fully staffed. The answer to that is no, the mental hospitals are not fully staffed, but the situation is improving year by year. For instance, out at the Manitoba School for Retardates out at Portage la Prairie, we have from the last comment I had with the superintendent, to all intents and purposes now we have a full staff and the staffing in the other hospitals is improving as the time goes by.

He asked is mental illness decreasing. I don't think it is. I must put it this way, that the incidence per 1,000 people is not increasing or decreasing, but since we have had the new attitude toward mental illness, and in one matter, since we have had the new Mental Health Act, since we have had our community mental health teams, since we have had the activated out-patient activity of not only our mental hospitals but our general hospitals, more people are coming to us for help, more people are receiving help and more people are being prevented from going into an institution of 1,500, 2,000, 3,000 beds dotted all across the province. So I don't think that per 1,000 people that it's increasing, but we are seeing more of it because the people who were hesitant to come for help before now don't hesitate, and the voluntary or the non-compulsory admission since The Mental Health Act has been brought in have been quite encouraging.

He makes reference also to the CMHA brief. The CMHA brief was presented, and then following the CMHA brief came another brief from the Manitoba Psychiatric Association, and the Manitoba Psychiatric Association pointed out that they didn't quite agree with points that were raised in the CMHA brief, and as some of those points were very far-reaching points, they asked for time to study it and for time to make their comments. So I have advised the CMHA that their brief is now being studied by the Manitoba Psychiatric Association and I will not take any action toward amendment of The Mental Health Act with the exception of possibly just minor ones which are necessary to clear up some administrative difficulties which have occurred, that I will await any major amendment of The Mental Health Act until the Manitoba Psychiatric Association, who after all represent the doctors who are on the front line in psychiatry, and also our own Department of Health who have many people who are on the front line in the matter of mental health, until these people have considered all of these points, and then when the amendments come to this House they can come with the considered judgment of the Department of Health staff, the lay people who are represented to a large extent by the Canadian Mental Health Association, and the professional people who are represented by the Manitoba Psychiatric Association.

Medical Services Insurance. Last year we made a statement in the House stating that we would bring down a plan which would conform with the four principles that had been set down by the Federal Government and that we would make every effort to make that plan voluntary. Well, the legislation will be down before the end of February and the members will know then just how we have been able to make out and they will know what it is that we plan to do. So I'll leave the item about Medical Services Insurance with the comment or with the statement that the Bill will be down - it should be down before the end of February - and then the debate can roll on the specific item at that time.

The Honourable Member for Logan also made reference to air pollution and to water pollution. We have the Provincial Sanitary Commission, and in my humble opinion, for a small group of men I believe that the Sanitary Control Commission have been keeping the matter of pollution under control. I would like to point out these factors. If you take a look up in the

(MR. WITNEY cont'd.) north country and you go to Thompson, the commission have been able to prevent the tailings and have been able to devise systems whereby the tailings from International Nickel will not get into the Grassy River system, so they have been able to control the pollution of the waterways in that area. In Flin Flon the effluent that used to come from the plant is now being ponded and in the ponding of that effluent there is very little of it now going down into the streams, and now we have to wait for the period and the process of nature over a period of time to clean it up. I was rather encouraged when up in Flin Flon, on one of the few times that I got to go fishing since I have been the Minister of Health - and I wish to complain, Mr. Premier, that I am not able to get out fishing enough since I have been in this job - away up in Schist Creek where just a few years ago you could never catch a pickerel, a pickerel was caught. -- (Interjection) -- No, it wasn't caught by me. I had the other line in and he was using a better bait, but a pickerel was caught up there which indicates that the pickerel, which is a fish which is very susceptible to the matters of pollution - and it's a midswimming fish, not a bottom fish and not a top fish, it is around about the middle - is able to survive in the environment further up the river. So there is improvement being made.

My colleague over here was able to get going an International Sanitary Control Commission which has been meeting over the past year, and which I believe will be meeting in this province very soon on reports in order to try to control the pollution content that comes from areas out of our control. And within the past few years, and I think it was just last year, we opened up or we were present at the opening of the North Winnipeg Pollution Centre which is treating all of the pollution, so the pollutants which go into the river, and when it comes out from the plant up in the north end of Winnipeg, it's a much different situation than it was a long time ago.

And with the Charleswood Lagoon, if the Charleswood Lagoon is going to be proven successful and it looks as if it will, then the other parts of the southern part of the city -- then decisions will be able to be made of a lagoon versus a secondary treatment system, which will again prevent another source of pollution. So the matter here in this heart of this City of Winnipeg, the metropolitan area, is also receiving improvement.

When you get over to the Winnipeg River, there has been work done by the Pine Falls Paper Co. over there with the effluent that they were discharging, to decrease it substantially so that the waters below them are not as polluted as they were before, and the simple matter of bark dropping down onto the bed of the river and clogging the bed of the river has been settled over there now to where the barking is done, the logs are all piled together in certain bays on the river and the bark falls off in certain allocated spots, so there is improvement there.

He also made mention about the Whiteshell establishment and I think it would be interesting to refer to the processes that have been undertaken since the plant went in at the Whiteshell. The radiation protection program in Manitoba is conducted by a team and the team consists of Dr. Holloway and Dr. Campbell, who are physicists at the Manitoba Cancer Treatment and Research Foundation. Also on the team is Mr. Ward, the chief public health chemist, and there is a Mr. D. Thompson, a public health engineer, and the Deputy Minister of Health as a medical consultant, and this committee meets when it's necessary to do so. When the Whiteshell plant started, this committee started to collect samples of water from the Winnipeg River and milk samples from farmers in the vicinity in May of 1965 so that they could have a base line for comparison after the reactor became critical during the late 1965. In other words, to determine what the level was from just natural radiation, then they can measure, as they keep measuring periodically, what the level is as the reactor is in full operation. They continue with the monitoring program and samples of surface water are collected monthly at three locations, one upstream at the reactor at Seven Sisters and two downstream at the reactor at Lac du Bonnet and Great Falls. The samples are collected by the provincial Health Department and they are shipped to Ottawa where they are examined for the various radioactive elements. Samples of milk are collected from the farmers and they too are sent to Ottawa where they are examined for certain chemicals such as calcium and potassium and certain radioactive elements. And then finally, rabbits and fish are procured periodically, mainly in the spring and fall, and these are all scrutinized very carefully and to date none of the results have shown any anomalies which could be attributed to a release of contamination from the reactor.

The Honourable Member for Logan also made reference to "no more sturgeon." It

(MR. WITNEY cont'd.) wasn't pollution that killed off the sturgeon in the Winnipeg River; it was poaching and illegal mesh in fish nets. And when we talk about pollution and fish, I always remember being down in Ann Arbor where there was a team studying Lake Erie, which has been referred to over the years in various uncomplimentary terms. One direct question to a biologist - three of them with doctors' degrees - does pollution affect fish? The answer came back, "Fish swim around pollution the same as we walk around garbage. It's small mesh net which kill of fish more than pollution." Now I don't know whether the man would make that statement today, but it certainly had a significant effect on me at the time when we had studies being made, and studies are continually being made, on the south end of Lake Winnipeg, and if I remember correctly, the pollution in Lake Winnipeg is in pockets and the fish swim around it.

MR. PETURSSON: May I ask a question? Would the Honourable Minister attribute the fact that the lake was being fished out to the situation in, say Lake Erie, which is now regarded as a sewage pond and no fish of any worth or value are to be found any longer. Would you call it overfishing in Lake Winnipeg where literally hundreds, thousands of small fish, minnows and so on, are to be found every summer lying all along the lakeshore, and a great decrease in the quantity of fish that is being caught in that fish. It is no longer commercially advantageous to continue to fish in Lake Winnipeg except unless we go up to the far northern end. In the southern end of the lake there is very little fish of value that can be caught. You find more and more carp and fish of that kind - rough fish as they call it - the fish that is not really marketable except for mink ranches and hardly for that.

MR. WITNEY: Mr. Chairman, when I was in the other department I remembered being at a meeting where there were Doctors of Biology - about twelve of them - and as one particular person, as a layman, after listening to all that these men had to say, my conclusion was - and I must preface this by stating that they had no regulations as to mesh size in Lake Erie - as one particular member of that at that time, listening to these professional people speak, my conclusion was that it was the result of small mesh that had done the damage over the period of years and that regulations must be maintained and enforced.

The honourable member also made mention too of the matter of smoking and health education. He speaks about air pollution and about the buses, and when he was there I couldn't help note that where there would be a great deal of money to change the buses over, and air pollution which people breathe in, that really all that you need to do in some cases is for people simply to stop smoking, and there was more pollution being occasioned in this Chamber by men smoking themselves than they could perhaps have had standing on the corner by a diesel bus. But I was smoking too and I used to smoke a package of cigarettes a day and now I worked it down to a couple of cigars a day, and at times I'd like to work off of that too, but I'm worried as to what other vice I would take up to replace it.

MR. T. P. HILLHOUSE, Q. C. (Selkirk): What have you got in mind?

MR. WITNEY: No comment. I think, Mr. Chairman, that I have spoken enough for the moment.

MR. GREEN: Mr. Chairman, I'm very happy to be engaged in discussion in this department because I feel probably it's in this department that all of the members of this House feel most alike and are more ad idem in having a common interest in the health and well being of the citizens of this province, and I think that is very evident from the sincere and diligent manner in which the Minister goes about in presenting his report and also the satisfaction which he shows in some of the accomplishments of his department, and I think it's well indicated by the fact that he's working overtime without overtime rates that his great satisfaction comes from the accomplishment.

It's in one area in particular, Mr. Speaker, and I hope that I'm not flogging a dead horse, that is the area of a comprehensive medical care scheme that I feel that possibly the government seems to be either falling behind or not willing to catch up with the thinking in this country. And I think, Mr. Chairman, that I hear this most often in the remarks that have been made by the First Minister with regard to the fact that the medical care program must be a voluntary program, and I agree that it must be a voluntary program, but I suggest that our differences are over the meaning of the word voluntary. And further, the suggestion from other sides of the House that the program that we support, that is the program that was recommended by the Hall commission, is somehow philosophically different than the program that they could willingly adhere to.

Now, Mr. Speaker, I'm going to refer to a statement on medical care which I believe is

(MR. GREEN cont'd.) far better than any statement that I could have originated, and this statement, to the interest of the members, was not made by a doctrinaire socialist, it was made by Bob Edwards who

MR. ROBLIN: I don't really like to interrupt my honourable friend, but as the government has given notice that it intends to bring a bill in on the whole question of medical insurance, would it not be worth considering to reserve our remarks for that occasion, otherwise we're apt to trespass against the rule about tedious repetition.

MR. GREEN: I think, Mr. Chairman, that the

MR. ROBLIN: Before my honourable friend knows what's in the bill, how does he know what to criticize?

MR. GREEN: Mr. Chairman, I think that the First Minister has made a point which I'm willing to accept and I'm willing to then defer my remarks to the time when the bill is actually before us. I concede, Mr. Chairman, that I have always been a little bit nervous on this point, that I've always felt that government and political parties have been promising this type of program and yet have somehow in the last moment managed to pull their promise away from the people who have expected that it would be fulfilled, and perhaps I've lapsed into that nervousness at this time. So I'll wait with anxious anticipation for what the First Minister says will be the

MR. ROBLIN: Eager.

MR. GREEN: and skeptical anticipation, Mr. Speaker, I had intended to refer to health care and to two statements - I won't debate the point, Mr. Chairman - but perhaps in helping the government draft the bill they could take note of the statement on health care that was made by Bob Edwards as referred to in the book by Grant MacEwan. Bob Edwards, of course, is a Conservative who was the editor and publisher and I think the entire staff of the Calgary Eye Opener which provided the citizens of Calgary with much information and amusement for a good period of time. The eye opener Bob said is as follows - here was torch bearer Edwards on that subject in 1916. "The unrestricted capacity of the public treasury must be used to bring to the people, with the utmost economy, every known benefit of medical science for the prevention of disease and deformity. We must safeguard childbirth so that no mother need dread or fear it. We must attack and prevent, as far as possible, those diseases which interfere with the child's right to be well born. Deformed babies must be straightened; the ravages of accidents repaired by every artificial device available; contagious disease obliterated; and wasting diseases prevented. All this must be done for every citizen without regard to his station or wealth, and paid for by all the citizens for each other." And then later, "Now that we have the horses and pigs fixed up cosily and plenty of experimental farms to keep the alfalfa alive, and plenty of paved streets for the automobiles and plenty of fire protection to save our precious business blocks, let's have enough free maternity wards to accommodate the women. It's pretty late, but better late than never." This, Mr. Chairman, in January and September of 1916.

Now just one more statement, Mr. Chairman, which I hope the government will keep in mind when they're preparing their bill. This, Mr. Chairman, is a statement which comes out of a book by Friedrich A. Hiach, "The Road to Serfdom." Now, Mr. Chairman, I must explain that Friedrich A. Hiach is the . . . -- (Interjection) -- Well, Mr. Chairman, I'm just indicating that I'm now quoting, not a doctrinaire socialist. If ever there was a doctrinaire right winger and anti-socialist, it's Mr. Hiach who articulately puts the position of the right, and perhaps some of the members over there who don't very articulately put it should read Professor Hiach's book and they'll have some better arguments which would do them better than shouting across the House, "the socialists over there" and inviting remarks from here, "the capitalists over there," because that's not argument and it's not the kind of argument that I like to engage in. But nevertheless, Professor Hiach says

MR. CHAIRMAN: a little away from the Minister's salary here if you proceed.

MR. GREEN: It'll just take me one minute to finish this quotation. I think it's important that the members of the government benches know what Professor Hiach says before they present their bill. It will just take a minute to read the quotation. "Nor is there any reason why the State should not assist the individuals in providing for those common hazards of life against which, because of their uncertainties, few individuals can make adequate provision. Whereas in the case of sickness and accident, neither the desire to avoid such calamities nor the efforts to overcome their consequences are as a rule weakened by the provision of assistance. Where in short we deal with genuinely insurable risks, the case for the State helping to

(MR. GREEN cont'd.) organize a comprehensive system of social insurance is very strong." Now I think that coming from someone who is not a doctrinaire socialist certainly puts the case for a medical care program along the lines suggested by the Hall Commission and I await with nervous and anxious and skeptical anticipation the bill being presented by the government.

Mr. Chairman, I'd like to follow up my honourable friend from Seven Oaks remarks with regard to a hospital in the north end. In this regard I may say, Mr. Chairman, that I'm being on the one hand perfectly self-interested. I represent a north end seat, and as a matter of fact, I understand that there is a hospital plot of land available in Inkster constituency ready and waiting for a hospital to service the area that was referred to by my honourable friend. And I might mention, Mr. Chairman, and this particularly to the members of the government side, that all of the five north end candidates who ran for the Conservative Party, without exception, said that they would work for a hospital in the north end of Winnipeg, and I know that the government party isn't going to take the position that the hospital would have been instituted if those five north end candidates were elected but not because they are defeated. Therefore, I ask you not to give way to our argument, give way to the five north end candidates - defeated Conservative candidates, and by the way I think the Liberal candidate said the same thing - give way to those arguments because I'm sure they would commend themselves to you a lot more than the arguments that are being put forth by this side of the House.

Two other points, Mr. Chairman, and one is on ambulances generally. I think that we in this Party feel that the provision of ambulance service is one which we should accept social responsibility for; it's one which falls directly into the kind of work which seems to give the Honourable the Minister of Health so much satisfaction. We are particularly concerned with those areas which have no effective service at the present time, being the areas of the north and other wilderness areas. We would commend to this government the system that was run by the Province of Saskatchewan for a period of time - until the government changed it to one of a capitalistic nature and the service was discontinued - that there be an air ambulance service for the Province of Manitoba.

And secondly, we refer to the general field of ambulances in the urban areas. Now, Mr. Speaker, when I was on Metro Council, and as is the habit of Metro Councillors we sought for a way to gouge the provincial treasury, I suggested that we use the civil defence mechanism - and, Mr. Chairman, I'm not a great friend of the civil defence program - but if there is a way of getting something good out of it, I have no objection to using it in that way. We said that we should use the civil defence program in order to get an appropriation from the provincial and federal governments for the provision of an ambulance service in Greater Winnipeg which would cover the entire area.

Now, Mr. Chairman, I would suggest to the Minister that the studies that he has made and which have been made under various auspices into this question all revealed that the Metro ambulance system was inadequate. It is inadequate because of the stationing of the ambulances, because of the personnel who run the ambulances, and because the cost of the ambulance is still considered an individual responsibility rather than a social responsibility. And in the area of civil defence, within the frame of reference of civil defence, Mr. Chairman, I suggest to you that there is room for us to ask for an ambulance service financed in the same way as other civil defence programs are financed. This would be the one civil defence program, Mr. Chairman, which I say we would get use of throughout the year as well as during that area when we are supposed to wait for a civil emergency or a disaster of that kind.

Now being in this House, Mr. Chairman, the argument doesn't become less weighty, it becomes more weighty, because we are entitled to get from federal funds a great deal of money for civil defence. I suggest to you, Mr. Chairman, that if we approach the Federal Government with the proposition that ambulance services properly fall within the realm of civil defence, that the Federal Government couldn't maintain its civil defence program as being a really and truly program for the prevention of civil emergencies and still refuse to participate in this type of program.

So, Mr. Chairman, I'm asking the Minister to investigate. I know that Metro Council -- I understand they've gone on record as being in favour of this type of program. I know that when I was there I debated it on several occasions, and I think, Mr. Chairman, that it's something which we can assist in and which we should take as a social responsibility as we have done with so many other programs.

I have one further comment to make, Mr. Chairman, and that refers to the statements

(MR. GREEN cont'd.) that have been made about deterrent fees with regard to the hospital services. Now, Mr. Chairman, we would ask that nothing be done to change the system whereby citizens of Manitoba are able to obtain hospital beds without paying any fee, except possibly the elimination of the premium program in -- that nothing else be done, that there be no system of so-called deterrent. And we take that position, Mr. Chairman, on two grounds. First of all, if a deterrent fee is effective, then it in fact does exactly what the hospital program was constructed not to do; it keeps people out of the hospital. We in this Party don't believe that we should provide a health system for the purpose of deterring people from using it. We have some faith in the people of the Province of Manitoba. We say that those people who use health services are those people who need health services. There are exceptions, Mr. Chairman, but those exceptions are not certainly of the kind that should change the rules and should change our faith in the people of this province.

Certainly, Mr. Chairman, I can accept the fact that the 57 members of this Legislature are not running to occupy hospital beds because they can go there free. And if I can accept it for the people in this Legislature, then I say that the people outside of the Legislature are just as good as the people inside the Legislature, and that those people are using hospital beds when they need them. Nobody is anxious to go into a hospital except sick people, and the sick person without a physical ailment who wants to go into a hospital bed is nonetheless a sick person. But nobody is anxious to stay in a hospital, and my understanding of people is that they are anxious to get out of hospitals.

I don't think, Mr. Chairman, that the hospitals are a popular place to be, as has been suggested by other members of this House. I think that if there are not enough hospital beds to now house the people who are asking for them, then the answer is to provide more hospital beds and I think that the Minister is going about that type of program. I hope that the program will keep pace with the ability and the will of the people in this province to see to it that their sick are given that kind of accommodation.

I have another statement, Mr. Chairman, with regard to deterrent fees and that is that

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MR. LYON: my honourable friend and suggest that perhaps he save that statement for the next time we move into Committee.

MR. GREEN: I'll take my honourable friend's suggestion. I'll just be a minute but I can come back and spend that minute later. -- (Interjection) -- I can finish in a minute. You watch me.

MR. LYON: We're agreeable.

MR. GREEN: I merely wish to say, Mr. Chairman, that there was a -- I remember seeing the City Health Director, Mr. Cadham, on television, and Mr. Cadham said that there were numerous welfare people under his department and these people were not seeing the doctors. They all had medical health care available to them free. His proposal was that these people be prevented from coming to school unless they saw their doctor - unless they saw their doctor - and they wouldn't go to see them and he was talking about keeping them away from the doctor in that way. So I am suggesting to my honourable friends who think that a deterrent is desirable, that the normal and average and general group of the population does not run to the doctor, they do not run to the hospital; they make use of these services when we need them. We in this Party have faith in the people of the Province of Manitoba.

MR. LYON: I move the Committee rise, Mr. Chairman.

MR. CHAIRMAN: Committee rise. Call in the Speaker. Mr. Speaker, the Committee of Supply has directed me to report progress and ask leave to sit again.

IN SESSION

MR. J. DOUGLAS WATT (Arthur): Mr. Speaker, I beg to move, seconded by the Honourable Member for Springfield, that the report of the Committee be received.

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

MR. SPEAKER: It is now 5:30. I am vacating the Chair and the House therefore is adjourned until 2:30 tomorrow afternoon.