

THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Wednesday, May 8, 1968

Opening Prayer by Mr. Speaker.

MR. SPEAKER: Presenting Petitions

Reading and Receiving Petitions

Presenting Reports by Standing and Special Committees

MR. JAMES COWAN, Q. C. (Winnipeg Centre): Mr. Speaker, I beg to present the first report of the Standing Committee on Private Bills, Standing Orders, Printing and Library.

MR. CLERK: Your Standing Committee on Private Bills, Standing Orders, Printing and Library, beg leave to present the following as their first report:

Your Committee met for organization and appointed Mr. Cowan as Chairman. Your Committee agreed that, for the remainder of this Session, the Quorum of this Committee shall consist of Six (6) members.

Your Committee has considered Bills:

No. 42 - An Act to amend, revise and consolidate An Act respecting the Congregation Shaarey Zedek.

No. 43 - An Act to incorporate Lutheran Council in Canada.

No. 44 - An Act to incorporate Luther Home.

No. 45 - An Act to amend An Act to Incorporate "Les Chanoinesses Regulieres des Cinq Plaies."

No. 70 - An Act to amend An Act respecting "The Manitoba Registered Music Teachers' Association."

And has agreed to report the same without amendment.

Your Committee has also considered Bills:

No. 46 - An Act to incorporate Thompson Golf Club.

No. 71 - An Act to amend An Act to incorporate "The Women's Tribute Memorial Lodge Foundation."

And has agreed to report the same with certain amendments.

Your Committee recommends that the Fees paid with respect to the following Bills be refunded, less the costs of printing:

No. 42 - An Act to amend, revise and consolidate An Act respecting the Congregation Shaarey Zedek.

No. 43 - An Act to incorporate Lutheran Council in Canada.

No. 44 - An Act to incorporate Luther Home.

No. 45 - An Act to amend An Act to Incorporate "Les Chanoinesses Regulieres des Cinq Plaies."

No. 71 - An Act to amend An Act to incorporate "The Women's Tribute Memorial Lodge Foundation."

Your Committee also recommends that the time for receiving Petitions for Private Acts be extended to the 27th day of May, 1968, and that the time for presenting Private Bills to the House be extended to the 3rd day of June, 1968.

All of which is respectfully submitted.

MR. COWAN: Mr. Speaker, I move, seconded by the Honourable Member for Souris-Lansdowne, that the report of the Committee be received.

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

MR. COWAN: report of the committee, I move seconded by the Honourable Member for Souris-Lansdowne, that the time for receiving petitions for Private Acts shall be extended to the 27th day of May, 1968, and that the time for presenting Private Bills to the House will be extended to the 3rd day of June, 1968.

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

MR. COWAN: of the Committee, I move, seconded by the Honourable Member for Souris-Lansdowne, that the fees paid with respect to the following bills be refunded less the cost of printing:

No. 42 - an Act to amend, revise and consolidate an Act respecting the Congregation Shaarey Zedek.

No. 43 - an Act to incorporate Lutheran Council in Canada.

No. 44 - an Act to incorporate Luther Home.

No. 45 - an Act to amend an Act to incorporate "Les Chanoinesses Regulieres des Cinq

(MR. COWAN cont'd.) Plaies."

No. 71 - an Act to amend an Act to incorporate "The Women's Tribute Memorial Lodge Foundation."

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

MR. SPEAKER: Notices of Motion

Introduction of Bills

Before we proceed, I would like to introduce the young guests of the honourable members of the House. We have 100 students of Grade 9 standing of the Louis Riel School. These students are under the direction of Mr. Beck, Mr. Kupchak, Sister Lemoine and Miss Frechette. This school is located in the constituency of the Honourable Member for St. Boniface.

We also have with us today 35 students of Grade 11 standing of the Vincent Massey Collegiate. These students are under the direction of Mr. Park and Mrs. Stevens. This school is located in the constituency of the Honourable the Attorney-General.

We also have 50 students of Grade 4 standing of the Earl Grey School. These students are under the direction of Mrs. Smith and Miss McInnis. This school is located in the constituency of the Honourable the Provincial Treasurer.

On behalf of all the Honourable Members of the Legislative Assembly, I welcome you all here today.

The Honourable the First Minister.

HON. WALTER WEIR (Premier)(Minnedosa): I know that it was with great shock that all members of the House learned of the death over the weekend of a former member of the House, Barry Strickland of Hamiota, and I would like to at this stage of our proceedings, if I may, extend the usual condolences to the family of the late Barry Strickland.

It was a very untimely death. Barry was a young man, as we all know, born in Hamiota in 1923. He was a very active person in community affairs at Hamiota, and had over the years been a Director of the Hamiota Development Corporation. He was a veteran of the Second World War - a member of the RCAF; he was a member of the golf club and the curling club at Hamiota; and a member of the Canadian Legion and of the Hamiota Flying Farmers in which he took a very very active interest. He is survived by his wife and two children, one son and one daughter, who lose a father at a very critical time in their life.

He served this Legislature and served it well, being first elected in 1958, being re-elected in 1959 and re-elected in 1962, and was defeated in the election of June, 1966.

We're all aware of the fact that he had a difficult year last year. He suffered illness at that time and spent many months in hospital, but it was still with shock when the news came that he died suddenly last Saturday. Barry had been involved as a real estate agent and an insurance agent, and after his illness, or maybe even shortly before, he went farming. He bought a farm at Hamiota and had been living on the farm for a period of time. I believe some time prior to his death he had given up active participation in the real estate and the insurance business that is now being operated, I believe, by a nephew.

Mr. Speaker, without dwelling any longer on it, I'd like to move, seconded by the Honourable Member for Hamiota, the customary resolution of condolence, that this House convey to the family of the late Barry P. Strickland, who served as a Member of the Legislative Assembly of Manitoba, its sincere sympathy in their bereavement and its appreciation of his devotion to duty in a useful life of active community and public service, and that Mr. Speaker be requested to forward a copy of this resolution to the family.

MR. SPEAKER presented the motion.

MR. SPEAKER: The Honourable Member for Hamiota.

MR. EARL DAWSON (Hamiota): Mr. Speaker, first of all I would like to thank the First Minister for giving me the opportunity to be the seconder on this motion. I have known Barry Strickland for some number of years and my associations with Barry were always ones that I was very favorably impressed with Barry at all times. He served his community well, I know this, and he was very popular with everyone that he came in contact with. I know that Barry was very well respected, as was shown today at the funeral services, and I certainly know that Barry will be missed by all, not only in the Town of Hamiota but in the entire constituency.

MR. RUSSELL PAULLEY (Leader of the New Democratic Party)(Radisson): Mr. Speaker, indeed it is with regret that as Leader of the New Democrats in this House that it is necessary to join in the expressions of condolence in the loss of a former member of this

(MR. PAULLEY cont'd.) Assembly, who not only was a former member but I am sure who, while he was a member of this Assembly, was well respected and a friend of all, irrespective of political inclinations. We respected Barry and his contributions to the various debates that he participated in during his term of office here. It is most unfortunate that at such a young age one is called to the Supreme Being above and his days on earth are terminated. I'm sure all will agree with me that he had still a great contribution to make to his community and to the province and fellowman, and I join on behalf of my Party in the expression of condolences to Mrs. Strickland and the young family.

MR. JACOB M. FROESE (Rhineland): Mr. Speaker, I too wish to associate myself with the sentiments already expressed by former speakers in expressing my sympathy to the family in their bereavement. Barry Strickland was appreciated by the members of this House while he was a member. We as members learned to appreciate him as an individual, as one who was devoted to the work that he'd taken on as a member, and we sorrow with his family in his early bereavement. Once more, I wish to express my condolences to the family and to support the resolution.

MR. SPEAKER: Orders of the Day.

HON. STERLING R. LYON, Q.C. (Attorney-General) (Fort Garry): . . . asked a question concerning certain remarks made by His Honour Judge Keith in connection with a case that was reported in the newspapers last week, and I now have some facts to give to the House in that matter.

As a result of certain statements made by His Honour Judge Keith on May 1st in the case of Regina vs Vernon Joseph Tremble and George Carey, I had the members of the staff obtain all relevant information regarding the detention of a material witness, George Paulowich. His Honour Judge Keith gave as his opinion that Mr. Paulowich's rights had been violated by the arbitrary and unjustified conduct of the authorities.

The facts were that on January 11th at approximately 9:30 in the morning, Paulowich and one, Oake, were in the lobby of the National Hotel intending to call the police regarding a complaint of robbery and of theft. Members of the police department arrived at the hotel at that time on a routine check, received Paulowich's and Oake's complaint, and then began their investigation. The police spoke to Paulowich regarding the robbery and they spoke to Oake who complained that the two accused, Carey and Tremble, had stolen his parka. The police then endeavored to locate the two accused and one was arrested a short time later at the Salvation Army while the second one was arrested at the Exchange Cafe. There was considerable confusion at this time and all the persons involved appeared to be under the influence of liquor, although none was intoxicated.

The two complainants, Paulowich and Oake, as well as the two accused, were conveyed to the City of Winnipeg Police Department Safety Building. Statements were taken from the complainants and it was ascertained at this time that Paulowich had no money and no place to stay. He furthermore advised police that he was on his way to Vancouver to seek employment. He had no criminal record but he advised the police that he was from Ontario and had a history of arrests for liquor infractions. The other witness, Oake, was also a transient passing through Winnipeg from Ontario with a view to seeking employment in the Regina area. As a result of this, informations were preferred against both men pursuant to the material witness provisions of Section 603 of the Criminal Code of Canada, and the following morning, that is January 12th, Mr. Paulowich appeared before Magistrate Ian Dubiensi in respect of this information.

The Criminal Code provides, Mr. Speaker, that a Magistrate, upon receiving information which makes it appear that a person who is likely to give material evidence will not attend in response to a subpoena if a subpoena is issued, may issue a warrant causing that witness to be arrested and brought before him to give evidence. The Code also makes provision for bail in such cases. After hearing the facts, Magistrate Dubiensi set bail in the sum of one surety of \$500.00 and suggested that the matter would be reviewed, and that perhaps the Salvation Army might be able to work something out in terms of looking after Paulowich until he was able to get some funds.

He appeared again before Magistrate Dubiensi on January 19th and again indicated that he had no funds, although he expected to get some in the near future. The Magistrate, after listening to the facts, again adjourned the matter with the understanding that further investigations would be made in an effort to make some arrangement for Paulowich's care.

(MR. LYON cont'd.) . . .

On February 2nd the matter was again reviewed, this time by Magistrate Isaac Rice, and after hearing the facts, Magistrate Rice remanded the matter for a further week to February 9th, which was the date set for the preliminary inquiry into the charges of which Paulowich and Oake had complained. The preliminary was heard on February 9th and both Tremble and Carey, the two accused, were committed for trial on charges of robbery. They subsequently, or at the time had elected for a trial, as what is known as a speedy trial, a trial before a County Court Judge in the County Court Judge's Criminal Court. At the conclusion of the hearing, that is of the preliminary inquiry on February 9th, the Crown Attorney in charge of the case spoke to Mr. Paulowich who assured the Crown Attorney that he would use some money that he had received in the interim for living expenses until the trial, and would not leave for Vancouver until the conclusion of the trial.

These fresh facts were then immediately brought to the attention of Magistrate Garton who had presided at the preliminary inquiry, and on the basis of this fresh material, Magistrate Garton ordered that Mr. Paulowich be released on his own personal recognizance and the sum of \$50.00 in respect of the information preferred under Section 603, that is the material witness section. Mr. Paulowich was immediately released - that is on the 9th of February. The proceedings under Section 603 were adjourned to February 16th and again to February 23rd, at which time the information under Section 603 was withdrawn and Mr. Paulowich was bound over on his own recognizance and the sum of \$500.00 to appear at the speedy trial pursuant to the provision of Section 461 of the Criminal Code.

One of the considerations at this time was an undertaking by Mr. Paulowich to remain in Winnipeg at the Leland Hotel. It was also understood by Mr. Paulowich that members of the City of Winnipeg Police Department in the course of their regular daily hotel checks would look in on him on a more or less regular basis. This was done with the concurrence of Mr. Paulowich. He was seen on a number of occasions after his release and on one occasion, rather than complaining about his previous detention, indicated to the police that the period of time that he had spent in custody had been good for him since it had given him an opportunity to dry out. It should be pointed out that Oake, the other complainant in the case, also appeared on the original date, January 12th, as a material witness and was remanded in custody on a similar warrant to the 19th of January, at which time a relative spoke on his behalf before the court and the learned Magistrate released Oake on his own recognizance on the 19th of January.

By the 26th of January, Mr. Oake had absconded and a warrant for his arrest was issued. His failure to appear had a very deleterious effect, needless to say, upon the Crown's case against the two accused insofar as the Paulowich complaint was concerned, and of course placed the Crown in the position of not being able to proceed on the charge of theft which Oake himself had complained of and where he had laid the original complaint. The Crown Attorneys advised, Mr. Speaker, that on many occasions the Crown has considerable difficulty with transient witnesses who abscond, as was the case with one of the two witnesses in this case, or fail to answer the subpoenas. In fact in many cases, they say that they have more trouble with material witnesses than in fact they do with the accused persons themselves. Now while this may be difficult to understand, there have been occasions when cases were dismissed for want of prosecution or where proceedings had to be stayed because material witnesses had failed to appear, thereby thwarting the efforts of the Crown to ensure that persons alleged to be responsible for crimes are brought to justice.

So in summary, Mr. Speaker, Mr. Paulowich was not arbitrarily detained but was held as a material witness pursuant to the provisions of the Criminal Code and pursuant to an order made by an experienced member of the judiciary of the Province of Manitoba. Furthermore, the matter was reviewed by another Magistrate and no variation was made in the order. It is noted that custody was under constant judicial review. This can hardly be called, I suggest, unjustified conduct on the part of the judicial officers involved. Paulowich was not required to report to the police, as suggested by His Honour Judge Keith, although he was required to appear in Magistrate's Court on the appropriate remand dates on two occasions. This again is not arbitrary conduct on the part of the authority. His Honour Judge Keith also suggested that witness fees be paid to Mr. Paulowich for the whole period of his detention. There is no provision for this action in the Criminal Code. Witness fees are allowed by the Code on a per diem basis while attending trial, but in no other case.

(MR. LYON cont'd.)

It would appear, Mr. Speaker, from the review undertaken that the provisions of the Criminal Code were followed and the custody of Mr. Paulowich was based on an order made in a proper judicial proceeding and subject to regular judicial review. The matter was not handled arbitrarily by administrative officers. In the proper administration of justice, it is sometimes necessary, unfortunately, to ensure the attendance of witnesses, and the various sections of the Code provide for a judicial means of securing their attendance. Without such provisions, effective administration of justice would be hampered and offenders would not be brought to trial.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, I'd like to thank the Minister for his statement. Could he tell me on what date the matter was finally cleared and Mr. Paulowich released completely?

MR. LYON: February 9th.

MR. MOLGAT: No, February 9th was when he was released from custody, but after that he was obligated to remain in Winnipeg and to report. When was the case finally disposed of and when was he free to leave the city?

MR. LYON: April 26th, it would appear from my notes; I'll have to doublecheck that.

MR. MOLGAT: So it would appear then, Mr. Speaker, am I correct, that for an offense committed presumably on the 11th of January the complainant was held in custody for one month, roughly, until the 9th of February, and then he was retained here in the city at his own expense for a further three months, roughly, after that. Is that correct?

MR. LYON: . . . of April, the mode of trial of course being elected by the accused - by the accused, not being elected by the Crown.

MR. MOLGAT: Was the complainant - the complainant in the case was held in custody for a month and retained in the city for a further three months after that. Is that correct?

MR. LYON: One of the complainants was held for one month; he remained here for several weeks in addition. The other complainant was held for one week, released on his own recognizance and absconded.

MR. SPEAKER: The Honourable Member for Inkster.

MR. GREEN: (Recording failure.)

HON. SIDNEY SPIVAK, Q.C. (Minister of Industry and Commerce)(River Heights): . . . the department's Information Service to the paper in question, part of it was used; part of it was in fact, I assume, changed; part of what appeared was not supplied by the Information Service. Part of it was supplied; part of it was requested by the publication.

And while I'm on my feet, I'd like to answer a question of the Honourable Member from Hamiota who also referred to the progress edition of the Winnipeg Free Press, and I believe the Tribune, and asked whether information on Churchill Forest had either been supplied or requested by the paper, and the answer is no.

And while I'm on my feet, I'd like to also answer a question of the Honourable Member from St. George who yesterday asked whether anyone from the Information Service Branch had consultations with officials in the Manitoba Telephone System about the possibility of establishing direct lines to the different radio stations. There were inquiries made of the telephone office in a variety of matters including direct lines to radio stations. This consultation took place in October of last year.

MR. SIDNEY GREEN (Inkster): Mr. Speaker, as a supplemental question, does not the Minister consider that part of the cost of this supplement then was borne by his department to the extent that people in his department who are paid by the government worked on it?

MR. SPIVAK: Mr. Speaker, no one in the department worked on the supplement. The supplement was published by the papers, the papers themselves requested information from the government Information Service, and that information was given.

MR. GREEN: Mr. Speaker, I would repeat. Were any of the articles that appeared in the supplement written by people in the department; and if so, were the cost of these articles, the writing of them paid for by the department?

MR. SPIVAK: (Recording failure) . . . department, and by its officials on request to the publications.

MR. GREEN: Mr. Speaker, I'd just like to ask one further question, I believe I . . .

MR. SPEAKER: Order, please. I believe the honourable gentleman asked his first question and commented that the next two were supplementaries, and he has exhausted that

(MR. SPEAKER cont'd.) privilege, I believe. The Honourable Member for St. Boniface.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Speaker, I would like to ask a question of the Honourable the First Minister. Is there any truth in the current rumours that the government may alter its decision to defer for at least one year its participation in the national Medicare plan; and if so, what would be the earliest date in which the government might be expected to join the plan?

MR. WEIR: . . . will be announced in due course.

MR. SPEAKER: The Honourable the Provincial Treasurer.

HON. GURNEY EVANS (Provincial Treasurer)(Fort Rouge): Mr. Speaker, my honourable friend from Turtle Mountain asked me a question, the answer to which I'll place on the record now and it will be available to him when he returns to the House. He made the statement: "until recently air compressors for farm use was tax exempt from the sales tax. I understand the regulations have been changed and they are now taxable. Is there a reason for this?" The air compressors have never been tax exempt; there has been no change in their status and no change in the regulations in that connection.

MR. SPEAKER: The Honourable Member for Portage la Prairie.

MR. GORDON E. JOHNSTON (Portage la Prairie): Mr. Speaker, my question is for the Honourable Minister of Urban and Municipal Affairs. Will my Order for Return No. 34 with respect to the Boundaries Commission be tabled during this session?

ORDERS OF THE DAY

MR. SPEAKER: Committee of the Whole House.

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

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

COMMITTEE OF SUPPLY

MR. CHAIRMAN: Committee proceed. The Department of Health. The Honourable Member for Hamiota may proceed with his speech; he has 37 minutes.

MR. DAWSON: To go? Well, Mr. Chairman, I shan't need 37 minutes, all I wish to have is three minutes. I'm sure that I do not have to repeat my questions about the ambulance as proposed by the Honourable Minister of Health, nor do I have to reiterate my comments about nursing homes.

In conclusion, I just want to say that I would be remiss if I did not join with others that have spoken against the present set-up for the proposed treatment of our sick in the Province of Manitoba. I mentioned in the Throne Speech that I felt that once we knew the overall plan, that in all probability when the cost was spread over all the people in Manitoba that the actual cost of premiums would be reduced and that we would not be in the state of affairs that we are today, where in all probability every family in Manitoba will have in excess of \$75.00 added to their already increased taxes for this year. And even though we have hold-the-line ideas suggested by the other side, we are not holding the line with all the increased taxes that are being imposed, either indirectly, or we might say via the back door. I have some other comments and questions that I would like to ask but I'll save them for when we get into the estimates.

MR. CHAIRMAN: (a) 1-- The Honourable Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, yesterday the Minister of Health did answer some questions or endeavoured to try to answer some questions, and the former Minister of Health, the Minister of Education, tried to explain the Doctors' situation. But this has not been certainly completed or answered to our satisfaction.

There is no doubt that the people of Manitoba respect the doctors for their work as doctors, as physicians or surgeons; there is no doubt about that at all. But this is not what we're debating at this time. We're talking about the cost of premiums. Now the doctors and the government talked for a number of years now of a secret - it must be secret because nobody can see it - a schedule of fees, and we are told that the doctors have been very good to the

(MR. DESJARDINS cont'd.) people of Manitoba because they have accepted or insisted on only 70 percent of the schedule - 70 percent of their pay in other words, and then 80 percent.

Well this is what the people of Manitoba do not accept. This doesn't mean anything at all to the people of Manitoba. They are interested in knowing what they were paying, and there was an article here I think that explained this very well. "The issue must be decided upon the basis of the adequacy or inadequacy of physician incomes in Manitoba and not on the basis of 100 percent of some fee schedule here or elsewhere." And I think that this is the whole case. What were the people of Manitoba paying?

Now we must first of all see if the doctors were being cheated or if they were being paid well enough, and we established that the doctors have the highest revenue, the highest salaries if you may, of all the people of Manitoba. In 1964 the average was over \$20,000. That was in 1964. And I think it is safe to say here - I know that some people will resent this - but I think that it is safe to say because many of the doctors have admitted this to me also, that maybe they have a way to beat the income tax, or they had a way to beat the income tax, that some of these things weren't declared, I think some of the house calls that they've had and so on, and this seemed to be one of the worries when you bring in socialized medicine that it might be a little more difficult, that everything will have to be declared. I'm not - I'm just saying this as a fact and not necessarily as a complaint; this is something else.

But these people were receiving 70 percent and 80 percent. There are a lot of values if we wanted to start and enumerate the good points and the fringe benefits. For instance, they don't have to worry about losing or collecting any money at all and that they're using all the best facilities of hospitals and so on to take care of their patients. They can go ahead and have their patient admitted in the hospital, which is a costly thing, and then they can visit a lot of the patients on the same day and they have the nurses paid for by the government, by the taxpayers again, to do a lot of their work. I'm not objecting to this, but all these have to be looked at.

Now these people - the Minister of Education yesterday seemed to be hurt that we should suspect or accuse the doctors of not being responsible in this instance. We're not talking about the past at all. It is a known fact that these people have been organizing, and even the dates coincide with the dates in which the different provinces were to join this plan. I have an article here written in last year, "C.M.A. Asked to Arm Doctors. Organized medicine has no intention of being out-negotiated by governments in forthcoming talks on provincial medical care insurance programs." They know this. They expect to negotiate. So we're not finding fault with the doctors at all, and they would be the most surprised people in the world - in the world, if we were, without saying a word, to accept this plan, if the people of Manitoba and the government would accept this plan, or their suggestions. I'm sure that they would be the most surprised people.

And they have been warned of this. They have been warned, and this is going to be easy to say because the man that warned them is a doctor himself. This is the Chairman of the Manitoba Medical Services Insurance Corporation. And I quote here, "A struggle appears to be shaping up over fees between the province's doctors and the newly created Medicare organization. Medicare is expected to come into effect in Manitoba by next July. Dr. Robert Tanner, Chairman of the Medicare organization, warned the medical men they will not get away with fees which would send insurance costs and thus premiums soaring." Now this was in the Tribune of October 12, 1967. Mr. Chairman, I ask the Minister: this is a Chairman of one of your boards that you set up; he represents you. And one of the main reasons why he was named, why this board was formed, in your own words, was to negotiate with the doctors for this new schedule of fees. And he is saying, he's warning the medical men they will not get away with fees which would send insurance costs and thus premiums soaring.

Well, as I say, nobody should blame the doctors; they are getting ready. They are negotiating, and when you negotiate you always ask more than you expect. This is the best way to start negotiating. It's the only way. Now these people have a lot of privileges here in this society. They are the leaders, the upper class of society, and they resent a lot of these things. They resent any socialism at all - they resent this - and they might be right. They don't like the government to butt in when it comes to labour or unions, but they are in fact forming a big union. This is what they're doing and they're negotiating. Now there's no point in blaming the doctors at all. There's no point in blaming the doctors at all; they are trying

(MR. DESJARDINS cont'd.) for something. So we do not blame the doctors as some of the other members of this House have, we are putting the blame on the government, and this is what we're here for.

Now the government in this telegram that the First Minister sent, the First Minister is saying that he will not -- Manitoba will defer participation in the Medicare scheme under The Medical Care Act for at least one year beyond July 1, 1968. Now the Minister said certain things in this House that caused people to maybe speculate. He said, "Well we will" - and the First Minister also said that they will ask amendments to Bill 68, to this Act, that would make it flexible, that it would put you in a position to join. Well this is something. If the government is really doing that and if the government is not holding on to this that we will definitely not join for a year at least, they are keeping something to bargain. I think this is well, and I would think that this is the right thing to do.

Now the reason -- we were on the same side last year; we were against this compulsory plan. We were against it and we felt that we were blackmailed; we were forced. We weren't afraid to blame the -- nobody did blame the Federal Government, a Liberal Government, more than I did last year if you remember right, speaking on Bill 68. In fact I was so bad that the Minister of Health thought that he should hold me back, and the rest of the members - the Member from Brandon and from Morris - said "just a minute now, this is a good thing. You're going a little too far. You shouldn't be that bad; you should accept this, and there's no reason why you should go backwards." We said at the time that this is not a thing to play politics at all and we don't intend to play politics. This is too serious and too important, and I can't see any clash between the ideas of the Conservative and the Liberals in that. We admit that we don't want a compulsory plan; we want a voluntary plan. But the same people, the same people that have been fighting for this voluntary plan are now going to force the Government of Manitoba to join this plan if they do not start negotiating soon.

Now I have said this, and I don't have to repeat it too often, that last year we said, "Take it easy; don't rush into it. We're ready to come back at no pay - we're well paid - we'll come back for a week or two to pass this Act. Don't pass it now; discuss it with the provinces." But the Minister said no and there were only the members of the Liberal Party that voted for this last year in Committee - in Committee. Then when we came in here and we said, "Well don't give the MMS or the doctors a blank cheque." At no time did we say oppress them or cheat them or rob them. We said, "Don't give them a blank cheque." They are terrific as physicians and so on but they are human beings. There are some good ones, there are some bad ones, like people in every walk of life. There are some greedy ones; there are some that would give their shirts. And we've seen that in the past. Now they've gained a lot. They're talking about what they did with this plan, but that helped them also, because I remember exactly -- I think that the Minister of Education proved this point. He was talking about the old days where they had to take a dozen of eggs and things like that, and I know this is a fact. I know a lot of doctors that had all kinds of money owed to them. I respect the doctors for this and I respect the doctors in our day, but I say this: they are all geared to bargain and they don't expect this.

Now another thing that we said last year, "Well bring us the fees, the schedule of fees." I mean how can anybody - how can a government say we're going to go in a plan, compulsory or voluntary; we're going to deal with people; we're going to guarantee all this and they have nothing to say in the cost of this plan. This is ridiculous! It doesn't make sense. We said, "Bring in the schedule of fees." We suggested bring in another Act if you want, but do something about it. But no, this was also refused. But what did the Minister say? The Minister said, "Well all right, you will be represented, the people of Manitoba will be represented; we accept the responsibility because we have set up a Manitoba Medical Service Insurance Corporation." And he repeated time and time again that those people will start negotiating immediately for salaries, and this is true because Dr. Tanner warned these people that they wouldn't get away with murder, with a blank cheque.

Now yesterday the Minister of Health was trying to answer the question but this one wasn't satisfactory. He said that they did not negotiate salaries and he says that he himself never talked salaries, that he was talking about the Act in general and MMS and that but not salaries - or fees I should say - fees and premiums and so on. This is what we object to; this is not right.

The government in that same telegram that Premier Weir sent to Mr. Pearson, he is

(MR. DESJARDINS cont'd.) saying it should be made quite clear that the management of medical care is the constitutional responsibility of the provinces. The management - what is the management? This is the management, and we are told now - I asked a question to the Premier, which is certainly a relevant question, today. "You will be told in due course." Last year we were told nothing about the fees, and it was admitted in the House - it was admitted that the MMA would not bargain before telling Mr. Roblin, warning Mr. Roblin, letting him know.

In other words, he was going to know, he was going to be informed of what was going on; and now nobody knows anything about it. Let us not be stubborn. It's all right to make a tough decision. We were told that this new Premier could make a tough decision, but I suggested yesterday that, all right, there were a lot of people, and especially his kind of people, the Conservative people and the upper class business, they didn't like this plan. So the tough decision was: we are not going to go in this plan; we are going to reverse our field. At least if the Premier would have been honest and say "I'm taking this responsibility", but he brought in all kinds of other excuses. It was a compulsory plan. It was a compulsory plan last year because we all talked on it. Then they brought in Sharp - that was after this telegram was sent - now it's Stanfield. And nobody knew anything about this.

Now we are going to help you as much as we can to fight for a voluntary plan; we have told you that. We accept this responsibility, and we condemn not only the Liberals in Ottawa, all the Federal Government. We are saying that, so what else do you want? You'll get our co-operation but we also want your co-operation. We have a responsibility, and if you state we're not going to join for one year - period; and if you say we don't care, like the First Minister said, "Hands off." That's not good enough for us.

You can say what you want. You can talk about 70 percent or 80 percent of the costs. The fact is that these people, with what they were receiving, were the highest paid professional people in Manitoba, and they have gone up quite a bit since then. If this is accepted, the minimum - I took all the minimum figures - and this is an increase of more than in our hospital premiums. This is an increase of 83 to 85 percent, and the First Minister has the gall, or I don't know what you call it, to talk about the status quo. What is status quo? This is why we've got this resolution. And I am saying for myself right not, Mr. Minister, or Mr. Premier, I am saying: Go and talk to the doctors; tell them to have status quo. Tell them to show that they're interested in the economy of the country, that the people cannot take this big cost. Tell them that they want to show that they are right in this case in going for a voluntary plan and we'll withdraw our motion. Let us go back to the status quo; let these people say, "All right, we'll start negotiating now"; and bring everything above-board, make it reasonable, get an increase - a decent increase, let the representatives of the people of Manitoba, let your board negotiate, don't keep any secrets and we'll withdraw this motion. I'll be very pleased to withdraw my motion because this is all we want.

The big thing for us is now, now, now. Maybe you'll be satisfied, maybe something will happen in the future, but what of now? What about these people that you were so concerned - and I'm not going to read everything again - people that you mentioned last year, people from the country, the old age pensioners? What about those people? What are you going to do for them now with this increase? And this increase will not provide better care at all. This is the worst thing of it; we're not improving anything by this.

I agree that we have the best set-up ever in Manitoba, and it was unfortunate they ever brought in this question of care. Nobody suffered in Manitoba because of lack of doctors' care unless they wanted to themselves - or very few - and that could have been rectified. I'm not playing politics, I'm going along with you people on that. But you brought Bill 68 in; you refused to hold on; and you allowed the doctors to have a blank cheque and you're not doing anything about it. You're not backing your own people. This is what we don't like. It's not a question of playing politics, it's -- what about the people of Manitoba? We could not capitulate in front of these people like that. They don't expect it; they don't expect it at all.

And there is a big point - and I'd like the Minister maybe to answer this after that - but last year in all the discussion that we had on Bill 68, I made one - we made a lot of suggestions but I made one amendment that was carried and that was carried unanimously. We took away this business of anybody being in a plan of direct billing, and I suspect that the whole business here, the whole thing in this new fee schedule is to get back at this direct billing. I oppose this very much. I oppose this very much because you are not giving any more care

(MR. DESJARDINS cont'd.) to the people. In fact you'll defeat the very thing that you're trying to build if you've got this direct billing. If somebody wants to be out of the plan, I'm not suggesting that we should force the doctors to get in, not at all. The same objection as I had, that you saw last year when you voted for my amendment, I'm saying if you want to be out of the plan, fine, but you can't have it both ways. You can't join the plan and say, "We're going to charge you more." This is not right.

What are you going to have? We know that there's going to be a shortage of doctors; we know that. So what is the doctor going to do? I'm not saying that all of them - but I'm talking strictly dollars and cents now - I'm not suggesting that the doctors have no heart, I'm not suggesting that at all and I'm not ready to debate that, I'm talking about the economy of it, dollars and cents. What will the doctor say? He will say to Peter, "All right, but you've got to pay another 25 percent." And he'll say to John, "You have to pay another 25 percent." And if Peter says, "I can't", well he's going to look after John. And this is what's going to happen. This is one of the things that they want to be done.

You can not have a plan -- it might be all right if we stay out of the plan, then I say let them collect everything; let the people get their own insurance because this MMS is practically all finished now. But we will go with a certain amount. It doesn't mean that the people say, "Well I want 100 percent." One hundred percent of what? I think the Leader of the Opposition - of the Opposition to the Opposition I was going to say - the New Democratic Party made this point quite clear so I won't elaborate -- (Interjection) -- Ineffective did you say? Anyway, I think he made this quite clear and he was right - and he was right - one hundred percent of what? What does that mean? What they pay in Ontario? What about this union that wants the same wages that they pay in the States? Oh no, we're not going to accept this. We can't carry this. Well Manitoba is not Ontario, and this is not right. So 100 percent of something doesn't mean anything. You're talking about -- we had 70 percent; we did you all kinds of favours. As far as I'm concerned, the people were paying it. If they were paying \$100.00, it's \$100.00; and if they want another 20 percent on this, that's another \$25.00; and if they increase - well that's the premium - but if they want to increase 23 percent you add it on then; and then when you're finished with all this you've got 75 percent of the costs. You've increased everything, and what have you got? Seventy-five percent of the cost.

Now you've got another 25 percent that everybody has to pay except the people that have no revenue at all. Even the people that have \$1,000, they're subject to it. The First Minister thinks this is all right. In his lecture the other day he told us, I'm ready to bet." Well, you don't bet, you don't bet when you're representing all the people of Manitoba. You don't say we won't be in this plan for awhile; you don't say hands off; that I'm ready to bet. That's not good enough.

So this is all we're saying. We're saying, take your responsibility, take your responsibility; negotiate. If the First Minister or the Minister of Health can get up today right now and say we will reconsider this, we will go to the doctors and say, "Now listen fellows, you are the ones that are really against this compulsory plan. Well, for gosh sakes, help us; don't come in with an 83 percent or 100 percent increase." Sound as if you really mean it, as if you're worried about the economy of the people. The First Minister can say this, and if he can say we'll have another look and the doctors agree to the real status quo -- I'm not saying that they should have any increase at all, but a reasonable - reasonable increase - 83, 85 or 90 percent is not reasonable, not especially when you're the highest paid people.

Now if this goes into effect the average of the doctors in Manitoba will be \$40,000 or more - \$40,000 or more. It's all right to say we don't want socialism; we don't want any compulsion; we don't want any - the Minimum Wage Act and so on; we're satisfied this is going to hurt the economy. Well, no wonder there are as many people that are joining or are in the party of our friends to the left, the New Democratic Party. It just makes you wonder; what else? We say we believe in free enterprise; we say that we believe in not legislating anything, that the government should not dictate everything and the freedom of the individual and so on, and that you're either a beggar - or what did my friend say - a slave or a slave-owner. You're going to choose to be a slave-owner, this is for sure. I mean if it's the battle of the status and if you can - I don't know - bribe or whatever you want, or coax or anything, and if you're going to win, something's going to happen.

What we are talking about getting two-Party system going back to socialism and anti-socialism, I want to be on the anti-socialism side but I want some help; I want some help.

(MR. DESJARDINS cont'd.) If this is it, I have no choice because we're interested in the people of Manitoba first and foremost and this is what we said. If you stand up Mr. First Minister, or Minister of Health, and tell me that you'll go to the doctors and you'll tell them that, and you'll say come back to your senses, all right, you wanted to negotiate, this is what you did now, let's not kid ourselves, let's look at what's good for Manitoba and we'll give you a fair revenue, let's bring in a schedule - let's bring it in the House, let's discuss it - I'll withdraw my motion and we'll play ball with you 100 percent.

But until you're ready, until you're willing to sign a blank cheque and say hands off policy and forget about the responsibility, we're not going to change anything and we say that you are not fit, you are not fit to form the government of this province. You haven't a mandate for this at all; you haven't a mandate. The Roblin government wasn't going that way and you know it, and this is what we said to the Minister of Health. No wonder he's not negotiating; he's probably lost. He did some work; the First Minister now is coming in and he's going to change all that. That's not fair.

The Minister of Health has a responsibility and he should live up to it, and he should tell his First Minister; the same thing with the Minister of Education. This is all that we're saying, and if you can't do it, if you're afraid to take a stand, not against the doctors but for the people of Manitoba; if you're afraid to negotiate an honest settlement; if you're afraid to ask the doctors, as my allies you help me, you help me and then I'll see that we get a voluntary plan. We have the Liberals on our side if you want to play ball also. If you're not ready to do that, I say you've got to go to the people and you've got to get out of there because you're not fit to manage.

MR. CHAIRMAN: The Member for Inkster.

MR. GREEN: Mr. Chairman, there have been numerous speeches on this issue in the House and I have to plead guilty to having made some of them, and I have to announce that I'm going to make still another. I hope, Mr. Speaker, that I won't repeat what has been said. I believe that I have some new things to say, especially, Mr. Chairman, as a result of what has occurred over the weekend.

First of all, Mr. Chairman, let me say that I can't, in my opinion, put all the blame on what has occurred with regard to Medical Care Services of the Province of Manitoba on the present administration of this province. I don't wish to take away too much of the blame, but I think that all the blame doesn't lie there. The real chain of events, Mr. Chairman, which inevitably resulted step by step in what took place over the weekend in the Province of Manitoba was the postponement of the implementation of the Federal Plan from July, 1967 to July of 1968. And that postponement, Mr. Chairman, in my opinion, did not take place for any economic reason, for any reasons affecting the fiscal or budgetary policy of the federal or any of the provincial governments, that step took place, Mr. Chairman, at the specific instigation of the medical profession for the purpose of giving them time, time to put themselves in a different position to that in which they were in two years ago. And what was that position especially from the point of view in the Province of Manitoba? What was the position that was embarrassing to them? Well that position, Mr. Chairman, was as follows.

At that time the people of Manitoba were served by the Manitoba Medical Services in a fashion which provided that if a certain amount of money was pooled together by 70 percent of the people, the doctors would be willing to provide services to those people on a fee-for-service basis and on a schedule which they had approved, and which gave them, Mr. Chairman, not a bad income.

All of their arguments against a medical care program flew in the face of a program that they themselves had implemented and were the governing body of, because now Mr. Dalglish said that it will never be possible to provide medical services where the patient when he walks into the office doesn't have to pay something. But, Mr. Chairman, that was their plan two years ago. The only difference between that plan and the plan that is now being proposed is that that plan took care of 70 percent of the population, by coincidence the top economic rung of the population. And what the doctors said is that we are not prepared to operate a plan which includes everybody on this basis, although they were already doing that for that portion of the population.

So they needed time to change their position, Mr. Chairman, and I agree with the member for St. Boniface, I think that they are negotiating as any self-interested group and as every self-interested group in this society negotiates. They negotiate; they wish to be in their

(MR. GREEN cont'd.) strongest possible position, so the first thing they have to do, Mr. Chairman, is to destroy the principle or to attempt to destroy the principle that a patient can walk into the office of a doctor and have his services paid for on a pre-paid insurance basis, a principle, Mr. Chairman, which they themselves had created and were operating on in the Province of Manitoba, and last week they succeeded in doing so.

Now, Mr. Chairman, they didn't succeed in doing so just accidentally, they did certain other things, and I think that this is important. First of all, Mr. Chairman, I would indicate to you that the Manitoba Medical Services was formerly the sole shareholder in the United Health Insurance Corporation which handled certain types of insurance, and more particularly and of much greater significance, handled extra hospital coverage. In other words, the Provincial Hospital Plan covers everything but semi-private and private coverage, but a person could insure himself for this extra coverage by insuring himself with the United Health Insurance Corporation. Now, Mr. Chairman, it's significant that when the doctors took their money out of United Health Insurance Corporation, they set up another organization, or they altered that organization by turning it into the United Health Foundation Incorporated which is set up to provide insurance other than is now provided by the MMS.

Now, Mr. Chairman, I ask you to draw the analogy, because I suggest that what the Manitoba Medical Services has now done is to put doctors' fees on the same basis as the hospital fees. What they are now in a position to do is to say that when you get coverage on MMS you will have 75 percent of the bill paid for, and let us assume that the bill is \$100.00, MMS will pay us \$75.00 and we will send the patient a bill for the balance of \$25.00, which means that you owe us \$25.00.

But, Mr. Chairman, they have set up a corporation which I suggest to you can be, and I have tried to obtain information on this without success, but I suggest that it may be and probably will be used to insure the balance, that you will be able to buy from this corporation insurance to insure the balance of the doctors' fees, because it's still a good way of paying for medical fees - and the doctors know it, and they are doing this with the hospital insurance - it is still a good way for paying medical fees. So that in the last analysis, Mr. Chairman, with the development of years we could be put in a position where the people generally are covered for some basic cost through the public plan, but that that public plan will not relieve them of the cost of their medical fees which they will then again have to purchase from a doctors' plan, because, Mr. Chairman, the new service, the new corporation which has been created is not even the same as the Manitoba Medical Service in terms of control. We don't know to this date, and I tried to obtain the information from the Minister of Public Utilities, how the directors of this corporation are appointed or to whom they are responsible, yet they are chartered to sell insurance to people in the Province of Manitoba, and in a few moments I think I will relate some interesting events just as to how this charter was obtained.

Now, Mr. Chairman, it's perfectly legitimate for the medical profession to put themselves into as powerful a position as possible and I have no objection to that. My question is, who represents the people? Who acts for the purpose of balancing the power of the medical profession as against the individual patient? Now the First Minister has said that each individual patient can go in and negotiate with his doctor. Mr. Chairman, let us look at the bargaining position of the two people, and I'm not sure how it is with a doctor, but I can imagine a person coming in for an appendix being in a negotiating position with his doctor whereby he will be able to substantially alter the economic position between the two of them. Why can I imagine it? Because I know how it works in the legal profession. When a person comes in and is charged with a serious offence and he wants a lawyer, he is at his worst possible bargaining point. I don't know whether you gentlemen have read the book of a braggart lawyer, a man who wrote a book called "Never Plead Guilty", in which he said that his fee to his client who was charged with a capital offence consisted of several numbers of letters adding up to everything. He charges the same fee to everybody; everything they've got. No person who needed his services at that time was in a position to negotiate, and he got everything. That's not what the medical profession is asking for, but I suggest to you that the bargaining position of an individual patient is not much better than what Mr. Airlies describes in his book, "Never Plead Guilty".

And so the First Minister says that he's going to leave this negotiation to take place between the doctor and the patient, and he says, "I'll bet that nobody will charge us." And he made another bet in the earlier part of the session, he bet \$20 million on the position that

(MR. GREEN cont'd.) Ottawa would not go ahead with their Medical Care Scheme, \$20 million of tax money which would accrue to the Province of Manitoba. Now he's betting that no doctor will charge the overage.

Well, Mr. Chairman, I think that the Honourable the First Minister is going to earn the title, "Gaylord Weir, the River Rouge Gambler" with the manner in which he is approaching this Medicare question. But that really wouldn't be appropriate because I know that the Minister is really doing this - and I use my words advisedly - on doctrinaire ideological grounds, because the Minister honestly believes, and has proven in everything that has happened in this session, he believes in the Conservative adage, "He who governs least governs best", and he's trying to prove that that is true. And not only is he doing that, but he's taken the Winston Churchill phrase, "They also serve who only stand and wait", and he's altered it a little bit and says, "They also serve who only sit and watch", because he has said with regard to the present situation, his attitude on behalf of the people of the Province of Manitoba is to sit and watch and let's see what happens. And of course we've been watching since 1967, and I think, Mr. Speaker, that the people have watched long enough, and if the people are represented in this Chamber - I don't suggest that they should pass laws to do anything against what the medical profession is doing, I'm saying that the people should take economic action to protect themselves, to put themselves in the same position as anybody else would do if you were in an economic squeeze.

Well, Mr. Chairman, the First Minister has said that he's going to stand and watch, but he didn't, and his government didn't exactly stand and watch when the United Health Insurance Corporation was given a charter for the purpose of selling insurance, which I say, Mr. Chairman, they can use to insure that overage that the doctors are now talking about. I asked the Minister of Public Utilities whether he could tell me how the directors of that corporation were going to be appointed, Mr. Chairman, and he said that he wouldn't answer the question. Then I asked him, Mr. Chairman - and I want to refer to Page 531 of this year's Hansard - "Mr. Speaker, that may or may not be the case, but may I ask the Minister to do this, not with his authority but because he has some influence in the community and perhaps that information would be given to either him or to the Minister of Health, because I take it we are interested in the question, the question being, Mr. Speaker, how the directors of this corporation are appointed." "Mr. McLean: Mr. Speaker, with the greatest goodwill in the world, I think that would be a dangerous course on which to launch, because it involves enquiring into the by-laws of a private corporation."

Well, Mr. Chairman, apparently they didn't stand and watch or sit and watch when the corporation was applying for its Supplementary Letters Patent which substantially changed the effect of the corporation, because there is a memo on that file with regard to that Charter - and it's still there for anyone who wishes to go to see it - which says as follows - and I'll just hold the quote for a moment. This was a corporation which was going to sell insurance, therefore it appears that the insurance department had to be consulted and certain requirements had to be met before the Charter was issued, and there's a memo which appears to be made by the Registrar, Mr. Snider, which says as follows relating to the application: "Discussed with F. Swaine. He intends to write his Deputy Minister, S. Anderson, appraising him of the entire matter and get his okay before approving the issue of S. L. P." - I assume that stands for Supplementary Letters Patent - and that's dated 12-12-67 - December 12, 1967.

Next memo, "Phone call from Honourable S. McLean as to progress." Very interesting, Mr. Speaker, that the Honourable Stewart McLean is inquiring into the progress of a corporation, a private corporation. "I advised that no word had been received from S. Anderson or F. Swaine on this matter." And then the note ends. Then it continues, "Phone call from F. Swaine giving his verbal okay" - that's pretty fast work - "and advising that S. Anderson was fully appraised, and after discussing with Honourable G. Evans, he okayed the issue." Well, Mr. Chairman, I seldom get such help in applying for a Charter of incorporation for anything having to do with Supplementary Letters Patent. "Confirmed" - and the note continues - "Confirmed that Anderson was aware of proposed incorporation, the SLP and the loaning from United Health of the \$50,000 to enable the foundation to purchase the shares they own in the United Health from Manitoba Medical. Swaine says that his memo is in the mail today."

Now, Mr. Chairman, I have no objection to the Ministers facilitating the issue of Supplementary Letters Patent. I think it's quite normal, quite usual, but it's interesting that they would do that, and then say when a question is asked by a member representing a

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(MR. GREEN cont'd.) constituency in the Province of Manitoba that that would be a dangerous course on which to launch, when I suggest that we find out how these people who are in a position to insure this overage to the people who can afford it, how they choose their Directors and how those Directors will be appointed in the future. That we couldn't do, but to facilitate, eliminate red tape which is involved in the Insurance Act, apparently we have two Ministers of the Crown who are ready to accommodate them.

Well, Mr. Chairman, I suggest that we in this House and that the government is not responsible by sitting and watching. It's not socialist doctrine that they're not employing, it's their own doctrine that they're not employing. I suggest, Mr. Chairman, that there are things that can be done and that this government should do, not with a view to coercing anybody but with a view of putting the people in Manitoba in a bargaining position. Just let's be in a position where we do not have to sign a blank cheque. I'm suggesting, Mr. Chairman, nothing that I've read in any socialist book, nothing that I've read in any Socialist doctrine, but something that I've learned from good free enterprise management on how you negotiate. I suggest to my honourable friend that there are various things that they can learn from good free enterprise and strong negotiating management as to what should be done in the current situation without affecting the civil liberties or the freedom of any of the doctors. I'm not suggesting these as my proposals, Mr. Chairman, but I'm suggesting them as proposals which at least the government should consider as a way in dealing with the present situation to indicate that there is no blank cheque, that there are other avenues available to the citizens of the Province of Manitoba. And I believe, Mr. Chairman, that perhaps this is new because we've all complained about the situation, but thus far to-date nobody has offered a suggestion other than the implementation of a Medical Care program as to what you do.

So I make the following suggestions, Mr. Chairman, and I suggest that the Minister of Health consider them. One is one we have made before, the immediate implementation of a health scheme which would be able to negotiate fee-for-service charges which would be accepted by the doctor as full payment. In other words, let's at least have the vehicle there; let's say that in Manitoba there is a scheme which is prepared to go to the doctors and negotiate fee-for-service basis which they will accept in full payment, because right now we can't do that. We don't have such a scheme; so first let's put the scheme into effect.

Secondly, an immediate program for the establishment of publicly operated health clinics and recruitment of Doctors who are willing to work on a fee-for-service basis, based on the government fee schedule. And, Mr. Chairman, I would subsidize the service if necessary, I would subsidize the clinics if necessary, I would hire Doctors for more money than our present Doctors are getting and yet subsidize it out of general revenue, so that I would have a bargaining position to negotiate with these people who think they've got a blank cheque.

Thirdly, an immediate program to pay persons to take medicine. Pay them to take medicine - I don't care if it's a thousand students because it'll be cheaper than what we're going into now. A thousand students at a thousand dollars a year is a million dollars - I take it - a thousand thousands? Am I right? -- because I don't want to go on. Well the fees are going up far more than a million dollars in the next year. If they're approximately 20 last and they're going up by 23 percent, they're going up more than a million. So let's pay people a thousand dollars a year to go to school and take medicine. I'm going to be a better like the First Minister - enough of them will stay in Manitoba to make sure that we have health needs on a fee-for-service basis, based on a publicly-owned plan.

Fourthly, I would make it a condition of the use of public hospitals receiving public funds, that Doctors not refuse patients who are going to pay their fee on a health plan basis. Now, Mr. Chairman, that sounds pretty drastic and I say that it puts the Doctors into a difficult position. But, Mr. Chairman, it preserves their freedom because they can go ahead and build their own hospitals. And if you think that's funny, then I throw you back the answer that I always used to get when I argued about freedom of the press, that how can there be freedom of the press if the newspapers are owned and controlled by the people they're owned by now. And I would always get the answer "Well go ahead start your own newspaper". So I say go ahead, start your own hospital; you don't have to work under our system but if you are going to make use of a public hospital, in which the public has millions of dollars invested, then you cannot refuse patients who are financed by a public health plan.

Next, Mr. Chairman, and I want the Minister -- remember I'm setting up a negotiating position, I want to then come to these Doctors and negotiate with them on the basis that I can

(MR. GREEN cont'd.) do something other than what they want me to do. I would say that there should be, by citizens in this community, a refusal to pay the extra billing that they are charged by the Doctors on the grounds that these are price fixing agreements entered into by the Doctors. Let them sue for that extra billing, and let them be defended on the basis that the Doctors have entered into price fixing. Let the Doctor go into court and justify that extra billing. Let's see how many of them are willing to leave their practices, issue a statement of claim, pay a lawyer, go to court, give evidence to justify that extra 25 percent which I say comes as a result of price fixing.

Next, Mr. Chairman, I would suggest that we refuse to open medical schools to people who will not - in advance - agree that they will work on a fee-for-service basis. And if people don't like that, let them set up their own medical school. Mr. Chairman, I am not suggesting this as being the result of the negotiations; I am merely suggesting that the people have a position in these negotiations and indicate that they are willing to pursue that position if they are put to the wall, because the attitude of the present government is unsatisfactory; the present government says that they shall service by sitting and watching and I don't think that the people of Manitoba are prepared to sit and watch. They want a government that will stand and act.

MR. CHAIRMAN: The Honourable Member for Birtle-Russell.

MR. RODNEY S. CLEMENT (Birtle-Russell): Mr. Chairman, could I ask the honourable member a question? Would he agree to the same policy being directed towards the legal profession?

MR. GREEN: Mr. Chairman, if my honourable friend wants another speech, I will suggest to you that I have advocated and still advocate that society should be just as willing to pay money for the defence of people accused of a crime as they are to prosecute those people. And if it's necessary in order to do that, that we collect a fund out of which legal expenses will be paid for these people, then I am prepared to do it - yes.

A MEMBER: Where will you get all this money?

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

MR. GREEN: . . . to understand that? Do you think lawyers work for nothing now?

MR. CHAIRMAN: The Member for Emerson.

MR. JOHN P. TANCHAK (Emerson): Thank you, Mr. Chairman. I've already spoken once on this but a few remarks prompted me to get up once more for a brief remark. I noticed last week the Minister was irritated with the opposition and in his reply he resorted to personalities. Knowing the Minister as I do, I don't think that is his regular self, it's not the usual reaction of the Minister, but working with the former Premier of Manitoba for so many years, I suppose that he has acquired that disease to a certain degree. It must be communicable anyway, and I hope it doesn't last too long because as I've said that I look at the Minister in a different way than that. But the Minister shouldn't have been so annoyed and irritated because he's bringing that upon himself by not answering some pertinent questions. I know I asked a question and the Honourable Member from Rhineland asked a question to - the question was, why was the spending in health cut back this year by some \$5 million odd dollars, in fact it was \$5,047,000 in total and the Manitoba Hospital Commission by \$7,175,000 - over \$7 million. The Minister hadn't answered that, so I would say that members on this side are just being persistent, they want to get the answers.

Now what is the policy in regards to the medical coverage for the people of Manitoba? That question has been asked over and over again and we do not get that policy from the government, from the Minister or from the Premier. Sure, the Premier said he doesn't want to get too deeply involved in that and I think he should be deeply involved in that because it concerns every person in Manitoba. In other words, he would like the medical profession to take all the blame at the present time. The people of Manitoba seem to think that the medical profession is to blame and they have some harsh words as far as the medical profession is concerned. But, I presume, as any other profession, they're trying to look after themselves and I'm not going to quarrel too much with them, but I would say that it is up to this government to go ahead and show some leadership. But the Premier simply said that we are going to watch carefully and the honourable member who has just spoken touched on that. He said we could watch it carefully - watch the MMA and watch the MMS, but I would say that you could put a watchdog instead and this animal will just do that, just watch but not communicate and not lead. We could have that and we expect leadership from the government. I suggest

(MR. TANCHAK cont'd.) that it's exactly what this government is doing and has done in the past. Simply watch but not lead. There does not seem to be any leadership.

We go back awhile. What did the government do when the taxes were rising? Watched but there was no leadership, no leadership to lighten the burden of taxation. The government also watched in the past the Manitoba Hospital premiums going up and up but showed no leadership in protecting the people of Manitoba. The government watched the school costs sky rocketing, kept watching and watching but provided no leadership which would have been more economical as far as the Province of Manitoba is concerned. Just watched and now the Premier is watching the MMS while the people of Manitoba are being penalized. I do not think that it is fair to the people. Watching, in my opinion, is no policy. Watching is evasion of responsibility and lack of decisive leadership. I don't like the words "just watch", and as I said before the government is playing with the members here. And again I will repeat the government is playing politics with the people of Manitoba. I think the government is insulting the intelligence of the people of Manitoba by not answering the pertinent questions posed by the opposition here, by not informing them what is in store for them in regards to their health - to the medical scheme and so on. It is not fair.

In 1961, as I mentioned before there was a special session and the government imposed a tax, a tax, and earmarked it hospital tax. The people believed the government. They accepted it because they believed that it would provide, this tax would provide the difference between the premiums and the actual cost, and they took that, they accepted this new tax hoping that there would be some relief. Now the government is increasing the premiums and what is the government doing? Maybe not directly but as direct action of the government the premiums are increasing. And the government is simply watching, as the Premier had said - "we will be watching."

Last year when the government imposed a five percent sales tax, there was mention there that on account of education and health, that's why they had to have this tax. Education tax it was called at first; it was educational. Now the government watches. There's tax rise after tax rise after tax rise and the government is still just watching. It was watching, is watching and now the Premier promises some more of this watching. So the term "watch", the people have no alternative at this time but to interpret the word "watch" as meaning more tax, higher premiums and no leadership. Is this not playing with the people of Manitoba? Not playing cat and mouse? Is this fair to the people of Manitoba? I do not think it is fair. The government is trying to create this impression of holding the line, but the government is not holding the line. The government is holding up the taxpayers and watching, watching and watching them suffer. It is not right.

I mentioned before that the Minister himself was getting personal last week, and with quite a few of the members. Getting personal in a tight spot, I do not think will serve the dilemma. I remember the Attorney-General suggested to one member, and his direct quote was "I'm trying to impregnate into the honourable friends cranium". I think that's a bit personal. Or for the Minister of Health to tell a member to go back to his farm is an indication of frustration and inadequacy. I don't think it is right. I would suggest that the Minister face up to his responsibility and not evade it by being insulting or getting personal. Face up to your responsibility, don't simply sit there and watch.

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HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): I don't think, Mr. Chairman you have ever heard me get irritated. I can't recall any time in this House, Mr. Chairman, when you could actually say that I had been irritated. I can't remember any time when you have ever heard me raise my voice in this House in irritation. You know, Mr. Chairman, that I have been cool, calm, collected, patient, and I've been here listening to all of the advice that I've had, and that I have got up on my feet and I have given advice. And I've given good advice; and it still has not been accepted, Mr. Chairman.

We're here on the Minister's salary. We have the Department of Education; we have the Department of Welfare; the Department of Municipal Affairs; and we have only about 20 hours to go. We've heard about the Medicare situation in the province today, and first of all before I forget it, I'd like to tell the Honourable the Member for Hamiota that the ambulance, the prototype ambulance, we have it here; we're simply waiting for the equipment. It will be available to every municipality who wants to take a look at it to show them what could be done in their own area. It will be available for training of people. Its cost, fully equipped, is about under \$7,000. Whether or not you can get a trade-in I couldn't tell you, except it's a standard type of a vehicle and I'm sure if you've got one in Rivers that you go to your friendly automotive dealer and that he'll make a deal with you when you see this type of ambulance.

Now with the other matters that have been spoken about today with the doctors' salaries, with Medicare, watching and waiting, etc. etc. etc. As I listen to the debate that goes on, Mr. Chairman, at least I know where these people over here stand. They want a health scheme right now. Do it now. Don't wait for spring. They want it now, and in that health scheme they want prepaid drugs, they want dentistry, they want ambulance, they want the works; and when I argued this with them the last time, I don't think it's on the record but they were all nodding their head in agreement because I was developing the case that it would break us, that type of a scheme that they wanted.

Now we've heard another one. We've heard another one come from the Honourable Member for Inkster, and among that we're supposed to go out and pay for the training of a thousand doctors if necessary, pay all of their education. And I suppose that you could also expand that, that we'll have to go along and pay for a thousand engineers and a thousand lawyers and a thousand physiotherapists and a thousand nurses and a thousand teachers, because I don't know how you could train 1,000 doctors and not train another thousand of other types of people who have other occupations in their lives.

Now coming back over here, as I say I can understand over there, but I'll be darned if I can understand over here, because sitting on the Order Paper is a resolution calling for us to enter the Medicare scheme by July 1, 1968. And then you come along and you say, "But what we would prefer would be a voluntary plan and leave the MMS and the MMA alone. Let it operate as it is." And then you turn around and you say that we are supposed to enter into the negotiations between the MMA and the MMS on doctors' salaries. Now traditionally, the MMS that you have been supporting and the MMA that you have been supporting have been self-governing bodies. They have been self-governing bodies, the doctors, as the lawyers, as the undertakers, as the funeral men, have set their own fee schedules for years. Now that's what you want to have left in this province; you want to stay with the MMS. But at the same time you tell us that . . . -- (Interjection) --

MR. CHAIRMAN: Order. Order, please.

MR. WITNEY: I guess, Mr. Chairman, I'm getting irritated and it's spreading a wee bit. I'd better cool it off a little bit maybe. At any rate, I still don't quite understand what the position of the Liberal Party is in this matter, because you want us to stay with MMS, but at the same time you want us to interfere with the negotiations of the doctors and their fee schedule as between themselves and the MMS. I believe that our position was made quite clear the other night. We have said that we were going to delay it for at least a year. The reason that that was said - and you must remember that after the Bill 67 had been passed last year, it was after that that people from all across the country, various people, some said it was going to cost a lot of money, some said it was not going to cost a lot of money. Cabinet Ministers in the Federal Government, some said it was going to cost a lot of money, others said it is not going to cost a lot of money. Then it got to the point where the federal Medical Care Act became a question point and it was never answered by the Prime Minister or anyone else in direct questioning in the House of Commons or in letters from here and from other premiers. It was never answered as to whether or not they would change the law. It was always stated that the law was

(MR. WITNEY cont'd.) the law, and when the question came back from several sources: "Would you change the law?" the answer was: no answer. And if they were not going to change the law all they had to do was to stand up and say, "No, we are not," and then the whole of the country would have known, because you remember - and there have been some television programs and I think one came from Halifax - where right before the whole of the Canadian nation, Cabinet Ministers of the Federal Government took separate viewpoints although all were concerned about costs of medical care for people.

Everybody in this House is concerned, and the concern was registered here when we did not know whether the Medical Care Act of Canada was going to be changed, and even today the Leader of the Official Opposition of Canada says that he will call the provinces together. And the Honourable Member for St. Boniface the other night advised us that the Prime Minister said that after the election, if he is elected he will call the provinces together. Now for what reason would he want to call the provinces together? For what reason would Mr. Stanfield want to call the provinces together? Because there was change going to be contemplated in the federal Medical Care Act. And what position would any change in the federal Medical Care Act put the Province of Manitoba? What position? If it's changed, what are those changes going to be? What is it going to do to the health of the people, or at least the provision of health services? What is it going to do to their costs? We don't know and we won't know until such time as the situation has been clarified. So we're waiting; we're waiting.

At one time, the doctors had withdrawn their sponsorship out of the MMS. The doctors have now put this sponsorship back on MMS and the doctors have said, "We deserve more money." So the doctors have gone through the normal procedure, as they have done normally with MMS, and we have said that we would delay for at least a year. So the situation remains for about a year as it is now.

Now when you look ahead, when you look to the years ahead, then surely we are not simply going to take action here on the spur of the moment, action simply to solve our own particular political positions. We're going to take action in matters of this consequence that are going to affect us for years. We've heard of all of the debate on the hospital premiums - 10 years. And if you want to get out of the hospital plan that we have in Canada at the present time you can imagine the difficulties that that is going to present, and if you're into a Medical Care Act as it is at the present time, once it's in it is going to take many years to change it, and it may well be that politicians some 10 years from now - it may well be - are wondering what happened and are having the same type of debate that we are having about the costs to individuals for the provision of health services.

When you consider this matter of the doctors stating that they want to raise their own salaries, I think there's another group of figures which might be rather interesting to consider against it. It's estimated - and it's an estimate - that about 57 percent of the population have medical bills under \$50.00 a year, and that about 85 percent of the population have medical bills -- I beg your pardon; it's about 85 percent of the population under \$50.00. There is about eight percent of the population have medical bills between \$50.00 and \$100.00. There are about four percent of the population who have medical bills between \$100.00 and \$200.00. There's about two percent of the population have medical bills between \$200.00 and \$500.00, and about one percent over \$500.00. So, even if you say that the costs are too high now, according to these figures how many are they going to affect? And is it not possible and is it not wise to wait for a year until we know what actually is going to happen to the federal Medical Care Plan? And I suggest to you, Mr. Chairman, that it is.

MR. DESJARDINS: Mr. Chairman, I certainly do not accept what the Minister of Health said that we haven't been consistent. It's certainly the other way around. This is the government that brought in Bill 68, not Bill 67 but Bill 68 last year. This is the government, and they were the people that were warned at the time by us from this side of the House that this was dangerous about this compulsory plan, about the cost and so on. And it was my Leader that asked the Minister how much this would cost, and he's been asking him this for over a year without any information at all. So who's not consistent? And when he says that it was never -- he expects the people of Manitoba every time -- I mean the people in Ottawa, every three months or every three weeks to say, "Yes, we're going ahead." Here; he says that not one -- "Hellyer tells Commons no official change in Medicare policy when he was Deputy Prime Minister." He told you and you said it was never done. Here it is and it was -- everybody said that there will not be any change. Everybody said it would be -- what did Mr. Sharp say?

(MR. DESJARDINS cont'd.) Mr. Sharp and Mr. Winters said exactly the same thing, "It's the law of the land." Tell me what Diefenbaker said. Tell me what Bud Sherman said. Tell me what the people of Manitoba have said. Your Conservative friends, what did they say? It was the same thing. These people accepted this and you say that we don't favour a compulsory plan. That's true. We've always said this. We've said this for years before you did. That is absolutely true. The only thing, we told you not to pass this Bill 68 last year but you did. You rushed into it, and then you changed your mind. You changed your mind; nobody else. Now you're saying that we are changing our mind, that we're not consistent. That is not true and you know it.

Now we brought in -- we have a resolution. If you say you don't know what we want, read the resolution on the Order Paper. Read the resolution. All right. Let's say, we say that you're gambling and that you haven't got the right. We want you to take care of the people now. Now all you're saying that isn't it wise to wait a year. What happens in the meantime? What happens in the meantime. What plan have you given us for the people in the meantime? You refuse to talk about this. Do you think that people are going to wait for a year before they decide they're going to be sick? Is that what you're suggesting? If you've got an alternative I ask you this. You said you would answer all the questions. I asked you four questions last week. Did you answer any of them? Not one. It's none of our business what other plan you have. And you've got the nerve to say that you can't see what we want, that we're changing our mind every day. You know what we want; we want to keep on fighting for a voluntary plan. We make that plain. But in the meantime, we feel that you have to do something now.

But let's say that you want to gamble. Let's say that maybe you win your gamble. Let's say that maybe you win your gamble and all of a sudden there is no plan, and you're making it easy for the Federal Government because there are just one or two provinces that are taking it and it's a cinch they'll go ahead with it now. It's a cinch because it's not going to cost that much money. But you're leaving 17 million in Ottawa and this is your business. I would even understand if you'd say, "We're going to gamble that 17 million because it's going to be better for Canada, better for Manitoba," if you had a plan for now. If you had a plan for now. And now you tell me, all of a sudden we're not supposed to do anything to discuss these costs with the doctors at all. And you've dragged in the funeral directors, the lawyers, and you could have said the radio announcers; but you did, you dragged in everybody; you dragged in everybody. This is supposed to make it right.

You are the one that set up a board that you're paying now, because they're supposed to be negotiating. And what are they doing? What are they doing? You, and you alone, said that this board was going to negotiate salaries, and now, hands off; hands off he says. Hands off. You are the one that said that, and you don't want to discuss the fees or anything. And you resented it last year when I said you were giving them a blank cheque, and that's exactly what you're doing. And you say to Ottawa, "It is our responsibility, . . . the responsibility of the Government of Manitoba, of the Provincial Government." What are you doing? What are you doing? You say, "Hands off. Hands off." It doesn't matter. They can go and they can increase this by 200 percent - would you say hands off? Don't you think that some time you have to get in there? But you're going to watch and wait. Watch and wait; watch and wait. That's this government. And while you're watching and you're waiting the people are going to have a hard time because they can't say, "We'll watch and wait, then we'll decide to be sick, when we're in the plan."

We've tried to be reasonable with you and we've tried this afternoon by just not talking any politics or anything, just telling you to preserve the status quo, and you want to ignore this completely; you want to talk about something else; and you're trying to blame them for being one way and us for being another way, and boy, don't touch us. You'll bring in 68, Bill 68. You tell us you're going to negotiate with the salaries. You accept our amendment, one amendment, of doing away with private billing. All this is coming now, but you're watching and you're waiting. You're watching and you're waiting, and you think you should be commended for that.

Well, if you want to wait, watch and wait, do that from the sidelines. Call an election and let the people have a voice in what they say instead of watching and waiting like you want to do so well. You don't even know what's going on. The First Minister is not taking you to these meetings and you know it. And you know it. And you say: all right, we've only got 20 hours; let us look at another department. We're not satisfied. You stated in the House that you'd

(MR. DESJARDINS cont'd.) answer our questions. You're not answering any questions. You're roaming around. You're roaming around; you're bringing in red herrings, straw men and so on, and you're not talking about what the people of Manitoba want to know; you're not answering our questions at all; and you've got the nerve to say that we don't know what we want. It's very clear what we want.

Well I don't intend to prolong this unless you want to. If you want to make any accusations like this, that's fine; we'll be here all day and for a few months, but I want to finish this once and for all. There's certain things in this Department of Health that I want to cover. I would like to know from the Minister what is being done for the emergency wards, and I hope that I'm not in the emergency wards because they're certainly a sad state of affairs the way we -- and we have mentioned this repeatedly year after year, such as the General Hospital. We're told that something will be done. I'd like to know when. I'd like to know what is being done. It's not a question of blaming, or this is just a question that the existing conditions are not right; doctors are protesting. I've seen a letter. I have a copy of a letter sent to the Minister by one of the doctors, a very well-known and responsible doctor, and I would like to know a little more on this.

Then there's the question of the whole setup of hospitals. This hasn't been mentioned here at all. I want to know where are we going in this field. Is it centralization? And I want to know what's the role of the secondary hospitals, and I want to know what the university hospitals are. What are the policies? Can we know this or do we have to watch and wait on this too? The Children's Hospital for years have been resisting. They don't want to be part of, integrated in this big complex. Now they say that this is not done. Now I'm just going by the experts, by the administrator of Children's Hospital, Mr. Robinson and so on. I would like to have some information on this.

Finally, there is something that is quite painful to see. It is how little has been done for retarded children here in Manitoba. This is one place that I would -- I'd out-socialize any socialist. These are the people that I would like to see us spend more on -- the retarded children that can't do anything for themselves. I think that we have, not only as a government but as a society, I think that we have a responsibility here to try to do a little more for them. We haven't got the facilities that we should have.

I was very disappointed a few months ago (of course it was during the campaign for the provincial leadership of the Conservative Party) I asked the Minister of Health, who usually is pretty good on this in looking after things, I asked him and I brought out an example, a case, and I'm sorry to say that it was just a phone call. Maybe he was in a hurry and he accepted the word of somebody in his department, and I was asking him to have a look himself because I thought that there was a reason. We're told that we're ombudsmen, and I think that this was one of the cases. I'm talking about a lady who had a retarded child who had been trying for years to have him placed in St. Amant ward. He was only four years old when she tried this. It was recommended by many doctors and it seemed to have developed into a personality clash, that the head of the department at the time, Dr. Johnson, wanted nothing to do with her, and I resent the fact that Dr. Johnson who was working for the government, who was interviewing these parents asking that their child be placed, saw fit to tell her that it was her fault, that she should seek medical advice, and I resent that fact. This man has no business doing this at all and this was refused by two of the lady's own doctors. This of course developed into a personality clash and this child was pushed around, pushed around, and this woman was told to get medical help. She was getting this at the time; she was getting everything she can -- it was just the state of affair with her child. Even Dr. Johnson gave her some sedatives, some pills to take. This is not up to him to do that when she has her own doctors and those doctors, her private doctors, her own family doctors resented this and they were absolutely right. Now this child is in Portage. He's a very small child, small for his age; he's over six years old. As soon as he turned six they were told there was no place for him in St. Amant Ward. I understand that there is a waiting list everywhere, but I think every case should be studied and I think that it leaves a lot to be desired if somebody from this area has to bring a little child like this, a sick child that they can't keep at home, and they have to bring him to Portage la Prairie with the setup with the way things are out there, without the adequate facilities for such a case. Every time she visits her little boy he has a knock on the head or on the cheek or on the back and so on. The people out there told her that he didn't belong there. The people out there, the different doctors that she talked to at St. Amant and so on, felt that he was progressing at

(MR. DESJARDINS cont'd.) St. Amant - he was accepted there during the holidays for a couple of months - and now they were supposed to be, this little boy was supposed to be placed in a certain cottage that was supposed to be built in a row for them. This has been going on for months and nothing has been done.

Now the only thing, I think that this is a sad case. The Minister knows what I'm talking about. I didn't try to hide anything; I gave him all the files and the personal letters that I received from the mother, and the copies of the letters, even one where Dr. Johnson tells her that she's the one that's sick, and the letters from the doctors, her own doctors, that resent this, and all I have is a note from the Minister of Health, "We're aware of this; he's going to be placed in a certain cottage in a few months when it's ready." But this has been going on for three or four years and I think it is unfortunate.

Now the reason why I bring this here is I think the Minister could give this case a little more attention. I think he should have because there were some accusations there. There were some accusations from other doctors that resented this and I think that that should have been looked at, but the main reason why I bring this up is that the doctor might say, and he might quote all kinds of figures and compare other provinces and so on, but I say there's an awful lot more to be done in this field and we're not progressing enough. I don't know, but when it comes to the children we're not doing enough in this province. We have this Vaughan Street Detention Home, for an example, that we've been asking everything. Now these are the things when we're talking about the health, not only the physical health but the health in general of these children. They are people that are not as fortunate. They're retarded children. And as I say, I'll go along with the members of this Party in this. This is where society has to show that it has a heart. This is where we've got to go ahead, no matter how much it costs, in this rich country of ours, to see that these people do not have to suffer any more, and I think that we are behind times. I think that we are lagging on this.

I know that something is being done but it's not enough. I think that this is an over-all -- the whole setup should be started as soon as possible, and we can't always live with promises. It's the same thing that we were talking about the doctors' fees and I'm saying the same thing now. These children are growing and so on, and you can't -- It's easy to say, well come back in a year or two years or three years or four years, but this is quite difficult. I don't want to sound as if I'm putting all the blame on the Minister's shoulders on this. We'll always have trouble with these people. The only point that I want to make is I don't think that we're going fast enough and far enough in this field at this time.

MR. WITNEY: Mr. Chairman, at least the . . . has increased as a result of the last exchange and I don't think we can add any further to the debate. I was rather sorry that the Honourable the Member for St. Boniface used the term "red herring" because here in the Province of Manitoba I think we should use a "smoked goldeye" instead of a "red herring."

You mentioned the university hospitals. As I mentioned at the beginning of the estimates, we have decided to instead of building university hospitals, to train our students in medicine in conjunction with the General Hospital complexes of Manitoba, and in this case it would be the Winnipeg, the St. Boniface General Hospital, the Children's Hospital, and the other facilities which are in that generally broad complex.

With respect to emergency ward; again I mentioned at the beginning of the estimates that we had expanded it; we had provided for more staff in the emergency ward and the actual construction of new facilities is awaiting the development of the Clinical Investigation Units which are part of the five and fifteen-year Health Sciences Program for the training of doctors, nurses and the para-medical personnel.

On retarded children, I can't accept the fact that we are doing nothing, but I do accept the fact that there's a lot to be done in this field as there is in all parts of the country. These cottages that we have opened, the two cottages which we are opening have just been under construction during this past year and have only been completed within the past few weeks, and we are at present staffing them up and they will be in operation. Now, I think in 1964 we just began the first two cottages. We now have four cottages. We have renovated part of the old building at Portage la Prairie. We have made renovations particularly in such simple things as washrooms and shower facilities and tile on the walls and curtains on the windows and sound-proofing throughout the whole of the facility, or if not throughout the whole, of the facility we are doing.

(MR. WITNEY cont'd.) .

We have, as I have mentioned before, been able to put more children through the actual training process of the Portage la Prairie School, and we have been able to reduce the waiting list, and while we have a waiting list at Portage we have a waiting list at St. Amant. But I'd like also to draw to the committee's attention the fact that St. Amant's Ward was expanded quite considerably under the former Minister of Health and we are now working our way toward provision for 300 such beds and eventually for the provision of another 200-bed facility in order to take care of the type of case that the Honourable the Member for St. Boniface mentioned. And I can't let his comment go by about Dr. Johnson without saying that the former Director of Psychiatry, of whom I had a very personal knowledge, was an excellent man, did his job with responsibility, and I don't believe any of us will ever know the difficult decisions that that man has had to make throughout the 40 years of his life, and I didn't like just to leave it go that he might appear to be, bureaucratic I suppose is the word that I am looking for. I think that's about all I have to say at the moment.

MR. FROESE: . . . other members have been participating in the debate quite freely and I haven't been able to get in. However, there are a few matters that I would like to discuss a little further under the Minister's Salary before we go to the detailed items. First of all, I would like to mention the Eden Mental Health Centre which was opened last year and has been functioning now since that time, and I witnessed the opening and the annual meeting of the organization that is operating this in conjunction with the department. It was quite successful. They had a very successful report and they were able to help people and bring relief to them. The project, as members will know, was brought about in a very similar manner that hospitals are brought in, that a certain percentage had to be brought up in the way of finances by local people. This was done, and we now have this, I think, wonderful institution in our area, and which is doing a great job in my opinion.

A number of new ideas, I think, have been practised, brought into practice, and have proven themselves, and I wish to congratulate the Department on this, and also the people that are operating it on the fine work that they've been doing. However, I think they're still short of a psychiatrist and I would like to know from the Minister when this will be rectified. I think this is a need that has been there ever since the institution was opened and I do hope that the government and the Minister of Health will do what he can to bring this about and that we have this position filled.

I would like to discuss one other item, and this involves a local patient at the Altona Hospital at the present time, a person by the name of Peter Dyck. He was in an accident in 1937, in the fall of 1937, and as a result of that accident his body was paralyzed from the hips down completely, and most of that part of the body is dried up and he is completely dependent on help and has to be looked after completely. From time to time he has been in hospitals. During the early part after the accident he was in the hospital for lengthy periods. After that he's been staying at a private home, and the people in the Altona area that are now looking after him by the name of Schmidt, I think are doing and have been doing a wonderful job for him. He has been able to get around in a small unit of this type, and I could pass the picture around so that people could see. Last year he bought a new vehicle. This was done in the way of private donations that people put up, and they bought him a new unit so that he could get around in the community.

However, it seems that he's getting worse and that he has been in the hospital at different intervals, and this is the point I wanted to come to. I have one of the bills here, for 18 days that he stayed in the hospital, and the total bill is \$611.10. Now the people that are caring for him are doing so at a cost of \$3.00 per day, which was very, very small in my opinion, and this is being paid out by the Department of Welfare - and I hope the Minister of Welfare listens to the points that I want to try and make here because I feel that there is a need for closer liaison between the two departments in cases of this type.

Recently they have increased the \$3.00 a little. I'm not quite sure whether it's \$5.00 now or not, but it's not more than that. And, Mr. Chairman, it is because the lady of that house can no longer handle it alone by herself that she needs help, and her husband has offered to leave his job and help with the care, and even if the husband stayed home and helped the costs would only be not half as much as what we're paying through the hospital, if he is in hospital. Therefore, I feel that this liaison should be much closer so that we would not have unnecessarily high hospital costs of this type when we can get the service for a much smaller

(MR. FROESE cont'd.) cost and at the same time this person is much better at this private home than in hospital. Here he can have visitors and here he can enjoy and do those things that he prefers doing when he is able to do them, because he's done other work and other types of work in which way he's trying to get a little spare money and spending money, and also made savings to buy this unit that he is now driving when he is able to do so.

Right now he is back in hospital. He has had further operations and he is not at the private home, but when he does come back and when he is able to come back, this lady cannot do it by herself, and I would suggest that the Department of Welfare look into this and increase their rates so that he can still be at this private home and not need to be at the hospital indefinitely, because these people, the lady alone will not be able to do it on her own. This is an area I think that we should check much closer and that we need not have to spend large amounts of money unnecessarily when people in the community want to do this work and when the people involved, like the patient here, would much rather stay at a private home and be cared for.

So, Mr. Minister, I do hope that this thing is being checked into and that something will come out of it.

We have discussed at considerable length the Manitoba Medical Services and the new fee schedule that is to come in, although we do not have all the details, but we've heard some figures passed around. I would like to know from the Minister whether the same classifications that are in effect now will remain, because there are different classifications in the types of service that are available at the present time from MMS; and are these same classifications going to remain.

I have received copies of the financial statement of the Manitoba Medical Services and I note from their balance sheets for the last couple of years that they have operating deficits; so this means, in my opinion, that the doctors are not getting all their money that they normally would be entitled to, even at the reduced rate. I'm not doing this because the doctors should get more money but at the same time I would be interested to know whether the doctors or the medical people absorb this loss on their own. Is that the case? Because we have net deficits that are quite substantial. For the year 1967 this amounted, after prorating, to \$272,000, and in 1968, \$541,000 gross round figures. But then, after you apply the difference in market value of the bonds that the organization has, these deficits are reduced to \$51,000 for 1967 and \$50,000 in 1968. So that they are not quite as large after that has been done. If the Minister has a reply to it, I'd appreciate getting the information.

The matter of medicare I think has been very fully discussed already so that I need not prolong the debate on this item, although I feel that if it had not been for the Bill being introduced last year, I doubt whether the medical people would have been so hasty in bringing about a new fee schedule. I think this probably had a bearing on it because, in my opinion and the way it looks to me, is that they wanted to up their fees before any federal scheme or provincial scheme was being brought into effect. And I think this is why we have the new increases in fees, because when you take a look at the proposed fee schedule, it means that where formerly on an account of \$100.00, the doctors would get 85 percent, which would be \$85.00, under the new scheme, the amount would be \$123.00 and the doctors would get 75 percent which amounts to roughly \$92.25, which is not a very large increase in itself. But, as has been pointed out, the doctors will be able to then levy charges to the patients or to the people directly for that balance, and while it is mentioned that many of the doctors would not levy this extra fee, we cannot be ascertained for sure on this matter. I think also that if this is one reason why they brought in the fee schedule so that now they can operate at a smaller percentage of it, that once the Medicare comes in, they can bring this higher fee schedule into operation. So I feel that it is rather drastic, 23 percent. It's a drastic increase all at once. I feel the increase, if there was to be one - and there is one now - that it should probably have been in stages and certainly not as substantial as it now is.

Mind you, when you take a look at the amount that the medical people are getting for their services from the increases from \$85.00 to \$92.25 at the present time on a given bill, the increase doesn't sound so large but there's always this matter overhanging the situation that they can be liable for the total amount.

Mr. Chairman, I also took a look at the report that was handed to us - the Manitoba Hospital Commission Report, the Annual Report for 1967 - and I find it to be a very good report, short and yet very meaty, and it contains much of the information that we're looking for. However, I do have certain questions that I want to raise in connection with this report. There is

(MR. FROESE cont'd.) mention made here of the nursing profession planning to obtain collective bargaining privileges, and I'm really concerned about this matter because this group of registered nurses no doubt is a profession, and should this group have the right to strike in case bargaining is not fruitful almost from the very beginning? Because I don't think we can afford to have a strike among the nursing people or the nursing profession because -- (Interjection) -- Well, I think this is probably a must when this comes about. But maybe it's not necessary at this particular point because I note from the report that considerable and substantial increases have been given in the way of salary increases to the nurses and to the nursing profession. But I would like to hear from the Minister on this matter as it stands. Do they have the right to strike? Or what is the situation? Has this matter been brought to a head? Have the bargaining procedures been outlined in any way? I think it would be valuable information for the committee to receive.

The following paragraph mentions the Manitoba Medical Services Insurance Corporation, and we have discussed that one. However, if he has the names of the members that are serving on the board, if they are already appointed, I would like to hear who those members are and who will be charged with the responsibilities of operating that board.

A further matter that interests me and that I would like to discuss them more in detail, is the matter of approving or having by-laws passed for a medical staff, and the reports show that medical staff by-laws have been approved for 19 hospitals out of a total of 103 hospitals that are operating in Manitoba, from the report. Just what are the requirements of the medical people under such by-laws and what hospitals are included among the 19? Because having served on a hospital board some years ago, I know this was a subject that was discussed at that time already, and where we had differences on.

A matter of third party liability I imagine comes in to play here. Is this a requirement? And are there any fees involved as far as the medical people are concerned for the use of hospital facilities?

Another item mentioned in the report has to do with premium collections, and the report goes on to say that 53,000 people were exempt and that they had 23,260 investigations and service calls. However, when we hear the news in the papers, we hear only of one Gerald Hart who was convicted and who went to jail. Does this mean that only one was convicted, or what is the situation here? Because certainly, when we have that many people exempted in the first place and so many others investigated, you would think that there would have been quite a few convictions and not only the one that we heard of through the press. How many convictions did we have and how many were brought to a conclusion?

Mention is made in connection with hospital budgets and also that considerable chopping was done; that 95 percent of the amount originally requested was provided for and that the overall cost increased by 14 percent. Where were these cuts made? Were they made mainly on the city hospitals or were the rural hospitals affected more than the city hospitals? I think this is a matter that I am interested in and I would like to know.

Then I have a few questions in connection with the financial statement. There is an item here for the commission to the Canadian Red Cross of \$247,000 in 1967. What is the item based on? Is it based on the amount of blood that they provide or is it based purely on the services that they perform, or what is the basis for which remuneration is being made?

Then, proceeding to the financial statement, I have a few questions. One has to do with the grant from the Province of Manitoba. It is an amount shown of - and these pages are not numbered - but as \$20,111,000, grants from the Government of the Province of Manitoba. I note here that contributions from the Government of Canada are \$30 million and the province is \$20 million. What is the basis on which these grants are made? We had a surplus last year of \$555,000 but the previous year we had an operating deficit of \$2,409,000 so that we still have a substantial deficit, plus an old deficit of 1958. I know this question was asked last year about the \$5.8 million of 1958. I've forgotten the answer to it but I won't ask the Minister now because I can check back on that one. I've just forgotten for the time being.

I notice the Government of Canada grant was \$30 million and 25 percent is of the average operating costs in Manitoba and 25 percent I think is of the general operating cost of hospitals in Canada. Could we have the two separate figures so that this would indicate to me as to how we were standing in the way of our operating costs in general?

Mr. Chairman, I think these are some of the questions that I had in mind in connection with the financial statement, so that I don't think I will have much more to question in the way

(MR. FROESE cont'd.) of the estimates of the department as such later on.

MR. WITNEY: Mr. Chairman, . . . briefly in answer to the questions on the psychiatrists. We aren't as short of psychiatrists as we have been. We have recruited psychiatrists but we've also established our own in-training program for psychiatrists and it is possible for a general practitioner in the Province of Manitoba to take an in-training for psychiatry through our mental hospital facilities. With respect to Eden mental health we are currently negotiating with a psychiatrist now to move to Winkler and while the negotiations with that psychiatrist have not come to a conclusion nevertheless the negotiations are on at the present time.

With respect to MMS classifications, to my knowledge they will remain the same as they have been in the past, HHC and HCX -- that's the information I have at this moment. On the MMS deficit: The doctors have covered it by prorating of their fees. Do the nurses have the right to strike if they enter into bargaining? Yes, they do.

Medical staff by-laws. These were all brought together by a committee comprising the Manitoba Medical Association, the College of Physicians and Surgeons, the Manitoba Hospital Association, the Manitoba Hospital Commission and I believe there was another body involved in there too. These by-laws have now all been approved and the hospitals are in the process throughout the Province of Manitoba of instituting them. They cover a variety of items; they're too long to list here and I'm not able to bring them out. Basically they establish the terms of reference and the responsibility of hospital board and the medical profession, discharge, and the various committees that are set up and have to be set up in order to provide for the proper operation of a hospital. Most of the by-laws have been passed now by the larger hospitals of the province but the smaller hospitals of the province are gradually establishing the by-laws that we have presented. The by-laws are quite lengthy, they are quite detailed, quite involved and it will take some time for all of the hospitals in the Province of Manitoba to establish them so that we can say that 100 percent of our hospitals have them.

There are no fees for use for a doctor in the hospital facility but a doctor is expected to work on various committees within the hospital and the doctor's time in the hospital is not only taken up by administering to people who are ill but also on a variety of committees to which they are assigned and are expected to work with for the privilege of being able to function in the hospital, but no fees are charged to them for functioning in that hospital.

On investigations of claims, those investigations are done by the Hospital Commission's liaison officers and it's a matter of working with the municipalities, if there is a case where a municipality feels that the person could have paid their hospital premium we use our liaison officers to a great extent. They are stationed in Brandon, The Pas and Dauphin and also in the Winnipeg area and for the most part with the exception of the one that you have mentioned we have been able to successfully complete the processing of the claims to the satisfaction of everybody. And anybody who has been in the position of Gerald Hart - we have not picked on any one person, all people are being treated fairly and alike in the matter of processing of claims and the collection of the premium.

The cuts in the various hospitals. They were made on individual hospitals throughout the whole of the province, Metropolitan area and the rural hospitals based basically on the unit itself on what the hospital board asked for and what was felt was necessary. There is an appeal procedure allowed, an appeal to the Executive Director and then an appeal to the Chairman of the Hospital Commission and then an appeal to the Hospital Commission itself. This year we were able to process our budgets faster than ever before and the number of appeals that we had in view of the number of cuts were quite minimal which I feel is a commendation for the hospital boards who have recognized that cuts have to be made and that they have to tighten their belts on various matters in dealing with hospital affairs.

The Red Cross's \$247,000.00 - that is paid for blood plasma which the Red Cross collect and then upon call give to the various hospitals and the amount of money -- there is a grant made to them for the general administration of the function and I believe - it stands correction - but I believe that they are paid a certain amount per unit that is used and I couldn't tell you just what that amount is. The Federal-Provincial grants are made on the basis of approximately the federal grants that cover approximately 50 percent of the costs of operating a hospital. It's based on 25 percent of the average operating costs within the province per capita plus 25 percent of the average per capita operating costs for Canada. And those two figures are added together and they roughly come to about 50 percent. In the case of the Province of Manitoba they come to about 48 or 49 percent. The provincial grants have been made up and it roughly

(MR. WITNEY cont'd.) covers about 20 percent of the -- or provides sufficient monies that the premium will cover in the neighbourhood of about 25 or 28 percent of the total cost of operating the hospitals. It began at 3 million and it's worked its way up to 20 million or the figure that you quoted in the book.

In operating costs how do we stand generally? We stand just below, approximately below the Canadian average. If you take all of the provinces in Canada and you consider them altogether we are standing just below -- well not just below, about sixth or seventh in operating costs of our hospitals in relation to the other provinces. At one time we were above that, we are now just below.

MR. CHAIRMAN: (Resolution 34 was read section by section and passed. Sections (a) to (c) of Resolution 35 were read and passed) Section (d) 1 --

MR. PAULLEY: Mr. Chairman, I think before we pass (d) that there should be some consideration in respect of the Manitoba School for the Retardates in Portage la Prairie.

May I first of all say that I appreciate very much some progress that is being made insofar as the Portage School for the Retardates, but I want to raise objections on the other hand to some of the situations that are still prevailing in respect of the consideration of the retardates in Manitoba. I think, Mr. Chairman, that the Minister will appreciate the fact that while dealing with the question of retardates under this appropriation for Portage la Prairie I'm also speaking in respect of the situation prevailing at the St. Amant Ward in my constituency of Radisson. And if you would permit me, Mr. Chairman, to raise some questions at this particular time that are correlated to the home of the retardates at Portage with that at St. Amant, I think that it would be understandable because as I'm sure, Mr. Chairman, that you are fully aware that there is a sort of a co-operative endeavour between the Home in St. Boniface and that at Portage la Prairie, in that a policy -- I'm not sure whether the Minister of Health is listening to me or not, I note that he's carrying on quite a conversation with the Minister of Education and may not be listening to my interest insofar as the retardate is concerned. But I'm sure that the Minister of Health, as indeed his predecessor in the field of treatment of retardates, the present Minister of Education, are deeply concerned. But I'm not satisfied frankly with what is now being done insofar as provisions for our mental retardates in Manitoba is concerned. I hasten to add when I say this that I appreciate very much the efforts that have been made over the last ten years insofar as consideration of the mental retardate -- (Interjection) -- Pardon? Yes, I sometimes wonder whether we have some in this House and I don't mean this derogatory as those without the House, but it's an understanding that from time to time we do have within the House.

But I do say, Mr. Chairman, that I appreciate very much the progress that has been made over the last ten years particularly insofar as the approach to the retardate is concerned in Manitoba. For I recall quite vividly when I was Mayor of the City of Transcona that the only facility of any consequence for aid for the retardate was in my home town being provided for by Mrs. St. Amant and of course her name has gone down in the annals and history of Manitoba as being one who made a deep and lasting contribution to the retardates. And I appreciate very very much -- if I can above the jocular laughter of some members to my right -- I appreciate very very much the contribution that that lady made on behalf of the retardates, and in addition to that the contribution that the government of today made likewise.

Having said this, however, I am also fully cognizant that the government has not taken steps that it could and, in my opinion, should have taken in the expansion of the services and facilities on behalf of the retardates in Manitoba. I appreciate and realize that there have been some provision of new facilities at Portage la Prairie. I'm sure that the Minister of Health will give due recognition to the efforts of the parents of the children or the patients -- they're not all children -- I'm sure that my honourable friend the Minister of Health will give due recognition to the efforts of the parents and relatives of the patients at the Portage Home for the Retardates, particularly recently in the provision of more of the amenities of life as a result of their efforts. I'm sure that the Minister of Health, as indeed I think many of the members of this Assembly, will recognize the contribution that is being made at the home of the auxiliary with their annual tea which is patronized by some two or three thousand people, to assist the government in the provision of facilities and amenities at Portage la Prairie, as indeed it also happens with St. Amant. I've met my honourable friend, the Minister of Health on a number of occasions at both Portage la Prairie and St. Boniface at the annual tea party and I don't know whose arm gets more tired his or mine, together with others of course, in pouring tea on behalf

(MR. PAULLEY cont'd.) of these unfortunate people who cannot speak for themselves.

I note that in the estimates this year that there is a very very insignificant increase in the allocation, financially, for the provision of the Manitoba School for the Retardates. I'm sure that the Minister of Health knows of the information that I have received from the parent body particularly in respect of Portage la Prairie. I'm sure that the Honourable the Minister of Health is prepared to accept the fact that he extended a courtesy to me as a member of the Assembly on the opposition side of the House, the courtesy of being with the group of representatives that met with him here back in January when the auxiliary of the Manitoba School for the Retardates presented a brief to him of what they think should be done at Portage la Prairie. And I want it recorded, Mr. Chairman, that I appreciate the courtesy of the Minister of Health. It would have been so easy for him as indeed was done at another presentation of another group - I'm referring to the Indian-Metis representation - for me to be kicked outside the door. Because the Minister of Welfare and one or two others did not want me present at that time. So I want to say to the Minister of Health I appreciate the fact that he allowed me to be around to hear the story of the parents and those interested in the Manitoba School for the Retardates which has been one of my idiosyncracies if you want to call it that, one of my pet interests in the field of mental health in Manitoba.

I want to hear from my honourable friend, the Minister of Health, if he will, a documentation of what the department intends to do in the ensuing year at Portage la Prairie Hospital for the retardates. I know that he has problems; I know that the Province of Manitoba faces financial problems; but I want to say to my honourable friend I think that he appreciates how I feel and so many feel with the lack of proper facilities at present at the Portage Home for the retardates. I'm sure that my honourable friend, the Minister of Health, agrees with the brief presented to him by the Parent Association, that there is a deplorable lack of facilities at the Portage Home. I feel sure that my honourable friend would agree with me and with the parents that the time is long overdue for a change in the facilities at Portage la Prairie. I'm sure my honourable friend will agree with me of the urgent need for a recreation hall at Portage la Prairie. I'm sure that my honourable friend would agree with me, or I hope that he would agree with me, that the barrack-type accommodation of what is known as the Atkinson Hall really takes us back to the Dark Ages and that the facilities should be changed. I'm sure that my honourable friend the Minister of Health would agree with me that there should be more adequate provision for the training of those who are at the Portage Home for the Retardates in the field -- I'm talking of the educable retardate -- that there should be increased facilities for their training and education.

I wonder how much consultation has really taken place between the Minister of Health and the Minister of Education in the provision of facilities for the training of the educable retardate. It is my understanding that under certain provisions of joint federal-provincial educational facilities that it would be possible for the Department of Education who have accepted the responsibility for the training of the educable retardate to take advantage of provisions contained in the joint -federal arrangements for better accommodation and facilities in the field of education. The last time that I had the opportunity of visiting the Portage facility it seemed to me that the Department of Education had been negligent in really approaching the provisions of facilities on behalf of the educable retardate, and that the Department of Education had not really utilized the facilities available to them under joint provincial-federal arrangements.

I wonder whether the Minister of Health could indicate to the committee what they intend to do with additional provisions at Portage. It is my understanding that the present facilities there are built for an accommodation of approximately 888 or 900 inhabitants. The last information that I was able to receive, there were over 1,100. The Honourable the Minister of Health I'm sure, Mr. Chairman, will tell us in a moment or two that over the last two or three years there have been a couple of cottages built. He will tell us, I am sure, that there are plans maybe for one or two more cottages. But I'm sure that my honourable friend the Minister of Health will also tell us that there is a growing number of people or persons seeking admittance to the homes of our mental retardates, both at Portage la Prairie and at St. Amant in my constituency of Radisson. I imagine what my honourable friend the Minister of Health is going to say is that we do intend over the next year or so to build another couple of cottages at Portage. I want to say to my honourable friend that this is not sufficient. I want to say to my honourable friend that here is an area of human endeavour that government has to take more

(MR. PAULLEY cont'd.) cognizance of than it has in the past. I want to say to my honourable friend and I'm sure that he will agree with me that more people than ever are taking an interest in the mental retardate, and that this is a growing problem in society. I think that basically from my associations with the Minister of Health, despite how much I may criticize him in other aspects such as Medicare I really think, Mr. Chairman, that I should be fair to my honourable friend, the Minister of Health, and say to him I appreciate his interest in this field. I want to say to him though, possibly he hasn't been as vigorous as he could have been or as influential as he might have been with his colleagues in the front benches of the government. No longer - no longer does society consider the retardate or the mentally deficient patient as someone that you can cast behind a dark curtain. Society now recognizes, I am sure, Mr. Chairman, that we have people in our society who are mentally retardate.

MR. WITNEY: Mr. Chairman, I wonder if the honourable member would mind if I interrupted him because we will be talking about this again and I'd like to see him have time to expound his point of view. I would just before the Committee rises though, I mentioned to the Honourable Member for Rhineland that the nurses had the right to strike but before we close this day I'd just like also to advise that while they would have that right, in discussions with them now, the parties have indicated that should they not reach agreement they favour voluntary binding arbitration for a mutually acceptable agreement. I felt that that qualification was perhaps important to put on the record just before we close up today's proceedings.

MR. CHAIRMAN: It's 5:30

MR. PAULLEY: Mr. Chairman, . . . it's on the record . . . my honourable friend Minister of Health will be quite prepared to listen to my contribution on behalf of the retardate again, but he wanted on the record in respect of the nurses right to strike and if my honourable friend the Attorney-General, his House leader, wants to adjourn the House in accordance with the rules, that's quite okay by me.

MR. CHAIRMAN: Committee rise and report. Call in the Speaker. Mr. Speaker, the Committee of Supply have adopted certain resolutions and ask leave to sit again.

IN SESSION

MR. LYON: Mr. Speaker, I beg to move, seconded by the Honourable Member for Springfield, 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

MR. LYON: . . . make mention of the fact that we have now completed 60 hours and 25 minutes in the Committee of Supply. We have devoted thus far 12 hours and 50 minutes to the Department of Health, we still have 11 departments to cover.

MR. PAULLEY: Mr. Speaker, if I may on this point. The Honourable Leader of the House has indicated to us how long we have taken in consideration of the estimates. I wonder if the Honourable the House Leader could indicate to us whether we are going to sit Friday night or not.

MR. LYON: . . . on that point, I believe it was agreed, stated last evening we would begin tomorrow morning with sittings at 9:30 and I understand that there seems to be a general consensus that the House should adjourn at 5:30 on Friday evening . . . at this stage but we'll have to see.

MR. SPEAKER: It is now 5:30. The House is adjourned and will stand adjourned until 9:30 tomorrow morning.