



Legislative Assembly of Manitoba

DEBATES  
and  
PROCEEDINGS

Speaker

The Honourable Peter Fox



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Fourth Session, 29th Legislature.

THE LEGISLATIVE ASSEMBLY OF MANITOBA  
2:30 o'clock, Tuesday, May 23, 1972

Opening Prayer by Mr. Speaker.

INTRODUCTION OF GUESTS

MR. SPEAKER: Before we proceed I should like to direct the attention of honourable members to the gallery where we have 45 students of Grade 6 standing of the Morris Elementary School. These students are under the direction of Misses Martens and Ipsics. This school is located in the constituency of the Honourable Member for Morris.

We also have 19 students of Grade three standing of the Strathcona School. These students are under the direction of Miss Baron. This school is located in the constituency of the Honourable Member for Burrows, the Minister of Education.

We have 24 students of Grade 8 standing of Oxford House. These students are under the direction of Mr. Humbke. This school is located in the constituency of the Honourable Member for Churchill.

We have 8 students of the Argyle School. These students are under the direction of Mrs. Blewett. This school is located in the constituency of the Honourable Member for Point Douglas.

And also 30 students of Grade twelve standing of the Stonewall Collegiate. These students are under the direction of Mr. Melnyk. This school is located in the constituency of the Honourable Member for Lakeside.

On behalf of all the honourable members of the Legislative Assembly I welcome you here today.

MR. SPEAKER: Presenting Petitions; Reading and Receiving Petitions; Presenting Reports by Standing and Special Committees, Ministerial Statements and Tabling of reports. The Honourable Minister of Labour.

TABLING OF REPORTS

HON. RUSSELL PAULLEY (Minister of Labour) (Transcona): Mr. Speaker, I wish to table the report of the Minimum Wage Board of Manitoba.

MR. SPEAKER: Any other reports or ministerial statements? Notices of Motion; Introduction of Bills. Oral Questions. Orders of the Day. The Honourable Member for Swan River.

ORAL QUESTION PERIOD

MR. JAMES H. BILTON (Swan River): Before the orders of the day, in the absence -- oh, the Attorney-General is here. I wish to direct my question to the Attorney-General. Was Warden Cox at Headingley Jail speaking for the Attorney-General's Department when he said no charges would be laid against those responsible for the riot yesterday in Headingley Jail?

MR. SPEAKER: The Honourable Attorney-General.

HON. A. H. MACKLING, Q.C. (Attorney-General) (St. James): Mr. Speaker, I am aware of the matter. I received a brief report from my department, which I haven't had an opportunity to study. I have indicated in response to questions about this that we will be guided considerably by the report that we receive as to whether or not any charges would be laid. But in dealing with matters of this kind, I think those in charge of the institution have to have a fair degree of responsibility in the conduct or the recommendations that they carry out in the institution itself.

MR. BILTON: A supplementary question, Mr. Speaker. Would the Attorney-General be good enough to find out if the reported 18 prisoners were confined in one cell; and if so, why? . . . as to whether the 18 prisoners were confined in one cell, and if so, why?

MR. MACKLING: I am not aware of the cell arrangements, I am sure that the report will bear out what the actual arrangements are or were.

MR. BILTON: A second and last supplementary, Mr. Speaker. Can the House expect a full report of the inquiry into this serious incident?

MR. MACKLING: Well, Mr. Speaker, I don't know whether a full report is necessary to the House. It's a matter of ordinary investigation and report to the Department and then proceedings may or might follow from that and I don't know whether it's incumbent upon a further report to the House.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SIDNEY SPIVAK, Q. C. (Leader of the Opposition)(River Heights): Mr. Speaker, my question would be to the Minister of Health and Social Development or the Attorney-General. I wonder if they could indicate to the House whether during the period of time of the riot or rampage as it's referred to in the press, there was communication with either one of them as to what was taking place at that time?

MR. SPEAKER: The Honourable Attorney-General.

MR. MACKLING: Mr. Speaker, I cannot speak for my colleague but there was not communication with me personally, no.

MR. SPIVAK: Well, Mr. Speaker, then I direct my question to the Minister of Health and Social Development. I wonder if he could indicate as well whether there was communication with his department if it wasn't him directly?

MR. SPEAKER: The Honourable Minister of Health.

HON. RENE E. TOUPIN (Minister of Health and Social Development) (Springfield): Mr. Speaker, there was communication through the Department by means of the Assistant Deputy Minister in charge of Corrections. They have communicated with me since the incident itself, and I have received a brief report.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SPIVAK: I wonder if he can indicate whether as a result of the communication, anyone from his department attended at the jail itself during the period of the riot?

MR. TOUPIN: Yes, Mr. Speaker, my Assistant Deputy Minister was there.

MR. SPIVAK: I wonder if he could indicate at what point there was communication directly to him as Minister of Health and Social Development in charge of Corrections?

MR. SPEAKER: The Honourable Member for Thompson.

MR. JOSEPH P. BOROWSKI (Thompson): Mr. Speaker, I have two similar questions. The first one's to the Attorney-General. Can we expect our Attorney-General to enforce and apply the laws of Manitoba even to those in prison?

MR. MACKLING: Yes, Mr. Speaker, we can expect the laws to be applied against members of the Legislative Assembly or members who are in any other institution.

MR. BOROWSKI: I have a question for the First Minister. I wonder if the First Minister can indicate whether it's the intention of the government to allow prisoners who destroy public property to go scot-free on the say so of the warden . . .

MR. SPEAKER: Order, please. The Honourable Member for Assiniboia.

MR. STEVE PATRICK (Assiniboia): Mr. Speaker, I have a question for the . . .

-- (Interjection) --

MR. SPEAKER: Order, please. The Honourable First Minister.

HON. EDWARD SCHREYER (Premier) (Rossmere): Mr. Speaker, I'm quite prepared to answer. I was of the impression, Sir, that you were ruling the question out of order.

MR. SPEAKER: I feel it incumbent once more to explain that I like to treat all members equally. The unfortunate problem is that certain members insist on expressing opinions as well as asking questions. I'm sure they are aware that this is not one of the rules that are followed in this House, and when an opinion is expressed inside of a question then I have to rule the question out of order. I do not want to split the question itself, it's up to the members themselves to ask the question properly. Now if the Honourable Member for Thompson wishes to rephrase his question I'll allow it. The Honourable Member for Thompson.

MR. BOROWSKI: Mr. Speaker, I was not expressing an opinion, I was stating a fact . . .

MR. SPEAKER: Order, please. I am not debating with the honourable member. Would he give his question so we can all hear it.

MR. BOROWSKI: I am not debating, I am merely trying to clarify, Mr. Speaker. There has been mattresses and furniture, public property, destroyed in jail and I am asking the Premier if these people are allowed to break the laws and public furniture with impunity?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, certainly not with impunity. I should think that the course of action followed here would be similar in nature to action that is taken by other jurisdictions under similar circumstances. I hesitate to say more at this time because as the Attorney-General has explained, a report is imminent, and it would be far better I should think to come to a conclusive decision as to just how to proceed after receipt of the report.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Speaker, I have a question for the First Minister.

(MR. PATRICK cont'd) . . . . Can the First Minister explain why the Hydro Customer Service Office was closed in St. Claude, Manitoba?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, I'll have to take that as notice.

MR. PATRICK: Mr. Speaker, I have a supplementary since the Minister will take it as notice. Is it also true that some 43 Hydro Customer Services Offices will be closed across Manitoba; is it a change in government policy?

MR. SCHREYER: Mr. Speaker, I can say without equivocation there is no change in policy. However, there again I will have to take the question as notice to ascertain precisely how many district or sub-district offices have been closed, if any, and the precise reasons for for same.

MR. PATRICK: One more supplementary, Mr. Speaker. Is there any other similar government departments that are centralized?

MR. SCHREYER: Mr. Speaker, I believe that the assumption of the question is erroneous. If there is any so-called centralization it would be in degree. I do believe it is a fact that over the years, over the last decade, if not more, there has been a certain degree of consolidation of district offices; not centralization into Winnipeg but consolidation in terms of rural districts into certain rural towns, the larger of them.

MR. SPEAKER: The Honourable Member for Fort Rouge.

MRS. INEZ TRUEMAN (Fort Rouge): Mr. Speaker, I have a question for the Honourable Minister of Health and Social Development. Could he inform the House as to when we may expect the white paper on corrections?

MR. SPEAKER: The Honourable Minister of Health.

MR. TOUPIN: No, Mr. Speaker, I can't give a definite date; hopefully soon.

MR. SPEAKER: The Honourable Member for Rhineland.

MR. JACOB M. FROESE (Rhineland): Mr. Speaker, I am not quite sure who to direct my question to so I'll direct it to the First Minister. Has this government given any consideration or is it contemplating passing legislation similar to that of Alberta by making the letters MS, as indicating a single or married female person?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, I'm sorry I didn't get the full significance of the question. Is the honourable member -- I'm sorry I just didn't hear it all.

MR. FROESE: The question I was directing to the First Minister was whether they were considering or contemplating bringing in legislation similar to that of Alberta which indicates the letters MS, as that for female persons, whether married or single.

MR. SCHREYER: Mr. Speaker, I am not sure of the origin of that kind of a change. I suppose some will argue it has to do with the phenomenon of Women's Liberation, some may say it has nothing to do with it. Certainly there has been no change along those lines taken here.

MR. SPEAKER: The Honourable Member for Morris.

MR. WARNER H. JORGENSEN (Morris): I'd like to direct a question to the First Minister and ask him if the Minister of Health and Social Development was enunciating government policy when he stated that the Crown corporations take their direction and orders from the government?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Well, Mr. Speaker, I would have to have much more elaboration on that point, before I'd be in a position to answer. It is true to say that in certain respects a Crown Corporation functions in a relatively autonomous way. With respect to the major policy direction that a Crown corporation follows, it would be foolish to pretend that it does not and ought not to take its direction from major policy intent of the elected government.

MR. JORGENSEN: Mr. Speaker, then I should like to ask the Minister if it's government policy to reduce the number of Hydro sub-stations, service stations from 118 to 75 throughout the province, therefore effecting a degree of centralization that this government has . . .

MR. SPEAKER: Order, please. The honourable member is debating the question. The Honourable Member for Fort Rouge.

MRS. TRUEMAN: Mr. Speaker, I have a question for the Honourable Minister of Health and Social Development. Is the white paper on corrections still in preparation -- are

(MRS. TRUEMAN cont'd) . . . . they working on it, or has it been completed?

MR. SPEAKER: The Honourable Minister of Health.

MR. TOUPIN: Mr. Speaker, the white paper on corrections is being considered by myself and will be referred to the government for consideration later.

MR. J. WALLY McKENZIE (Roblin): Mr. Speaker, I have a question for the Minister of Tourism and Recreation. I wonder if the Honourable Minister has been favoured with a copy of the John Meagher Report which was submitted by the Federal Government to the Department of Health, re amateur sport -- amateur hockey in Canada?

MR. SPEAKER: The Honourable Minister of Tourism and Recreation.

HON. LAURENT L. DESJARDINS (Minister of Tourism and Recreation) (St. Boniface): The name is John Meagher, and yes I have a copy of this report.

MR. McKENZIE: A supplementary question, Mr. Speaker. I wonder would the Honourable Minister make copies available to the members of the House?

MR. DESJARDINS: Mr. Speaker, I think that I would have to have the approval of the Federal Government. It was given just as a working paper -- it wasn't recognized or backed by the government at all. It was just a working paper.

MR. McKENZIE: A final supplementary question, Mr. Speaker. I wonder will the Minister support the MAHA and the CAHA in their efforts to oppose government intervention in amateur hockey in Canada?

MR. SPEAKER: Matter of policy. The Honourable Member for Fort Garry.

MR. L. R. (BUD) SHERMAN (Fort Garry): A related question, Mr. Speaker. Can the Minister advise the House whether the Meagher report calls for the full funding of amateur hockey in Canada by the Federal Government?

MR. SPEAKER: The Honourable Minister of Tourism and Recreation.

MR. DESJARDINS: Mr. Speaker, I don't think this would be the proper place to discuss the report. I would suggest that the honourable member request from the Honourable Mr. Munro a copy of the report and then during the estimates they certainly are free to use that to debate anything at all. Nothing in this report has been approved by the Federal Government, as yet, nor the Provincial Government.

MR. SPEAKER: The Honourable Member for Fort Garry.

MR. SHERMAN: A supplementary question, Mr. Speaker. Has the Manitoba Amateur Hockey Association made any representation to the Minister as to its position with respect to the Meagher report?

MR. DESJARDINS: Mr. Speaker, the MHA has not been given a copy of the Meagher report. This was as I say by -- Mr. Munro made it quite clear that he wanted this to be just something to get the ball rolling but he made a point to say that he didn't approve or reject anything. I might say that we have had meetings with the MAHA and the Greater Winnipeg Minor Hockey Association to see if there was any abuse in amateur sports and we are still exploring this.

MR. SPEAKER: The Honourable Member for Brandon West.

MR. EDWARD McGILL (Brandon West): Mr. Speaker, my question is for the Honourable the First Minister.

Can the Minister tell the House if a directive has been issued to the Manitoba Civil Service to use specific and designated hotels and motels both in the province and outside the province, when travelling on government business?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, I am aware that through Treasury Board or Management Committee, that the public service has been circulated with information as to those hotels in the different communities of the province that have agreed to a discount arrangement, and because a number of hotels in different points in the province have made such an agreement or arrangement accordingly it was felt to economize, to take advantage of a discount saving, that members of the public service should be circulated as to which hotels are involved.

MR. SPEAKER: The Honourable Member for Brandon West.

MR. McGILL: Mr. Speaker, could the First Minister tell us what criteria are used other than a discount by the hotel in question and are there more than one in each urban centre or rural centre that might qualify?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: As I recall, Mr. Speaker, in the larger centres there are more than

(MR. SCHREYER cont'd) . . . . one hotel that have agreed to the discount arrangement. It may be that in some of the very small communities that only one hotel would be involved in any case; and the criteria used is exclusively relating to discount proportion or percentage.

MR. SPEAKER: The Honourable Member for Brandon West.

MR. MCGILL: A supplementary question, Mr. Speaker. What is the amount of discount being given by these hotels and motels and when did the government's new policy become effective?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, I'm advised that the same policy applies to out of province accommodation whenever it may be required, such as in Ottawa and so on. Insofar as the specific percentage discount involved, unless the Chairman of Management Committee's in a position to answer that today I would propose to take it as notice.

MR. SPEAKER: The Honourable Minister of Education.

HON. BEN HANUSCHAK (Minister of Education) (Burrows): I believe, Mr. Chairman, that the rates are the going commercial rates extended by those hotels to all of those who may qualify for same.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SPIVAK: Well as a result of the answer and the direction to the First Minister or to someone to answer on behalf of Management Committee, are we to understand what the First Minister has indicated is that if a commercial rate which is the prevailing rate is offered by any hotel they will be eligible to qualify? Is that the directive, or is it a specific directive for a specific hotel?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Well, Mr. Speaker, I'll have to check further, but obviously unless there is a particular reason such as a discount arrangement I fail to see what the whole point of the exercise would be.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. PATRICK: I have a question for the First Minister. Can the Minister confirm that some of the hotels on that select list are more expensive, even with a discount, than some of the other hotels in that particular area?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, I think that that last question I will have to take as notice. I'm not particularly aware of the policy or importance of hotel accommodation. I can't pretend to know offhand just why this is so.

MR. SPEAKER: Orders of the Day. The Honourable House Leader.

#### GOVERNMENT BILLS - SECOND READING

MR. PAULLEY: Mr. Speaker, may I, before announcing the procedure for today indicate to honourable members of the House and in particular the members of two committees, that is is the intention to call Public Utilities Committee Thursday morning at 10 o'clock - that is the day after tomorrow - and the Committee on Statutory Regulations and Orders will be called for next Tuesday morning - one week from today.

Now, Mr. Speaker, if you would kindly call Bill 55, an Act to amend The Income Tax Act (Manitoba) (2) standing in the name of the Honourable Member from Birtle-Russell.

MR. SPEAKER: Adjourned debate, proposed motion of the Honourable Minister of Finance. The Honourable Member for Birtle-Russell. (Stand) The Honourable Leader of the House.

MR. PAULLEY: Would you now then call, Mr. Speaker, the Committee to go in to consider the Supply to Her Majesty.

HON. SAUL CHERNIACK, Q.C. (Minister of Finance)(St. Johns): I beg to move, seconded by the Honourable Minister of Health and Social Development 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 Logan in the Chair.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: I refer honourable members to pages 22, 23, 24, 25, 26. Department of Health and Social Development. Resolution 63(a)(1). The Honourable Minister of Health and Social Development.

MR. TOUPIN: Mr. Chairman, it is my duty and privilege to introduce the Expenditure Estimates of the Department of Health and Social Development for the year 1972/73. The Department continues to operate as a member of the administrative team which this government uses for the social development of this province. Our particular mandate and responsibility is the designing and operating of an increasingly effective delivery system for Health and Social Services. The Department continues its efforts in providing a more decentralized, a more co-ordinated and a more community-oriented delivery system. This has meant that over the past year we have pursued a reorganization of departmental function and activities.

If I may, Mr. Chairman, I would like to briefly report that the reorganization as set forth has set the department on a base of four divisions. These are: 1. The Community Operation Division, 2. The Inter-Regional Operations Division, 3. The Research, Planning and Program Development Division and 4. The Resources Division. A more detailed explanation of these four divisions, their functions and responsibilities will be found in the Department's Annual Report "Review 1971" which has been tabled in this House.

Briefly, the Community Operations Division provides direct social and health services to Manitobans and their community or regional levels. These include those services provided out of our existing regional offices. The Inter-Regional Operations Division also provides direct health and social services but does so out of a variety of institutions which serve Manitobans on a provincewide basis. These two divisions therefore provide the direct service delivery of our department on an operational day to day basis.

The Research, Planning and Program Development Division is responsible for the evaluation of existing programs in health and social development as well as the planning of those new programs and services we will require to meet the human needs in a changing social environment. An important facet of this division's work is the continuing audit and assessment of the external programs financially supported by the department. The division's internal program development will be expected to assess how effective our present operations are and will also design those measures necessary to prevent many of the health and social problems which face the people of Manitoba. Our approach here when you leave out all the fancy language is simply the old fashioned principle of "an ounce of prevention is worth a pound of cure". Effective preventive measures not only lead to healthier and happy individuals and families, they also lead to a sharp drop in the human and financial cost such social problems create.

The fourth pillar of our department is the Resources Division. This Division assumes responsibility for many of those support tasks which make it possible for the rest of the department to operate at all effectively. These support services include financial and specialist services. Among these are the budgeting, accounting and control systems.

I am confident that the department will further refine its administrative capacities with a continuing increase in its capacity to offer integrated and regional services. Related to this revised structure are discussion papers on a number of topics of immediate and vital concern to the department. These include papers on the delivery of health services and adult and juvenile corrections. Still in the development stage is a guaranteed annual income proposal. As you know, we have also asked Professor Barber to investigate and report on the abuse of welfare in this province. On that very point, it may interest the members to learn that unlike past administrations, we are proceeding the laying charges of fraud and taking our cases to court whenever we are advised that a demonstrable abuse of welfare money has taken place.

Now we're going to need some money to run the Department of Health and Social Development in this fiscal year so on the Expenditure Estimates for 1972/73, let me submit the following: For 1972/73 these Estimates total some \$191 million, compared to \$165 million for 1971/72.

The increase of \$26 million is required for three basic reasons: First more than half of this increase - some \$13.8 million - is accounted for by increased income security programs. Second, more than one-quarter of the increase, or some \$7.1 million, is accounted for by increased hospital and medical insurance programs. And third, the \$5 million balance is accounted for by the general rising cost for the operation of our many institutions and the other area of the department's activities.

(MR. TOUPIN cont'd)

While we are now considering the expenditure side of the ledger, I would also point out that the departmental's revenue 1972/73 will increase by an estimated \$7 million made up of the federal share of cost-shared programs. It took a very aggressive position by the province to get these additional funds from Ottawa and although \$7 million are not to be sneezed at we intend to push federal financial participation even more. The Federal Government has a double responsibility. It has implemented economic policies that have created more unemployment and general economic insecurity than has been the case for decades. Also, the Federal Government has shown the growing reluctance to fully use and extend Federal-Provincial cost-sharing programs. This has meant that we in the Province of Manitoba are being asked to spend more of our moneys on programs dealing with problems whose origins can be traced to federal policies. Perhaps, Mr. Chairman, this is the Liberal idea of a just society; just for 95 corporations, lousy for the rest of us.

It will come as no surprise to you, Mr. Chairman, that we intend to continue a most vigorous approach to Ottawa for the revenues that Manitoba needs and deserves. Considering the 1972/73 Estimates for the Operations Divisions, I would like to begin with the Community Operations Division. This division is responsible for the delivery of services in the areas of public health, probation, child protection, dental services, nursing services and income security programs. It also participates in interdepartmental programs such as the Northern Manpower Corps. The estimated expenditure of the Community Operations Division total some \$90.9 million, an increase of \$15.7 million over last year. Of this increase, \$13.8 million is represented by increased costs in the delivery of income security programs. These are primarily under the Social Allowance Act of Manitoba but also include services in the area of child maintenance, reimbursement to municipalities, provision of uninsured health care and for vocational rehabilitation as well as for work activity projects.

I take particular pleasure in our work activity projects as being a viable alternative to chronic unemployment and welfare. For about 145 persons in the community of Amaranth, Pelican Rapids, Mollard, Duck Bay, Crane River and Camperville, the projects have been designed to meet the needs of the breadwinners and their families caught in the conflicts of multiple social and economic problems. The ultimate goal of all participants is full employment. For some this will mean training beyond the projects and/or relocation to other employment centres. The projects are jointly controlled by the government and a citizens' board. We feel quite strongly that this is a much better solution to the problems of the participating families than the conventional welfare handout that we've seen in this province for so many years.

While we are doing whatever we can, Mr. Chairman, about the escalating welfare costs, I want to emphasize that my department is as dedicated to providing for those unfortunate people in the province who are most in need as we are committed to prevent abuses of public welfare by a sly minority. For those in need, those who qualify for social assistance we will administer the program in a humane and compassionate fashion.

Our Community Operations Division is moving toward an integrated community approach and we are in the process of developing further programs to deal with the problems of work incentives, social upgrading, work and employment upgrading, rural dental services, the incidence of venereal disease and programs such as the work activity projects I have briefly described earlier. No matter how far along we are in the post-industrial age here in the Province of Manitoba, it remains the aspiration of the overwhelming majority of our people to secure a decent income from a decent job.

The next division I would like to briefly speak on is the Inter-Regional Operations Division. This division you will recall is responsible for the operation of institutions largely in the correction and mental health fields. I have already mentioned that I hope to present you in the very near future with a position paper on where Manitoba might be headed in the area of correctional programs. I can also tell you that studies are under way in the areas of mental health and mental retardation. Mr. Chairman, I cannot tell you now what the conclusions and results of these studies will be. I do know that they will play an important role in the future development in these areas and that they will emphasize the preventative and rehabilitative aspect of these programs.

I can also report progress in these areas: We have continued to upgrade facilities and services at Headingley Correctional Institutions; and our large juvenile reception centre is well under construction in Tuxedo. It is expected that the juvenile centre will be operational by

(MR. TOUPIN cont'd) . . . . December of this year.

We are also continuing to upgrade facilities at the Manitoba School for Retardates and we are providing assistance to the St. Amant Ward of the St. Vital Hospital for the development of additional facilities for retarded children.

We have made provision for the use of currently available facilities as detoxification and treatment centres. In contemplating the establishment of a detoxification centre we have worked with the Foundation and earmarked \$840,000 to cover the cost of the facility.

The estimated expenditures for the Inter-regional Operations Division in 1972/73 comes to a total of \$25.9 million; an increase of some \$3.1 million over that of the previous year.

I now wish to direct your attention, Mr. Chairman, to the Manitoba Health Services Commission. The total appropriation from Provincial Revenues which we estimate will be required to maintain the programs of the Manitoba Health Services Commission for 1972/73 comes to a total of about \$71 million. As you know the Commission derives additional revenues from premiums, from cost sharing arrangements with the Federal Government as well as from interest and other miscellaneous incomes. Because the Commission operates on the calendar year basis as do the hospitals, detailed explanation will need to convert the Commissions' financial year to our fiscal year. The anticipated 1972 hospital costs are some \$117.5 million. Health service costs are obviously continuing to increase rapidly and we shall hold a full discussion on the direction health care may take in the future when we bring forward our paper on Health Services Delivery.

Mr. Chairman, we estimated that there will be an increase of \$3.7 million in the cost of fees paid to doctors because of increased volume from utilization and population growth. The Manitoba Medical Association has requested a review of the fee schedule which would result in an over-all increase, but we have made no provisions for such an increased fee schedule for 1972.

Mr. Chairman, the current pier for my department is one of consolidating the gains of the past two years and developing the plans for the future.

Before relinquishing the floor I would like to mention the civil servants in my Department and in the Manitoba Health Services Commission. The past year has seen many changes take place; changes which have been constructive and progressive. These changes however like all changes have required a degree of adaptability and flexibility on the part of all persons concerned. It is to the credit of the staff of the Department that they have both adapted to these changes and have seen the reorganization as desirable and necessary if we are to adequately meet the constantly shifting demands of those citizens whom we all attempt to serve.

I am proud of my staff, Mr. Chairman; I am grateful for their efforts and I gladly take this opportunity to thank them publicly. I have now completed my opening remarks, Mr. Chairman, and would invite detailed consideration and approval of these Estimates of Expenditures for the Department of Health and Social Development for the year 1972/73.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MRS. TRUEMAN: Mr. Chairman, I must congratulate the Minister and his staff, firstly for having so thoroughly mixed up and retitled the items in the Estimates as to make comparisons difficult; however, they have not been entirely impossible to make. The Annual Report of the Department in which the Minister expresses some pride I can't regard as anything much more than a slick brochure; useful really only for placing in health units or doctors' offices. The information is lacking in the sort of detail which I feel should be placed before this Legislature. The Annual Statistical Bulletin is interesting; in fact there is a great deal to learn in it but it's completely without financial statistics and therefore it also has limited usefulness.

The reorganization in these Estimates, unlike those of the Attorney-General's Department do little to clarify the application of the immense amounts of funds requested. Single items as large as \$47 million are dealt with in one line; while in Consumer and Corporate Affairs a whole page may be allocated to a sum of \$500,000.00. In general the increase is of, I see as being about 12 percent for administrative functions. If I heard correctly, I believe the Minister said something like 13.8 but perhaps that was in a specific area. The Social Allowances increases of course are up about 19 percent.

This entire budget shows a constant increase in spite of transfers of some items to other departments, such as Child Guidance being moved to education; and it's rather interesting to note too that since Child Guidance has been moved to Education it now will probably be added to the Special Levy since it is not part of the Foundation Program. So, this of course means that

(MRS. TRUEMAN cont'd) . . . . the public is going to pay a little more on their Education Tax. Also I believe something like 16 or 20 bursaries for Social Work students have been cut. But I see no reflection of that in the estimates either.

The increases that have occurred couldn't be considered without the force of laws to tax the citizens of the province to launch and maintain programs. It would be hoped that there would be no further expansion into new programs since a current increase in cost is in excess of the increase in personal income. And it's disappointing to us that a frill such as budgeting \$300,000, as I understand it, for an experimental project in . . . sessions has been included and this can hardly be tolerated.

At the current rate of increase the NDP's Health and Welfare Budget should be about a billion dollars within 10 years. At the present time it is 4.8 percent of the gross product of the province; and within ten years it would be 13.3 percent of the gross product. To our dismay we have realized that those who must depend on social assistance have their nutrition and well-being sacrificed for programs which might be termed social development. Surely there could be a better balance and some tempering of the zeal with which the government expands into new areas.

A good place to begin trimming off the excess in the budget would be in the office of the Minister and his Deputy. We have here at the apex of the administration, what is in my opinion an outstanding example of empire building. No increase in staff should be allowed anywhere without a corresponding decrease in staff somewhere else.

Research and Planning in the past year was over-expended by something like \$300,000.00. It shouldn't be allowed to continue mushrooming.

Major cuts could be achieved in the Social Allowances by restricting eligibility, by increasing employment opportunities and by stricter application of the rules of eligibility.

Last year the free spending resulted in an over-expenditure of about \$8 1/2 million. To those of us to whom work is equated with virtue and is the right and moral way of life, it is difficult to accept the numbers of unemployed employables and there is some suspicion that welfare may be a comfortable alternative to work for some.

Regarding the Income Security, which of course used to be called Social Allowances, and before that it was termed Welfare, from 1969 when it amounted to about 27.9 million, has gone up in 1970 by 16 percent; 1971 a further 9 percent, and 1972 it went up 60 percent, about 24.4 million; and in 1973 it is up a further 19 percent. From 1969 to 1973 it's up \$46,312,000 -- a whopping 266 percent. The current cost of welfare based on a population of a million, I believe it is slightly less than that in actual fact, the cost per capita is \$73.20 a year. This is up from the 1969 figure of \$27.90. Perhaps the Minister could explain this increase, undoubtedly there have been more people receiving assistance due to unemployment and changes in eligibility, and inflation could also be a factor. And of course as the empire has grown the cost of administration have grown. Salaries alone account for about 33 percent of the Budget for the Social Development area that is, and they total, without the benefit of an adding machine, something like \$40 million.

One of the areas into which the government has expanded is still within the Social Development or Income Security area, is in Student Aid. And this I find is completely lost within the current estimates. I think this is unfortunate because it's a very significant new program; I think the public should know what the intentions of the government are in this area.

In 1972 in the Education Estimates there was 3 1/2 million set aside; in 1971 2 1/2 million set aside in education and this year it somehow has not been itemized in the Education Department Estimates either. However, an Order for Return which I put in last year and which was returned to me in this Session showed that almost 3,000 students received 2.7 million dollars between July 19th and April 30th. So, this was in 1971, I figure the total spent on student aid was something over \$6 million. Presumably in 1973, since the government has spoken in the Throne Speech of increasing this form of aid, expanding the bursary program, I think it would be very important for us to know what the total sum is between the two departments which is being spent on student aid this year. If the Minister of Health and Social Development can tell us for his Department, we will be able to find out later perhaps from the Minister of Education.

One thing that we would like to know about this Student Aid Program since such a large sum is involved, and so many students, we would like to know what the process of selection of candidates for assistance is and whether it's really based on need. We have to assume that it was not in the past since the Minister recently in a press release said that from that period of

(MRS. TRUEMAN cont'd) . . . . time on the means of the family would be a consideration. We would like some reassurance as to whether this is going to be enforced. In my opinion an impartial committee should select the people who are going to receive this assistance. There are tremendous opportunities for favouritism in such programs and of course if the public is not permitted to scrutinize the expenditures in this field then I think that the government is suspect of applying some favouritism perhaps to the party faithful. And I think any one of us would agree that so many grateful youths could be a very important political power base to have amongst the young. So I would hope that the Minister would give us a statement concerning the present and future plans on Student Aid and answer some of my questions. In my opinion a major policy statement is necessary so that we will know where the government is heading in this area.

The Minister in his remarks has said that there is, I believe 884,000 set aside for the detoxification centre. This sounds as if he knows where that centre will be located, if he is able to estimate the cost. So I would ask him if he would please clarify for us where this detoxification centre is to be housed.

There are many questions being asked these days concerning the quality of the service that's being provided at Mount Carmel Clinic and I believe a statement is required from the Minister concerning this too, because this Clinic has been held forth as the sort of ideal or prototype of future community health centres. I understand that they, in the annual report boast of having performed something like 223,000 lab tests last year. A Lab test unit is equal to one minute of time. They've billed for 223,000 units, but a generally accepted figure for a larger clinic is a maximum of something like 110,000 per person, that is per technician, and in a smaller lab it would be something like 96,000 services per technician. I believe they have one technician and there is not the Medical Director supervising as far as I can determine.

There is also some question as to whether adequately trained people are dispensing the drugs. In some instances we have reason to believe that even prescribing medication is occurring under the auspices of people who do not have a medical licence. So I think that since we have been asking questions about Mount Carmel Clinic and the significance of it as a prototype for future health delivery systems, that the Minister should give us a statement concerning this agency, and if it needs investigation, I think he should be the first person to demand it.

The Minister has spoken of the ounce of prevention being applied and the drop in human and financial cost. I think this is not borne out in the research that I have done, either in these estimates or in the work of the department over the year. I wish it were so, but I see quite the opposite happening.

I've had other opportunities, Mr. Chairman, to speak on the welfare area of this department's responsibilities. I have spoken on Nursing Homes and Corrections on other occasions and I know that there are many other members of the House who have been waiting for the opportunity to speak on this department's estimates and so I am going to close for the moment, perhaps to speak again later.

MR. CHAIRMAN: Resolution 63 (a) (1) -- passed. The Honourable Member for Fort Garry.

MR. SHERMAN: The Estimates of the Department before us pose two basic questions really as far as delivery of health care to Manitobans is concerned and it's really the area of delivery of health care services that I'm concerned with, leaving the subject of social services and social allowances in the highly capable hands of my colleague the Member for Fort Rouge. Not that we are not the rest of us equally interested in bringing the run-away spending operations of the Welfare and Social Allowances sections of the department under control but the Member for Fort Rouge has handled that subject and that topic at length and with great research and great intelligence prior to these estimates and during these estimates and I want to speak primarily for my part with the subject of the estimates having to do specifically with health care and health care costs, the delivery of proper health care and the control of skyrocketing costs in that field.

The basic question where health care is concerned, Mr. Chairman, continues to revolve around the increase in costs. I have referred to it as skyrocketing hospital and medical costs, and a case in point is the appropriation being asked by the Manitoba Health Services Commission this year. The sum being asked is up over last year's figure by \$7 million; up from \$63,690,800 to \$70,750,000 for an increase of 11 percent. The challenge facing the government and facing the opposition too, and facing the medical profession and facing the taxpayer,

(MR. SHERMAN cont'd) . . . . is to bring this phase of our lives and of our society into some semblance of rational control before the expenses of our medical and health care systems indeed threaten, as was suggested recently by the President of the Canadian Medical Association to bankrupt us, to bankrupt the country and to bankrupt our individual provinces.

One of the big problems of course in approaching the question rationally and co-operatively is the difficulty that exists I think at the present time in maintaining a confident level of communication between this government and the medical profession in general. I suggest, Mr. Chairman, that a general climate of difficulty and a general climate of distrust and mistrust has been engendered between this government and the medical profession and that many doctors are asking themselves whether they really have much to gain by remaining in Manitoba. Many young medical students I think are seriously asking themselves whether they want to remain here after they graduate from medical college. It was not long ago, it was earlier this winter in fact, that Tribune columnist Gene Telpner referred to this attitude and referred to the fact that he had encountered that attitude among Manitoba doctors during a medical congress that he was attending in Hawaii.

I think earlier in the session my colleague made reference to that specific report by Mr. Telpner and I want to refer to it again for the record at this point, Mr. Chairman, because I think it underscores a basic aspect of the problem that faces us where health care efficiencies and health care costs are concerned. Mr. Telpner was writing about a Pan Pacific Surgical Association Congress in Hawaii and he said that while he was there he spoke to a number of Winnipeg doctors who were present for those sessions and he picked up one disconcerting note, one fundamental thread that dismayed him in all the conversations that he held with those who were present. He said that that disconcerting thread that seemed to run through the conversations he had was that a number of doctors, both present and referred to by those who were present, among the circle of friends and associates of those who were present, were actively seeking possibilities to leave Winnipeg to set up practice elsewhere, possibly in the United States. He said that at least three doctors that he was talking to at that congress had appointments with large clinics in Hawaii to explore the possibility of joining staffs there in the Hawaiian Islands and he said, and I'm quoting from Mr. Telpner's report in this case, he said "in each case, the doctors told me it was disenchantment with the Manitoba Medical scene that is causing them to seek a move after spending a major share of their lifetime in Winnipeg."

Well not only does this work a discordant note in the lives of the doctors and the medical profession in general in Manitoba, but it certainly achieves a note of discord and irrational expenditure where the taxpayers of Manitoba are concerned, Mr. Chairman, because there is a substantial investment in the thousands of dollars involved in each medical student trained and graduated from our Medical College here, an investment in which the taxpayers of Manitoba, the working people of Manitoba, have a major stake and if those investments are being lost or potentially being lost to Manitoba taxpayers because of a climate of disenchantment here, then there is further sound and substantial reason why the government should review very thoroughly and very quickly, the whole environment for medicine and the practice of medicine in Manitoba at the present time. This is one specific reference that I have encountered on this subject but there are others. I know that there is an undercurrent of anxiety, an undercurrent of doubt among the student, among much of the student body at the Manitoba Medical College with respect to where they want to practise their profession after they graduate. Part of that of course is to be expected. It's true in any medical college and in any society that young people going through the educational institutions in that community are weighing the advantages and the attractions of faraway fields as well as the possibilities at home and it's certainly to be expected that there would always be a significant loss, a significant turnover of graduates from our institutions seeking to make their names and their careers elsewhere. But I suggest, Mr. Chairman, that it's unreasonably high at the present time, that the mood of anxiety with respect to the possibilities here is unreasonably and illogically high and it's engendered by a climate of hostility and discomfort that exists between this government, this particular department, colleagues in the government benches of this particular Minister and the medical profession in Manitoba.

The government's own anti-medical professional bias perhaps is carefully controlled in the person of the Minister of Health and Social Allowances who admittedly is fairly careful in public pronouncements having to do with the profession, but there are statements by many of his colleagues including the Honourable Member for Crescentwood, and others, which can only

(MR. SHERMAN cont'd) . . . . sow seeds of confusion and disrespect and distrust in the medical profession, between it and the government. So when we talk about trying to bring the costs and the difficulties that exist in health care control and health care delivery in Manitoba into some reasonable semblance of order, we face first and foremost that difficulty that I refer to in the area of communication and I think a major step forward could be taken by the government if a deliberate course of open and mutually trusting confidence and communication between it and the medical profession were undertaken, so that the two groups could get together in mutual respect and trust and tackle the almost insoluble, the almost insoluble problem of bringing these skyrocketing costs under control. That problem has to be met and solved for the sake of everybody in Manitoba, Mr. Chairman; it has of course to be so for the sake of everybody in Canada if our economy and our society are to remain viable. It was only earlier this month that members of this Legislature, members of the community at large, were warned once again of the seriousness and of the crisis that we have reached in terms of supporting our medical and health care delivery system in this country.

The comments of the President of the Canadian Medical Association at the annual business meeting of the Manitoba Medical Association reported in the newspapers here on May 8th, should be sufficient to encourage all of us, and particularly the Minister and all his colleagues to dispense with all the petty and picayune difficulties that get in the way of communication on a question like this and to get down to tackling the basic problem of preventing bankruptcy in our economy, while maintaining a practical and a viable and a healthful medical and health care delivery system and service. It can't be done at arm's length; it can't be done by governments being suspicious of the medical field and medical practitioners, nor can it be done by medical practitioners withdrawing into their own vested interest groups and either nurturing among themselves a suspicion of government or at the very least, refusing to communicate with government at an intimate and constructive level. The two bodies have got to dispense with their differences and their mutual distrust, put their cards on the table and meet the problem of delivering health care to the people of this province and the people of this country at reasonable costs before, not only society suffers, but the profession of medicine itself suffers to a point that will be extremely difficult if not impossible to repair.

Dr. Roberts in his address, to which I have referred, made mention of the fact, Mr. Chairman, that in 1970 Canadians spent 4 billion 387 million dollars on personal health care which represented an amount that was up by more than half a billion dollars from the previous year. It works out to a total of almost \$205 for every man, woman and child. And as he said that with this kind of increase going on year by year with a 12 to 14 percent kind of increase in spending on personal health care year by year, we're reaching a point where the public is going to have to be educated to accept health services from less well-trained people on a less frequent basis. In other words, forbidden access to unnecessary services or the whole system, the whole procedure, the whole institution that we've built up will bankrupt itself and us.

Mr. Chairman, in looking at the Estimates of this department and zeroing in in particular on the Manitoba Health Services Commission, it becomes extremely difficult to pinpoint specific increases in expenditures this year over last because there has been a change in the organization and arrangement and structure of the department and of the Estimates that prevent a comparison between this year and previous years. It is obvious that the budget is up this year, the spending budget is up this year by some \$7 million as I've mentioned and that should be cause for close examination by all members of this committee, but there's no breakdown of those expenditures and there's no detail provided and it becomes close to impossible to single out specific aspects of the MHSC operations that could be singled out for reduction. It's also a good question as to whether the over-all increase of \$7 million can really be cited as an excessive increase because we don't have the data or the information necessary to make that kind of a judgment.

The services provided under the Manitoba Health Services Commission are obviously vital, obviously necessary and it would be irresponsible to suggest that sweeping reductions in that particular vote, in that particular appropriation would be possible. But it seems obvious to us that at some point where there is an expenditure increase of 11 percent, such as in this case, at some point some of the increase must be going to additional administration and additional administration costs, and on the limited information to which we have access in the way the Estimates are structured, we feel confident that we can make that recommendation without fear of being criticized for being unreasonable because with that kind of an increase in

(MR. SHERMAN cont'd) . . . . over-all costs, with the kind of over-all increase in the spending of the department as such - the entire Department of Health and Social Allowances - and with the kinds of increases that I've referred to in the over-all spending by Canadians in pursuit of health care, year by year, we must be able to find areas where reductions in spending can be made and the logical place to begin would be in the area of administration. There must obviously be within that 11 percent increase for the Manitoba Health Services Commission an expenditure on administration that should be brought under scrutiny and review by the government and reduced if not eliminated in order to effect what minor saving can be effected in this Commission, in this area of health expenditure.

The question of an increase in the number of researchers, research people working for the Commission has come up in conversations that some of us have had with people in this field and I would be interested in advice from the Minister as to whether the number of researchers working under the Commission and being funded under the funds provided in this vote has increased this year over last. My understanding is that it has increased substantially. If it has then the question as to why it has and to what these researchers are doing demands the attention of the Minister and I would hope he would be able to answer that question for us.

Overall we have been intrigued during the past winter by the government's off again on again position with respect to community clinics and the introduction of a new form of health services clinic in the community. This I suggest, Mr. Chairman, has been one of the subjects that's contributed to the state of unease and anxiety that exists among the medical profession and the public at large. The government has been ambivalent and equivocal on the question of community clinics. From the outset it found itself enslaved or entrapped by a doctrinaire approach to medicine that did not allow for a practical examination of how community clinics would operate, and what would be the realistic conditions and criteria that would be applied before community clinics were introduced. The consequence was that reaction from the public at large on the question of community clinics and reaction from the media and reaction from the opposition, has caused the government, thankfully, to review its position but it's left the medical community and those who chronically require medical treatment in a further state of disorder and anxiety and disarray. It's had a further effect in demoralizing the entire medical community in Manitoba -- and in the entire medical community I include the patient as well as the doctor.

We have said from the beginning, Mr. Chairman, that we are not opposed in principle to the idea and the concept of community clinics. We have made that perfectly clear that there are certain areas of our province, certain areas of our provincial community that would be well served by community clinics structured to serve them in health and medical terms, but two basic questions have to be answered by the government before the argument for community clinics can be made, before anyone on this side of the House can be expected to lend support to a community clinic philosophy. Those two questions have not yet been answered. One of them has to do with the question of efficiency of health care delivery and whether community clinics as envisioned by the government would be able to deliver health care services to our society any more efficiently than presently is the case. The second has to do with costs. Unless the government can demonstrate that community clinics as they envision them would reduce costs and help to keep that spiral effect under control, once again we find ourselves on this side unable to subscribe with much enthusiasm to the concept. We aren't interested in switching the community clinics for the sake of switching or for the sake of community clinics or for the sake of semantics. There certainly are areas of the province that require a collective and a communal approach to delivery of health and medical care that we would encourage to participate in this kind of a program. There certainly are areas which we feel are obvious and logical experimental areas for a program of this sort. But to embrace the concept and the philosophy at this point in time as a direction for our profession and our government to move in in the field of health and medical care is simply unacceptable while the jury is out on the two crucial questions that I have suggested.

I understand that we can look forward at some point in this Session to a White Paper spelling out all the different components of the government's thinking on this subject but we're still waiting for that White Paper and until it appears we remain in the position that we've taken since the question first came up: Prove it to us, show us how the delivery of health care will be improved and show us how the costs of health care will be kept in line and then we'll be ready to concede that the concept has something to recommend it. If it's simply a philosophical

(MR. SHERMAN cont'd) . . . .or a doctrinaire kind of approach to the subject for the sake of philosophy and doctrine then we're not interested. What we're interested in is the practical solution to rising health and medical care costs. -- (Interjection) -- Thank you, Mr. Chairman.

Mr. Chairman, this remains the basic question in any examination of the health and medical aspects of the Estimates that we're now reviewing: Where do we turn and how do we turn here in Manitoba to curtail these skyrocketing costs to bring the costs of health care into line. The Winnipeg Free Press has in recent months carried on a recurring basis articles by a Mr. Ben Philip on the whole subject of health care delivery and health care costs, some of which have contained some interesting and worthwhile suggestions that I think bear examination by this Legislature if we're going to produce solutions to the basic problems facing us.

Among other things, Mr. Philip has pointed out in his articles that hospital costs in Canada in general are rising at about 15 percent per year and he believes that some of the reasons for that can be found in the natural tendency of administrations to capitulate to those areas under their control which press for increases in departmental spending each year. There is a natural environment of competition and a natural pressure on administrations to increase their spending and that natural law seems to have more than taken over; it seems to have come close to running wild where hospital costs in Canada are concerned. He suggests that there are two solutions to the question that could lead to a saving for the taxpayer, a saving of some of our expenditures in this field. One of them, he says, is that consideration should be given to offering financial rewards to staff in hospitals who point out how hospital costs can be cut and then he goes on to say that one of the administrative and one of the medical and nursing staff should also be the taxpayers' advocate and defender. It should be their job, he says, to look at the budget in order to cut costs. Such people would have to be independent of the administrator's retaliation. It would not be hard to set up such a trial in one or two of the larger Winnipeg hospitals.

These are suggestions that surely before being dismissed by this government and this Legislature bear investigation and examination as to their practicality. There are no doubt many others which are commended to the Minister every month. That is his challenge to sift out the recommendations for bringing these costs under control that are practical and that can be applied and to institute them. If he can even start Manitoba in that direction, he'll find himself subject to much less criticism and much less examination from this side of the House than has been his lot up to this point in time. Welfare costs are a continuing problem to the Minister and no one minimizes the jungle that exists in that area, but rising medical costs are as great or perhaps even a greater crisis. If he can solve that problem, he'll save himself much criticism.

MR. CHAIRMAN: Order, please. Order, please. The time allotted to the member has expired. The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I wish to thank the Honourable Minister for making a statement to the House when he introduced his Estimates. I know that Health and Social Development is probably an area that is quite easy to criticize because we all realize that certain social problems can be staggering, confusing and as well a great burden on the Provincial Treasury.

At present, Mr. Chairman, Professor Clarence Barber, Head of the Economics Department, University of Manitoba, is conducting an independent inquiry into provincial welfare policy. I believe this upcoming report might be able to provide Manitobans and many members of this House with some statistical profile of the Manitoba's working poor and those on welfare. I think that many of the members and many of us have heard the jargon, 'human resource development'. -- I think this last point, Mr. Speaker, that I would like to speak, an area that is rarely discussed and very seldom explored.

I think we are very fortunate to live in Manitoba in the 70s and, Mr. Chairman, while I say these words I know that for people, most of them children, will have died from starvation in other parts of the world. We do not have at this time this problem in this corner of the world. As I mentioned, I think that the world population doubles every 37 years but Canada today is close to zero population growth when the births equal the deaths in this country, with a tendency towards 2.1 percent children -- 1971/1972 Statistics Canada. This has been popularly attributed to the "pill" and increased usage of birth control methods. It really boils down to the fact that most people especially in urban centres and due to the social and economic factors of the day seem to want to have fewer children.

(MR. PATRICK cont'd)

Mr. Speaker, in discussing people and welfare it is necessary to do it in a backtracking manner, to stress that we need a new consciousness about the family in general and women and children in particular. Welfare has a very close connection with the way the people live, about their families, home and environment, background, jobs or lack of them, government education and the nature of sexes themselves. There is, I submit, Mr. Chairman, not a welfare problem but a political and a social problem. Welfare has become a loaded word with a lot of public expense and rhetoric. It has never been proven that welfare reduces poverty. The special committee on the poverty in Canada - the Senate Committee - suggested that our social welfare system has outlived its usefulness and it is a hopeless failure. To this extent of welfare, the intent of welfare is a good one but the fault of our present welfare system is a misunderstanding one of what welfare is and its relation with the community. To this end, Mr. Chairman, I would like to make a few points about the government participation in the guaranteed project Guaranteed Income Plan that the Provincial Government is participating with the Federal Government. I believe that this is long overdue. None of the governments in any provinces are undertaking it at the present time, and even the Federal Government is not prepared at this stage to undertake a program of this type. I believe it is only correct to say that a pilot project on an experimental basis is the right kind of approach because through a plan of Guaranteed Annual Income we may be able to cut our welfare costs. We may do away with a lot of the duplication and I believe that this is the right approach. To that end I compliment the government. I have asked for this type of approach in most of the Labour Estimates that I have taken part in during the last four or five years, so for that end I feel that we will have some experience from a pilot project and again I think that we will learn something when the Barber Report is completed.

Mr. Chairman, the rhetoric of the so-called welfare cancer does not refer to the deserving poor, the blind, disabled, or the aged, but to all those others, the undeserving poor, the lazy. We have, Mr. Speaker, a myth of the relevancy of work ethic. Our attitudes about welfare have a built-in middle-class bias. The poor we say should really get away from the TV set and the beer parlor and work like the rest of us. The worst myth concerning welfare is that the more children you have, the larger the welfare cheque will be. Mr. Chairman, in this age of high rent and inflation of prices for food and clothing the idea of more children is ridiculous and there is great requirement for family planning.

Mr. Chairman, I believe that the government must undertake to improve and increase our day nursery system in the province, and particularly in the urban areas. I think it's the responsibility of the government and municipal officials to have a very high standard of personnel and to expand the present day nursery systems as well as a day care program.

Welfare as we have it today is an issue of survival. Every man and woman should stop for a minute and think about what would happen to the wife and children if she suddenly had no husband or no savings. A large number of our welfare recipients are women and heads of households. One way to end this particular welfare problem would be to pay women living wage for child raising and housekeeping, but I am sure that everybody will agree our modern society is not ready for it as of this day and age. Instead, Mr. Speaker, I would or, Chairman, I would like to suggest, and hopefully, that the Barber Report will discuss this point; that there will be more available family planning, especially outside of Winnipeg, for those who wish to use it, and more and better family life education in Manitoba.

This is I know a rather difficult territory to embark on. I also do not wish to become involved in a discussion as to whether or not a woman has a right to a family planning or to a sovereignty over her own body. Family planning I believe includes the touchy subject of abortion as well. Abortion may be a last resort of a birth control method.

Mr. Speaker, I believe, that there is one woman in the Federal House, in the House of Commons, who has been for some time talking and advocating there should be better family planning, and this is what I would like to agree with. --(Interjection)-- I am sure the Honourable Member for Osborne knows who I'm talking about.

Mr. Chairman, I feel that there is a need for worthwhile clinics that can be used for a variety of needs, not just for those on welfare but a large majority of our working poor, which may through lack of money and funding may not have the same right as some of the other people. As long as we are without more and better clinics for family planning education the working poor, and those on welfare, are driven to illegal abortions by anti-abortionists, who confuse

(MR. PATRICK cont'd) . . . . the issues of birth control. Some illegal abortions are self-inflicted or performed by unqualified, and some are fatal cases.

Mr. Chairman, thank goodness there are other methods of birth control that are part of family planning which by themselves result in very few, or fewer, illegal abortions. Family Planning Education is something that must begin before the family does. There is no use locking the barn door after the horse is stolen otherwise it will be just as ineffective as the other game called "the Vatican Roulette". We are, Mr. Speaker, almost two decades behind some of the other countries in Family Planning Education. Family Planning Education should include the relationship and the responsibility between the individual and society. Family Planning Clinics would be a Public Health Service. I believe this would to a large extent avoid the problems of marriage conflict, deprived children, illegitimacy, forced marriage, and illegal abortions. So, I believe, that it is time that we paid better attention and extended more energy in an area of family planning, Mr. Chairman.

Surely, Mr. Speaker, no one can argue against the idea that if every child is a wanted child children are better cared for both physically and emotionally. Family Life Education should be another important aspect of social development. If an individual or family only knows how to live or perform in a particular environment, an environment of poverty, then they must be given the opportunity to learn how to function in a non-poverty environment. Families must also have the opportunity to learn and how to get the most out of the environment that they are living in.

Mr. Chairman, aside from my comments on Family Planning, I wish to also at this time bring to the attention of the Minister that we have not sufficient facilities and a proper program for our former mental patients who feel somewhat of an isolation in the present society. I understand that of the ones who have suffered chronic mental illness only a small percentage of them return to the mental institutions, but when they get out, and if they happen to be the working man, or the working person, of the household of the family, it's very difficult for this person to find a job in the society and to get back into the swing of things. It is very difficult for him to get the job that he had before he got sick, or he took sick. It has been brought to my attention on many occasions when these people are interviewed, after only five minutes in the office they are dismissed and not have an opportunity even to have a total interview so that they could have an opportunity for a job. I think that this is an area that the Minister can certainly take another look at. There must be some way of motivating the private sector, and the government sector, or rehiring these people. As I stated there is only, according to the medical facts that there is very few that return back to mental institutions but they have a very difficult time once they leave the hospitals to get back into the same family life, to be able to get the job and to provide for the family. I think the society must be able to understand that these people have a right to make a living; they have a right to a job; and they can rightly perform a job, and do a proper job if they are given an opportunity. I have correspondence on file where some of these people feel a real frustration because after they have been sick, and when they applied for a job, they were not taken back by the same employer. They have very good qualifications, very good experience, and still after a year of seeking employment they are still unemployed and are almost at the point of another nervous breakdown. I think this is an area that surely the Minister has to give his immediate attention.

There is just one other area, Mr. Chairman, that I would like to make a few brief comments, and that is in respect to the Community Clinics, as such, as was proposed by the Minister and the government some months ago. This may have some merit in very isolated areas, in places as northern communities where no medical group or doctors are prepared to spend the kind of money to make the kind of investment that it requires. And I see certain merit to have a community clinic in areas as such. I also see some merit perhaps in guaranteeing a doctor to go to a remote area, a certain salary, with perhaps a certain percentage that he can make over and above the salary, when he goes to an isolated area. But surely, Mr. Chairman, at the present time if you take the situation in St. James-Assiniboia, which is very familiar to me, we have quite a few clinics, we have the Assiniboine Clinic, which is probably as modern as any one that you'll find in the city, and this is in itself is today a community clinic. So my recommendation to the Minister would be at this time to meet with some of these people and to see if they can expand their community clinics which are modern, which are new, which is served by perhaps a dozen doctors, see if they cannot also include a person such as a family counsellor within that clinic, as well as have a dentist, perhaps a psychologist in that

(MR. PATRICK cont'd) . . . . same clinic. And not only that but I think a clinic of that nature perhaps they can make it on staggering hours - at least for two or three times a week this clinic can stay open after hours so the people who, say the parents, are both working have no opportunity to take the time off, or be able to take the time off, that they should have the opportunity to visit these clinics after hours. And I'm sure that if the Minister would meet with some of these clinics, and he would I am sure receive co-operation that he would be prepared to have a few doctors on staff after hours for a few hours - I don't know til what time, but this could be worked out, but these clinics should be utilized not only during the day but at night and you would have some of the finest clinics that you have within this city, and you wouldn't need to go into the large expenditure of developing Community Clinics when in essence some of these are already serving in my estimation as community clinics and providing real good service. Except you may say all right why not include a family counsellor and a dentist within the same clinic and stay open longer hours.

The other point that has come to my attention, Mr. Chairman, is - and I also haven't got it with me but I have a large brief that was sent to me from the doctors in southwestern Manitoba who are quite concerned. Some of these doctors have small clinics and lab facilities within their offices and I understand it is the government intention to establish a large government lab facility in Brandon, and there is a great concern by many of these doctors in the small rural communities, what will happen to their lab facilities, which they have invested considerable amount of money and are providing a service, what will happen to their lab facilities when this great laboratory establishment is opened in the City of Brandon. I think that the Minister probably would have done the right thing if he would have met with many of these small rural medical people and units, and find out what the demand was, was there a need for such a facility, and to find out if money is rightly and properly spent for such a facility.

So, Mr. Chairman, these are just a few comments that I have to make at the present time. I again wish to reiterate I am not for abortions but I am stating to the Minister there must be a better system. There must be a program for family planning in this province, and which is long overdue, and I hope that he will give some consideration to the other questions that I have proposed to him.

MR. CHAIRMAN: The Honourable Member for Pembina.

MR. GEORGE HENDERSON (Pembina): Mr. Chairman, I am afraid I might be disappointing some of you but, Mr. Chairman, I want to congratulate the Minister on his effort that he is putting in. He has a very difficult program, I do realize this, and I do realize that it's easier to criticize than to correct these things.

I am glad to see that they have the Barber Commission now working and that there's more work being done under Family Planning and under the Day Care system. However, having said that I want to complain about the department. I feel it is full of abuses, and one of the troubles is that it is a heavy department, and just look at the front bench over there. Just look at the Ministers that are in the House. They aren't very interested in it and we are spending \$191 million in this department. --(Interjection)-- I'll be very interested to hear what the Honourable Member for Thompson has to say. But this is really disgraceful to think that we are spending a \$191 million and there's so few of the Ministers in their seats. We have an increase, we've had an increase of six --(Interjection)-- You can speak Russ afterwards, you'll have the floor just a -- you'll be able to get the Speaker's attention.

MR. CHAIRMAN: I would caution the honourable member that we do not refer to other honourable members by name.

MR. HENDERSON: I'm sorry I should have addressed the honourable member as the Leader in the House.

But anyway you are spending \$60 million in the last two years. It's up 33 million in 1972, 27 million this year, a total of 60 million. You know that this is more than equal the total Highway Budget in Manitoba. It's more than equal the total - 59 million is the total Highway Budget. And the increase in two years is --(Interjection)-- a lot of it is being spent in the north proportionately for the population that's where you biggest spending on welfare is. Well that's what you've got to go by. Proportionately the largest amount of it is spent in the north. And even though we have this increase of 60 million in two years, we're still having this increase at a time when the government is spending more on the PEP Program, which is supposed to be giving money to people on welfare. And then while we're having many training programs under this Manpower deal - and by the way while I'm speaking about the Manpower

(MR. HENDERSON cont'd) . . . . deal, to some extent now this just became another glorified type of welfare. And you people know what I mean; people are forever being trained; you are paying for their cost away from home, and you are paying for their families, many of them never do try to go up any further, they switch into another trade, another course, and they are still getting paid - by that time they get out, and I have known of a case where they got out and they ended up in jail; then they had to keep the wife and the family - got out and he went down to Ontario and started in another training program. So this here Manpower training program needs a little looking at. I know it's a federal --(Interjection)-- all right too, but it's really being abused, and a lot of the money that's being spent on this program is really a form of glorified welfare.

And your Welfare Budget alone in one year - the welfare part is equal to the total Highway Budget. I'd like to talk about this Welfare Advisory Committee. I have an Order for Return in on it and I see there's 15 members on it, but I have found out that it only takes three to make a quorum and that when they have a meeting that there is only three people notified. Now if you get three people that are devoted socialists --(Interjection)-- that's a good way to put it, a devoted socialist - but if they're very much inclined to be generous, possibly they never had things very tough in their own life at all and they think that anybody that hasn't got a lot is in need of a lot of assistance, because there is a certain thing there that if a person has been raised on a higher standard of living and they go into some of the ordinary homes, and they could think they needed the help right away, but those people who are in these type of homes are getting along quite well and they think they're doing all right, and really they are, it's just that their standard of living isn't equal to whoever might be administering it. I don't believe that these three people should constitute a quorum, and I believe that they should have more contact with the local municipal people when they have one of these hearings.

I want to read into the records here about a certain case that I had brought to my attention. "On December 12, 1962" - 1969 I'm sorry - "a person applied for assistance on the grounds of unemployed, and no benefits. He required assistance for groceries and clothing and he was granted assistance for one week for food and clothing, and he offered them employment - and just remember that - he offered them employment. The applicant presented a letter from a doctor - this was on January 13th then - the applicant presented a letter from a doctor stating the applicant's knee was giving him some trouble. The reeve granted assistance on the strength of the doctor's certificate until the next meeting of council. Advised applicant to appear before the council on January 26th. On January 26th the applicant did not appear before council and no request for further assistance was received. April 23rd applied for assistance again, he had no doctor's certificate. The reeve did not grant assistance but advised him to begin work immediately for the municipality. Arrangements were made with a grocery store to advance food on the strength of his promise to begin work the next morning. He worked three hours on April 25th and 6 1/2 hours on April 27th. The applicant did not show up for work on April 28th. The applicant appealed the reeve's decision of April 23rd on the basis that the municipality refused social allowance. The social worker assisted the applicant to prepare the appeal and gave him financial assistance to tide him over until the appeal could be heard. The Appeal Board heard the case and gave great attention and weight to applicant's statement but would not permit the reeve to comment or clarify certain matters."

I just want to read that last paragraph again. "He would not permit the reeve to comment or clarify certain matters. "The municipality received - this is on May 15th - the municipality received an unsigned copy of the award which granted the applicant assistance for February and March in the amount of \$266.50 per month. The Appeal Board consisted of - well I don't think I should read the names of the people there. I don't think I'll read the name of the - you want them? Well it was a Mrs. Una Decter, she's the chairman, a Mr. S. Sheps and Mr. P Nimchuk. The council could not understand why assistance would be ordered to be given for February and March when no request for assistance for those months was made. The council also used the same regulations as the province: if a man has no doctor's certificate stating that he is unable to work, and if work is available, no assistance will be granted. In this case, the municipality offered the applicant work at which he could work, a 40 hour week at the minimum rate of pay. The applicant was told he would have no foreman to supervise him and that he would be on his honour. The council met with Mr. Toupin on May 27th to discuss the Board's decision and the policy in general of the Social Service Department. Mr. Toupin advised council that he agreed if a person did not take employment when he was physically able

(MR. HENDERSON cont'd) . . . . to work, assistance should not be granted. The department staff apparently are not aware of the Minister's policy because assistance is granted in many cases where work is available.

I have other cases here, but I won't bother reading them. But here is a case where the Minister is saying one thing and he's not enforcing it. Probably he's getting like the Attorney-General. He acts that way too. The Minister is saying they will not get assistance if they are offered work but they apparently are getting it. I think this is where they need more supervision by --(Interjection)-- No. They need some municipal people checking up on this. In fact I believe that if the welfare system was administered by municipal people that there would be far less abuses in it, far less. I believe that the expense should be shared by the province but I believe it should be administered by the municipalities. I have said this before; I am sure that all the rural members, and I don't know if the people in the city know enough about municipal affairs to know, but if the municipal people are looking after it, they won't be wasting the money. And I know of cases where - we had a reeve down in the Municipality of Stanley and whenever anybody came looking for assistance, he always talked nice to them and then he offered them a job, and they said, well they'd see and maybe they'd take the job, but they never showed up for work but they never came back for assistance, so they must have found something else to do. And I'm sure that if you have it under municipal people, there would be a great saving in this - and especially this Appeal Board that goes out to talk to the people, they should have local municipal people there because they know whether the people are living common-law; they know if they have a chance; they know if they have been offered work, and have turned it down, they know these things. And in all fairness to the social worker that comes over from some other place, comes into a home where there are several children and she just thinks well they do need assistance, and she believes the poor souls, she has got to help them out, and probably if she didn't somebody from further up might be jumping on her, but this should get back to the municipal - municipal people should be looking after this program and I do feel there would be a lot less waste.

Now there is quite a bit of talk about correctional institutes these days, institutions, especially now with the trouble that they are having at Headingley, but I'm one of these people that believes that they should have more work for the people on these programs so that they can do work, whether it's in the field, or whether it's looking after livestock, or whether it's in the form of learning trades. I believe that this is good for people that are in these institutions. But after having said this I do believe that they need more discipline in these places, far more discipline, and I think that even for the good of the prisoners they'd be better to have more discipline - and you'll find where you have homes where there is no discipline, or whether you have organizations where there is no discipline, or in schools where there is no discipline, that there is always more trouble created. It's just like in your local towns, if you have your policemen and they do their job right, you have a lot less trouble. If you have your home and your parents correct their children, the children don't get into as much trouble; and if you have these jails and you have a stricter way of looking after the prisoners, with freedom but restrictions and discipline in the form of doing it, I feel they would do a lot better job. And as I said before I do believe in backing up our law enforcement officers, because it's really ridiculous nowadays with the amount of bomb scares and riots and everything that go on, and a policeman can hardly defend himself for fear of having a charge laid against him. And if --(Interjection)-- Pardon? Well there is one thing - my friend here from Charleswood threw me off - but there was one thing I was going to say when I was talking about the prisoners and the policemen and the discipline that you have, it has been said before, and you know it's been said by several people now, that you need to watch out now or else the robber will be out of jail before you are out of hospital.

Now when I came in here in 69 I saw that Health and Social Development was one of the things that was moving to the front as far as unrest amongst the people in Manitoba is concerned. No matter where you go you'll find people saying, why should I do work, and why should I do this, because the people on Health and Social Development, on this program, are being so well treated? And it's getting worse, it's getting worse, and I heard the Minister say quite openly in the House the other day that if men were able to work they should work, but you know he hasn't said that very often; he's kept this in the fine print before but I think since there's a by-election on in the Wolseley, and they're becoming aware of the fact that when they go out around some of the homes that they find people saying, well why should I get up and go

(MR. HENDERSON cont'd) . . . . to work at 7:00 o'clock, or work a night shift, when somebody upstairs, or in the place across there, is getting welfare, and they are getting just as much take-home pay as I am getting. There must be something to it, because it seems to be getting through to him - I hope it gets through to the rest of them over there because whether we change them or not, I hate to see the money that they are squandering in this department.

The other program that's coming on next that's getting out of hand, and that the people are resenting, is the amount that's being spent on education and the way it's being spent, and what's being turned out. And having said these things, I mean, the results of some of the education we have, I could go on and say a lot more about that, but I realize this isn't your department. I'm going to leave that and with that I'll close off.

. . . . continued on next page

MR. CHAIRMAN: The Honourable Member for Thompson.

MR. BOROWSKI: Thank you, Mr. Chairman, I too, like the previous speaker have been waiting for some time to speak on this department. I know it's customary to congratulate a Minister and his staff on the work they've been doing. I am going to forego that ritual this time round, because where I come from, Mr. Chairman, you have to earn congratulations, or kind words, and in my humble opinion the department or the Minister do not deserve congratulations from the public who are paying the \$190 million, or whatever it is in this case.

The Member who just spoke tried to make a connection between socialism and welfare and I want to assure him that there is no connection. If it was true that the socialists were welfare pushers, I can assure him I would not be sitting here, and I'm sure the Premier would not be. There are no questions, there are misguided people in our side, particularly in the waffle group who think there is nothing wrong with Welfare and all a guy has to do is walk into an office, and he is entitled to welfare. I would like to -- (Interjection) -- well as a matter of fact, maybe the wafflers should change the name to the welfare group, instead of the waffle group - but this is not the case with the NDP and I want to assure the member who just spoke that this is not the philosophy of this party and if it ever becomes that philosophy, I certainly will not be on this side of the House.

The Minister, when he started speaking said that they believed in an ounce of prevention is worth a pound of cure. Well I really wonder if he applies that to the people that are released on weekends, weekend passes, on day passes, people who have been there a very short time and are allowed to have a good time on the town at public expense, chauffeured and in public limousines. I wonder if that philosophy is being applied to the prisoners. Certainly it's not being applied to the scrutiny on welfare. People come into an office, and I know something about it because I've had many complaints in Thompson, outside - obviously most of the people there on Welfare are not Thompson people they are outsiders who come in looking for jobs, others who drift in hoping to find a new way of life and they go into the office and they give a statement, and at one time within ten minutes a cheque would be issued. Certainly this philosophy of an ounce of prevention was not used because had it been done, a phone call or two to the proper people would have quickly ascertained that this person was not entitled to welfare, that in fact he had just finished working at some other place, or was drawing welfare, or perhaps was on Unemployment Insurance and certainly this had not been the case, although I must say in fairness to the Minister that in the last few months he has woken up from a long sleep and he is taking a tougher stand. I don't know if it's because of the criticism of the public and members of this House, but there is changes. I certainly know that there's changes in Thompson, even his worse critics are saying that the Minister has finally got off his seat and is really cracking down on abuse, so I think that this should be a matter of record that there is changes. There are too slow, and too few, and I hope that the Minister continues and perhaps one way he may achieve the objective is to get rid of some of the dead-beats he's got on staff because all the drones do not collect welfare. There are drones in a department, many of whom, or perhaps I should say, some of whom, openly and unashamedly tell the recipient you can get more money on welfare, so why don't you go on welfare and leave that job.

I would like to know from the Minister since he has cracked down on the abuse, how many cases there has been of welfare fraud - and I know the Unemployment Insurance are people that report and you can read it any day in the paper, if somebody is caught stealing from unemployment. He is quickly taken into court and dealt with by the authorities. I would like to know how many such cases we have in the Welfare Department? How much money has been recovered? I know in Quebec according to the reports they estimate that they are going to recover \$10 million of money that was fraudulently collected by various recipients.

The Minister also talked about treating humanely those that are truly in need, and this is an area that is somehow forgotten by all of us on both sides of the House. We know that everyone gets an increase; we received an increase last year; the civil servants get one every year, unionized people get increases; minimum wage earners get an increase; but - our teachers, yes, the university professors. When was the last time a half decent increase was given to the welfare recipients? Even the old age pensioners received - albeit a miserable pittance from Ottawa, nevertheless they received an increase recently. But these genuine cases whether they are widows or people who, for medical reasons, can't work, whatever the situation may be, as long as they are those that are genuinely in need, I think it's time

(MR. BOROWSKI Cont'd) . . . . that the Minister reviewed the rates and to these people brought in an increase whether it's 5 percent, 10 percent - I don't know what - but surely it's time, to those who have to be on welfare, that there was a general review to see about upgrading and giving them more income.

And at the same time, Mr. Chairman, I think that in the area of the transients - and I'd like to touch on the youth hostels which I submit to you, Mr. Chairman, are nothing but subsidized whore houses in this country where drugs are freely used and I'm told even sold on those premises, -- if the Minister would look into these and look at the abuse that's in there. I understand many American draft dodgers come into this country and they are getting welfare and if they can't get it directly they get it indirectly by going to these youth hostels and they get free lodging and board and a few dollars for travelling. I think if the Minister made a concerted effort in cutting out the welfare he'd find out that he'd have more than enough money to make a general increase for the genuine cases and still have a couple of million dollars left over for further worthwhile projects he has in his department.

There are two other questions I'd like to deal with, Mr. Chairman. The first one has to do with doctors. We had a case recently where a doctor was caught double billing or over billing, I'm not sure which, and he had to return \$9,000.00. I know very well that if anybody in the public did this he would certainly be properly dealt with and I question again, as I questioned the Attorney-General this afternoon, do we have two laws - or in this case obviously three laws - one law for people in jail, one law for people outside and another law for doctors. If there is overcharging I think the public's entitled to know which doctors are doing it. I'm satisfied that it's a small greedy grasping minority who is cheating the government and giving the other doctors a bad name and I think the public is entitled to know how many of these doctors there are and why there has been no prosecutions. If restitution has been made obviously there was a genuine case of overcharging, whether it was overcharging or double charging seems to me, Mr. Chairman, that would fall under some type of fraud and I think the Minister has a responsibility to tell the House previously how he's dealt with this, and how many people, and how much money is involved in this area.

The other area I'd like to touch on, Mr. Chairman, is the question of Grants. I know the Minister can't possibly personally look into all the multitude of organizations that apply to his department for grants any more than the other welfare department - that is industry and welfare - can look into the waste of money out of their department. But it seems to me that with the large staff that he has, and I think it's half of the provincial civil servants are in his department, it seems to me that they have a responsibility to check out the people that are getting grants.

This is the area I'd like to say a few words on Mount Carmel Clinic. I'm surprised that the Opposition health critic didn't bring up this subject because I know she's very concerned as are the people who built that Clinic. They are rather angry about the perversion that has taken place, that a handful of individuals has taken what was once a wonderful clinic and turned it into an abortion pushing, a human abattoir, and we are giving money to these organizations and this particular one. I think the Minister has a responsibility on two counts: one because he is the Minister and therefore responsible and obligated to enforce the laws; and number two because we are giving funds to this organization.

I have read the incorporation - I believe it was incorporated 1926 - there was an amendment of incorporation in 1930 and in order to comply with the tax exemptions for those who donate you have to do certain things. I understand that the Clinic has strayed a long way from that, which would appear that they're certainly not entitled to the exemption they are getting. But much more serious, Mr. Chairman, is the things that have been going on in the last few years. One of them as Doctor Merry pointed out in his brief, there has been an obvious violation of medical practice. This is not a plug for the doctors but we have laws that say only qualified medical practitioners could give medical service to people and if we don't like that then I think it's the Minister's responsibility to change it, but it's certainly improper, I suggest, and wrong for Mount Carmel Clinic because they have a reputation for having done a great deal of good work in the years before Medicare - and I believe it is absolutely essential to have a place like Mount Carmel before Medicare - - I question the need for it now, nevertheless it's not my right to say that it should or should not exist but it certainly is the Legislature's when our funds are being committed. According to the brief that Dr. Merry presented, and I'd just like to read a couple of lines out of it. "In my opinion this constitutes

(MR. BOROWSKI Cont'd) . . . . the practice of medicine as defined by Section 2, subsection 2 of the Medical Act," and he refers to a booklet that's put out, it's freely available to the public, and in that booklet is listed some of the services that Mount Carmel Clinic gives out and if we are to believe the booklet - and I think that anybody who reads it will certainly believe it - - then it appears that there is a clear violation of medical practice, and it's not good enough for the Minister to say that it's really up to the College of Physicians and Surgeons. I know the College of Physicians and Surgeons under our legislation are responsible for certain things but the final judge surely must be the Minister who answers for the vast expenditure of the money. When matters of this magnitude are brought to his attention I think he has a responsibility to look into them and if there is a violation of the law then it seems to me that they should be treated like any other lawbreaker.

There's also the question of the pharmacy, and I quote again from the brief: "From further information received it appears that the pharmacy must be licensed as required under The Pharmaceutical Act." Apparently after close checking it has been found that it is not licensed. This may seem like a small thing. I think the druggist - anybody who wants to start a drug store could say well: Ann Ross is running without a license, why should I have to apply for one. It seems to me that if we're going to apply laws of registration and licensing for drug stores which dispense fatal medicine and medicine that could kill from an overdose or the wrong type of prescription, I think that the Minister has a responsibility to see to it that all the laws, safeties, are looked into because a person whether it's a nurse or someone else could very easily make a mistake and someone could die as a result.

There's also the question of the laboratories, and I know the Minister has already indicated that it's up to the College of Physicians and Surgeons, and I disagree. I say again, he is the Minister, not the College of Physicians and Surgeons, and once more I'd like to quote from the brief which I think that the Minister has a responsibility of looking into: "All laboratories in the province, government or privately operated, which are supervised by a registered medical practitioner are required to be inspected and accredited by the Standards Committee of the College of Physicians and Surgeons of Manitoba." There appears to be no record of any such laboratory having been inspected or accredited at the Mount Carmel Clinic. Again clearly the Minister is being careless or lazy or sloppy by ignoring a situation as serious as this. I think he knows very well that a wrong diagnosis coming out of a laboratory could lead to very serious complications later on.

There is also the question - still with the laboratory. Apparently there is a standard, Mr. Chairman, in this country where you can perform so many tests per year and the national standard for Canada is 95,000 tests units of laboratory work. Mount Carmel Clinic is projecting 300,000 such tests in the coming year. Now there is one of two things happening, Mr. Speaker. The standard is unsatisfactory, slipshod, endangering the health and lives of those who submit themselves to these tests; or, they're doing what Bio-Science has done and that is double-charging or over-charging for their work. One of the two things must be happening and I suggest to the Minister that he seriously look into this and as has been suggested in this House, that he have a full investigation conducted to see if there is double-charging or if the tests that are carried out are of a nature that are harmful and dangerous to those asking the tests be made for them.

The other question, Mr. Chairman, before I sit down has to do with abortions; it's been touched on already. I think the Minister in answer to a question that I had here about a month ago, he said that it should be brought up under his Estimates. I'd like to know and I think the people of Manitoba would like to know - certainly some of them would - how much does abortions cost us per year, and that includes medical, hospital beds, blood transfusions and office calls after the abortions, etc., - the total cost - and I think a breakdown would be appreciated as opposed to the doctors' costs and the other costs such as hospital beds. How many of these abortions were done for health reasons, in other words, to save the mother's life. I think when they passed the legislation, Mr. Chairman, in 69, it was intended that this abortion Section, C-237 I believe is the number, was put in there to handle cases where a mother's life was truly endangered. We are told unashamedly by some doctors that it means nothing, they ignore it completely and it has been turned into, in fact, an abortion on demand.

I think the only way we can discuss this intelligently, Mr. Chairman, is for the Minister to give us a breakdown of how many abortions were performed to truly save the

(MR. BOROWSKI Cont'd) . . . . mother's life and how many of them were done on frivolous grounds like, it's going to be a terrible inconvenience economically or maybe my boyfriend's going to leave me, and other such stupid excuses which we have been hearing about -- not only in this province, Mr. Chairman, but throughout Canada. We the taxpayers are paying for this inhuman killing of the unborn, the most innocent in our society. I object to it on that ground, I think it's an insult to the public to ask them in addition to pay for this butchery that's going on in our hospitals. I would like the Minister to get up here and state unequivocally what position he's going to take -- in spite of what was said at the convention and I congratulate him for taking the stand that he did at Brandon last fall -- but we'd like to hear from him officially what his position is going to be regarding the abortion committees. Is he going to enforce the law, which he admits he doesn't like and the Premier says he doesn't like but we have to live with, enforce at least that part of the law where the people wanting an abortion, the women wanting abortion, must go in front of three doctors and these doctors must okay it before an abortion can be performed. That is the law. I don't agree with it but that is the law and I think the least we can expect from the Minister is to have this law enforced and if doctors are performing abortions without getting the approval of a committee of three, then I think that the Minister should take action on that.

Speaking further on the question of abortions, Mr. Chairman, I'd like to read into the record some statistics to indicate the seriousness of it and the amount of money it's costing elsewhere. I'm reading now from the Hospital Administration in Canada, March 1972, and it's a special reprint which I'd recommend to every member in this House to read. They would find out the seriousness of the situation. When you look at the statistics -- "The increase on Canada-wide basis is threefold - 317 percent increase - but it will be noted that in many areas it is considerably greater, fivefold and sixfold, and in two areas and categories, it is as high as elevenfold and seventeenfold."

Now, Mr. Chairman, I have no idea of how long this graph is going to continue to climb. People more knowledgeable than myself in this field say that they see no end in sight and if that is the case it would appear that we are looking at a bill of about \$50 million in two years time for abortions alone. That seems incredible, Mr. Chairman, when we say to our citizens that we can't include eye care, dentistry, and various other things under Medicare because we can't afford it. But somehow, somehow this government and this Minister can find several million dollars - and if I'm wrong in several million dollars I'm sure the Minister will correct me - somehow we can find the money to pay for abortions in this province. I think that's a sick set of priorities that we are living with when we will pay for abortions but say to the old people and to the poor people, "sorry, buddy, your kids will have to walk around with rotten teeth because we haven't got enough money to pay for them by including it under Medicare."

Reading further from this bulletin - length of stay. There's been a great deal of discussions about this. Those pushing abortions say it's an afternoon type of operation, almost like cutting off your toe or a wart and there really isn't a great deal of hospital bed utilization. Well I think this thing here refutes that. "For the latter reason reports the Medical Director of a Maritimes hospital, many patients stayed over three weeks and one stayed 70 days but the overall average for 139 abortions," - I think they're talking about Nova Scotia - "139 abortions was 6.5 days." I think that would indicate the seriousness, not only in terms of cost, Mr. Chairman, but in terms of people that are genuinely sick through no fault of their own cannot get a hospital bed because somebody - whether it's a good woman or a bloody tramp that's in there for the third time in that year - is in there getting herself an abortion. I think that the Minister is going to have to make up his mind in admittance and in the handling of this - who is more important? Do we tell the sick person, go home and suffer because I've got a gal here who's pregnant again and we've got to look after her? I think the public who's paying that fantastic sum of money in that department is entitled to health care at least as good as they have in some of the dark countries of Africa where they know what their priorities are, I think it's time this government established their priorities and decided who gets that hospital bed first.

The other question that was brought up when abortion was discussed, Mr. Chairman, was that it really equalized everybody and up until the law was changed and Medicare picked up the cost, that the poor suffers and the rich they'll get an abortion in any event. Well that's true, there's no question that the rich will always have their fun and be able to pay for it, so as not to be an embarrassment to the family and the community.

(MR. BOROWSKI Cont'd)

Well I'd like to read a section from this report here which will debunk that nonsense. "The population we serve is 98 percent treaty Indians and although their birth rate is double the national average they seem to want to keep all their babies. We feel there is no un-met need in this area."

And, Mr. Chairman, I've read reports from the United States, particularly from the slum areas, which clearly indicate that the Puerto Ricans, the Portuguese, the Italians, the Negroes, the people who are the absolutely rock-bottom of the economic ladder, the poorest in society are the ones who avail themselves the very least of the abortion facilities available. Even where it's paid for. So this is pure nonsense when those that push abortion say that we're really doing it for the poor. I don't know if there is any significance to it, maybe the poor are more moral. Maybe they're more religious. I don't know. But it's a lie and dishonest for anybody to suggest that it's the poor who are yammering for abortion. It is not, and I suggest that if the Minister checked the records in Manitoba alone he would find out that those using the facilities of abortion are not the low income earners. And as a matter of fact, Mr. Chairman, there is an interesting report put out by a Vancouver hospital which gives down the economic breakdown, the professional breakdown, the ethnic and religious and it's . . .

MR. CHAIRMAN: The honourable member has five minutes.

MR. BOROWSKI: And it's amazing, Mr. Chairman, - I wish I had that report I would like to quote some part of it. One of the interesting parts of it is that the Catholics and the Jews use abortion the least. And I have been told, and I know that a survey in the United States has shown otherwise, that the Jewish community was usually pushing for abortion, but the facts in Canada show clearly that on a percentage basis the Jewish people use abortions the least. Now that's quite an admission to make for a Catholic and a Christian, but the fact of the matter is that in Vancouver in one hospital, which is the largest abortion hospital in the province, they have clearly shown that the Jewish community is at the lowest level of utilization, Catholics are second, and then it goes on giving the other denominations.

I think there's a lot of nonsense, and a lot of misinformation, and halftruths, and out-right lies, that have been peddled in order to promote abortion, and in order to fool the public - and two of the lies I would like to deal with in the two minutes I have left, Mr. Chairman - is that we have to have abortion because what happens in the case of rape? Well you know it's interesting, Mr. Chairman, since this law was passed, up until a month ago when I read the statistics, there wasn't one single case of pregnancy to rape. There was many rapes, in fact they are on the increase, but not one single pregnancy, and this is one of the reasons advocated by the shrill hens like what's-her-name from Vancouver, and our party, and others who are pushing abortion. These are the reasons they have given for -- (Interjection) -- Grace McInnis, that's right - for legalizing abortion.

The other reason that was given, Mr. Chairman, is the deaths from the back-street abortionists. They have always claimed off every platform, that thousands of people - correction, tens of thousands of women die from back-street abortionists. Well, Mr. Chairman, I have done some research and we find in 1968, the last year before abortion was legalized, eight women in Canada died from abortion. Since it's been legalized in 1970 there was six deaths from legal abortions in Ontario alone. I understand in Canada today there are more deaths from legal abortions than there ever was from illegal abortion. Two of the main reasons for getting abortions. I hope that this government makes representation to Ottawa to stop this human butchery and if this government has the courage to say, until we pay for dentistry, eye glasses, and all the other things that are not covered in Medicare, that they will say we will not pay for your sexual irresponsibility by taking it out from under Medicare. Thank you.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, it was quite interesting listening to the Honourable Member for Thompson who just spoke. I do share a lot of his views and certain -- (Interjection) -- pardon? But nevertheless I think the Estimates before us need commenting on probably in the worst way. After all we have one Minister here who spends one-third of the Provincial Budget, and the other 13 Cabinet Ministers spend the two-thirds, so I think this is way out of line, Mr. Chairman. I feel that the Minister has too much on his hands and he can't do a proper job. This is my definite opinion. And either- it's either one, either he's overworked and he stays here all night and he works day and night, or he's just a rubber stamp. And I'm sure he's not on the job 24 hours a day and therefore with the budget that he has and the various departments really, Health, Welfare, Probation and Rehabilitation, all these different areas and aspects

(MR. FROESE Cont'd) . . . . that he has to look after, and I feel that this department should definitely be split up so that more attention could be given to both Health and Welfare individually. The costs of the department are very high and have been going up year by year.

We notice from the Estimates that the current year's total Estimates is 191 million. Last year it was 164 almost 165 million, and the year before it was 146.9 million, so we have roughly a 25, almost 25, 26 million increase a year and, Mr. Chairman, this is definitely too much. And this in my opinion definitely does not mean that there is any control exercised, or very little.

And I feel that the system, the way it's been set up is to blame to a large extent because there's no incentive to economize. If the Minister has any, I'd certainly like to know because under our system everyone is entitled to use and the maximum use, and there is no reason whatever to economize. There's also no reward for savings. If savings are made, there's no reason to save and I'm sure that when the budgets are made for the next year those that save money probably get less, and it works in the reverse. That those that try to economize are hurt and therefore the system certainly works in reverse and therefore we see the enormous increase in costs.

And I'm just wondering how much scrutiny really is given to the various budgets coming from the various hospitals throughout the province. The Minister mentioned the hospital costs as being 117 million, if I understood him correctly. This is a lot of money and I feel that we should have some kind of a deterrent so that we exercise some control, and I'm sure that the deterrent needn't be excessive; it needn't be of a kind that hurt badly, but certainly I think it would take away some unnecessary costs that are presently paid for and included, and which contribute to the large growth of expenditure of the department. I notice for instance in going over the various items contained in the Estimates, for instance under Executive Function (b) Office of Associate Deputy Minister, the increase is 42 percent. Under the next one, Research, Planning and Program Development, under Public Health Research Grants, 12 percent increase. Then the following one Resources Division, Financial **S**ervices under (a), 12 percent increase. Under Health and Social Development Education Services, 14-1/2 percent increase. Going to Community Operations Division, Probation and Parole Services 26.5 percent increase; and Rehabilitation Services, 28 percent increase. These are some of the increases contained in the Estimates. And when we move on to the Income Security Programs, Social Allowances, and increase of 24 percent from 38 million to 47 million.

Mr. Chairman, I think we have to take some measures and provide some measures to exercise some control on these heavy expenditures. I notice also under Municipal Assistance the increase is rather small, it's 5 percent. When it comes to providing assistance to municipalities, we're not nearly that generous. And I would like to know from the Minister this increase, does this mean that we will give them more or is it just that this is that more people will be treated, or on what is this increase based? Maybe he could give us that information. Under Health Services, under the same program, the increase is 16 percent; under External Programs, Financial Assistance, 15 percent. Mr. Chairman, these are the increases that are taking place. And the last page I find under Care and Treatment of the Juvenile Offenders, it's 27 percent, and Provincial Laboratories 13 percent. So these are some of the percentage increases that we're facing in the Department.

Coming back to the Social Allowances I feel that here is an area that we as members should hear from the people on the Advisory Board themselves. I feel that we should have a Standing Committee on Health and Social Services and that this committee have hearings and require that these people come before them so that we can get inside information and see just what the problems are and whether we cannot, as members of this House, give some advice that would be pertinent and that would be factual, and also that would provide for reductions. I think a committee of this type could also hear the representatives of Medicare, the doctors of this province, and especially also the Hospital Commission. I think it is very essential that we set up a committee for this purpose. We have committees of other departments to hear and investigate and make recommendations, and bring in reports to this House. Why not on Health and Social Services? Why is this such a department that cannot be touched? I feel that it is high time that we do this and that an effort be made along these lines. Because I am sure that honourable members would have something to contribute, and would have some ideas that could be brought forth and brought in to provide for some economy. Members have expressed concern but I feel that it should go further than that at this time.

(MR. FROESE Cont'd)

I also feel that we have a certain amount of overlapping in the various areas and I know for instance in the Health Units set up through various parts of the province, some municipalities even question the expense involved here, and I just wonder whether they are still necessary under Medicare. Do we still require them? And can't we save some money in this area.

So much has been mentioned in the last while, especially since last year about Community Clinics, I would like to hear a clear and precise definition from the Minister as to what constitutes a Community Clinic and when they speak of Community Clinics, in what term is it spoken of and how does he define it? I think it's essential that we have a clear definition of this so that we can discuss the matter intelligently because I think it would represent different things to different people, at least as to what area and what scope it does provide.

Mr. Chairman, I find there is also an item for Municipal Assistance. I'm wondering, under the present Act why some of the municipalities even have by-laws, welfare by-laws, because it's not mandatory and from the hearings that we had this spring, certainly some of them were considering withdrawing theirs. This is actually an unnecessary expense as far as the municipality is concerned, and to those that don't have the by-laws the government pays the whole shot, and why do they differentiate. I think that the municipalities are probably not aware of this fact but certainly I feel that if some don't have to pay it, then others shouldn't be required to pay either. And I would also like to know just what Winnipeg's share is of the 10,185,000 that is contained in the Estimates before us.

Mr. Chairman, there is other items, and I would particularly like to refer to the matter of maintenance of children. How many children are there presently being maintained by the province, and what is happening in this area? Is it on an increase? Are we getting the necessary people to look after them? I know there were some - well not only children but adults placed in a local area in my riding, and I think some of these parents are doing a wonderful job for these children - certainly if we didn't have them the problem would be much larger and I think a lot of gratitude and thanks should go out to those people, to those mothers who provide a home, even be it on a temporary basis, for a lot of these children in our province. I would like to know from the Minister just what the score is in this connection because I think it is a very important area that we should be discussing.

Then we recently passed the Capital Estimates and there was a fairly large item in that for matters that really should come from Current Revenue, and I am just wondering how much of that applies to his department. Would he be kind enough to provide us with some of that of the information. Because if I take a look at the Public Accounts of the year ending March 31, 1971, I find of that year that the Manitoba Hospital Commission, the Estimate was \$22,458,000, and the Manitoba Health Services Insurance Corporation 30,100,000. Today we have one lump sum here of 70,750,000 under Manitoba Health Services Commission. I'm sure this does not include the amount contributed by the Federal Government toward Medicare. It can't be in there because then the amount would be much larger. Would the Minister provide us with that information as well. How much is being received from premiums and other sources, so that we can discuss the item properly because I think we should, even though we do not have to provide from current revenue those amounts, I think we should know just what the total is under the Medicare program, and also what is the total under the Hospital Commission as such for hospital beds - the figure of \$117 million was given before. Is that the figure for the year just completed, or is that the figure for the ensuing year? I think if we could get this information it would be of benefit to us.

I think I will conclude my remarks with that for the time being. No doubt I will have further comments to make when we deal, or when we have had an answer from the Minister to the various questions put to him, because I feel this department is so large and we are spending so much money that by just devoting the five hours, or whatever it is, to it we are not doing justice and giving proper scrutiny to the large amount that is being spent under this department, and I feel that it should have been divided or given double time -- (Interjection) -- Double time, the Minister for Thompson says, or the Member for Thompson says, and I agree that we should give much more scrutiny and much closer scrutiny to the large amounts that are being passed for the purpose of this department.

MR. CHAIRMAN: The Honourable Member for Flin Flon.

MR. THOMAS BARROW (Flin Flon): Mr. Chairman, I would just like to say a few words on the abuse of welfare, or otherwise, as it pertains to me in my constituency. Mr. Chairman, the people I represent in my constituency are not rich. They work hard for the money that they bring home, and the wives keep reminding them that it isn't easy to make ends meet, but most of my constituents, and most of the working people of Manitoba, are ready and willing to work. They don't want handouts when jobs are available. When the economy makes jobs harder to get; when newspaper editors make it unpopular for organized labour to try and get a better deal for workers; when money and jobs are scarce, then we have to have a new look at welfare and what it means.

To me, welfare means two things, both of which the Honourable Minister of Health and Social Development has touched upon when speaking in this Chamber, and particularly in the presentation of his Estimates. First of all, welfare means that when a person simply cannot support himself, or his family, then we as society provide a basic level of support to maintain life itself.

Second, welfare is a generous sharing by the working people of society of the money that they have earned and therefore it is a very serious slap in the face of every working Manitoban when welfare is abused or obtained by fraud and trickery.

A person can need welfare for any number of reasons. He may be sick; he may not be able to find work; she may be an abandoned mother; she or he may be a child who needs protection from incompetent parents. Whatever the reason for welfare may be it amounts to human misery. For many people on welfare the cause of their misery may be beyond their control - economic policies of the Federal Government, mortgage interest rate that affects the construction industry, unstable markets for farm products, lay-offs, shut-downs in plants and mines, even just living in a place that is isolated from the economy as a whole, all of these can throw people into the welfare offices and there is not much any working man can do by himself to change these things. He can punish politicians by voting for someone else, but he can't vote however for the chairman of a corporation board. As a victim of these social and economic forces, it does not seem unjust or unfair that social assistance be provided until better times come along.

Another reason for needing welfare help is any one of a number of personal tragedies. Illness or injury is not always under a person's control, nor is old age, or childhood; nor can we penalize a woman and her children if her husband deserts his family. What we can and should be doing is vigorously compel these men who desert to support their families and not let the public perform their family responsibilities. The law is there, it clearly makes a man responsible for support of his family; the courts are there, and so are the agencies of law enforcement. Let's get after these irresponsible men who hurt their families, and all of us, by their behaving like spoiled brats. There is no justice to the wives or the children of these families, or the Manitoban paying his taxes from his earnings, when the public purse takes the place of the wages of a husband or a father. That is one way to abuse the welfare on public assistance system. Another way is outright fraud, such as the making of false declarations when applying for welfare, working while collecting full welfare benefits, or working while on public assistance and not reporting the extra income. These again are insults to the generosity of those Manitobans who work and pay taxes to support the income maintaining services that this province provides.

To be fair, not all abuse of public money is carried out by people on welfare. Using public money in a deal that guarantees profits and underwrites losses is also an interesting way to provide the guaranteed annual income to those who take pride in being rugged individualists. It is a sweet arrangement when the tax revenues of the working people of Manitoba gives the privileged few the luxury of operating a no-risk enterprise. I wonder, Mr. Chairman, which is worse, this use of millions of dollars to take the enterprise out of business, or the larceny of a few hundred dollars by people on welfare. I wonder which represents the greater greed? Though there are times when this large scale playing with public money reminds me of what Al Capone once called "legitimate rackets". Abuse of public money by anyone is always distasteful, always wrong, and the offender should be identified and punished as the law provides.

I am particularly pleased therefore to hear the Minister of Health and Social Development indicate that he will pursue a more vigorous policy with regard to welfare abuses than has been the case in the past, but I support even more strongly the Minister's position on the approach to solving social problems. He has said, and I fully agree, that we must gear ourselves to stop problems before they start. We must prevent problems from developing in the first place.

(MR. BARROW Cont'd).

There are really only three ways of handling social problems. The first way to handle them is to wait until they become obvious; wait until they have affected and hurt many people, and then set out to try and provide the necessary remedies. To use an example from the field of Health Care this first approach is like waiting for people to suffer from polio and then go looking for a cure. What we do of course is to try and prevent polio from ever harming anyone, and we do this by giving people the proper medication before they are even close to catching the disease.

But what I am saying simply, Mr. Chairman, is that it is better in social as well as health problems to use a prevention approach rather than to wait until damage is done. I said that there were three ways of handling social problems and I have only really described one so far, and that one was a remedial approach. The second way is to make provision for the problems as they happen. This is a matter of being prepared. Many of the social development programs operated by the government are of this type. If you were injured on the job, you can get Workmen's Compensation. If you are a woman with small children and have no bread winner, or other source of income, you can get public assistance, and so on.

The third way is to handle health and social problems by means of the previous approach. I have already described this one and said that this is the approach I feel is the best over the long run. We need all three approaches to provide the quality of life for Manitobans that we want. We have concentrated in the past on the approaches that stress remedy and provision. We have looked upon people as being uninteresting until they get sick. We have taken little interest in the people in Manitoba until something went wrong in their lives. Now I say that that is a bad approach at any time. It would be inexcusable in a modern social democratic democracy, therefore I fully support the Honourable Minister of Health and Social Development's position that we must move more and more in the approach that stresses prevention.

It is not a balanced approach; it is not a short term approach, but is the approach that over the long haul results in more human happiness and more human health, less human misery and less human pain, as well as a lower financial burden for the public purse. Health and Welfare Budget can be controlled . . . get out to prevent problems from happening, and we can reduce the need for massive social welfare programs that way. In Manitoba we have come a long way in social development since the summer of 1969. There is still a long way to go. I am confident that the Minister's programs of the next fiscal year continue to be steps in the right direction. Mr. Chairman, we've heard from politicians, and we've heard from people who are very articulate, and I'd like to read this answer in the local paper of a working man in response to abuse of welfare in this one area, and I'll quote:

MR. CHAIRMAN: The Honourable Member has . . .

MR. BARROW: I would like to adjourn debate then.

MR. CHAIRMAN: . . . continue this evening. The hour being 5:30 I am going to leave the chair to return at 8:00 p. m. this evening.