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Friday, July 10, 1959

MR. CHAIRMAN: Health and Welfare. 1. Executive Division (a) Administration.

HON. GEO. JOHNSON (Minister of Health & Public Welfare) (Gimli): Mr. Speaker--Mr. Chairman, in introducing the estimates in Health and Welfare and Hospitalization with the indulgence of the committee, I think due to the length of the Health estimates - there are many items- that I would prefer to give the introductory remarks on the Health estimates this evening and the Hospital Plan, at this time and when we come to the end of the Health estimates before we proceed into Welfare, I would like, at that time, to introduce the Welfare estimates. I -- first of all, I wish to say that I took the kudos as the Honourable Leader of the Opposition said previously, in that I distributed some time ago, the summary of activities of the Department of Health and Welfare, which I hope was of some service to the members. This kudos was taken from the policy of the previous Minister, who, I understood, did this for two or three years. At this time, I honestly do feel that since coming into this position, I have the feeling that the previous minister was a very able minister. I found the department with a very wonderful esprit de corps as you call it, which I hope that we can foster. I can't speak too highly of the members of the staff in Health and Welfare and Hospitalization.

I think also in going through my estimates, or the estimates in Health, that I will be able to assist members in correlating this year's estimates with last year's estimates as there is a definite pattern to all our format? as you call it, we have lumped together largely just administration sections, and I will point those out to members as we go along. I feel in summary, that the Department of Health, as we will see, is really, despite the Minister suffering from acute estimatitis, the Health Department is really just suffering from growing pains. The First Minister has already mentioned that the total of the estimates for the Health division in this department are increased by only $150,000.00 over the last fiscal year, in spite of the fact that services have been increased, including extension of health units, rehabilitation services and the work of the R-H Lab and virus laboratory, the extension of the poliomyelitis vaccine program, the establishment of the northern health services, and the implementation of the 40-hour week in all our provincial institutions, plus the increased cost of supplies and salaries this year. This is being made possible the the inclusion in the Hospital Plan, of several items previously carried as a total provincial responsibility, these now being shared by the Federal Government. The major items in this category and the savings effected thereby are--just a rough run-down--for instance the patients in the Psychopathic hospitals. There was a budgetary item there last year of $190,000.00, which is now under the Plan; the care of the poliomyelitis patients in hospitals, where $200,000.00 was voted last year; and cancer $180,000.00, cancer treatment for hospital in-patients, a saving there of $107,000.00 which is now absorbed under the plan. And also when we come to the section 7, Hospital Services, we'll see that most of the items here have been transferred to the plan. Now the Health Division of the department has and I have every reason to believe, will continue to carry out a satisfactory program for the people of Manitoba. The general health of the population insofar as it can be controlled by preventative measures is good. This is indicated by the fact that our infant mortality rate reached the figure of 28 per 1,000 live births, which is the lowest in the record of our province.

With the exception of poliomyelitis, of which we had 148 cases last year, there was no major epidemic of communicable diseases. The continuous program of immunization was carried out and last year a very special emphasis was placed on poliomyelitis vaccine. In July '58, shortly after coming to office, this government authorized the distribution of free polio vaccine to all adults up to the age of 40, and from that date to December 31st, 390,000 doses were distributed. While it has not yet been possible to estimate the ultimate value of this procedure and much too early to make any forecast for 1959, it is perhaps significant that only one case has been reported thus far -- I believe there is two since this estimate was written. The program for vaccinating adults is being vigorously pursued. To further ensure the maximum possible benefits to our population, the government in March, authorized the giving of booster doses to all school children who had completed their first series of three doses up to June, 1957. So far 410,000 doses have been distributed during '59. Total expenditures for poliomyelitis vaccine to date in the province since the inception of the program a couple of years back have exceeded

(Mr. Johnson, Cont'd.).....$300,000.00, which I am sure the members will agree is cheap insurance against this dread disease. One more item in our preventative program that is perhaps worthy of mention, and that is our rheumatic fever control program. It has been proven that persons once afflicted with this disease are subject to recurrent attacks which can be prevented by daily administration of penicillin or sulphadiazine over an extended period of time. And with the co-operation of the municipalities, the province has supplied these tablets to eligible patients and to date we have 706 patients in this group.

A word on our rehabilitation program is worthy of mention. This program, although recent is continuously expanding and last year a total of 2,800 people were given service. During the year 315 previously disable people were returned to employment and 240 of these to competitive employment, the others to sheltered or home-bound employment. The current estimates indicate an increased expenditure of $24,000.00 over last year for continued expansion in this field. This is definitely an economic expenditure as the cost of service to the 240 people returned to competitive employment last year, was $96,000.00. And these people now have an annual earning capacity of $480,000.00 and it is estimated that last year- this last year resulted in a saving of provincial and municipal welfare costs of $60,000.00. During the past year the Psychopathic Hospital was doubled in size to provide 16 additional beds for patients and much needed extra space for patient activities, out-patient clinics and consultation services. I might say it was doubled in size - the other wing was 38 beds and this is 16 additional, but it's got all these extra recreational rooms and observation wards. The old hospital building is, at present, being completely renovated and modernized at a total cost of $110,000.00 and current estimates contain the amount of $15,000.00 to complete this project.

Our Local Health Unit services have been further expanded during the past year by the inclusion of additional -- an additional seven municipalities in the Brandon, St. Boniface and Stonewall units. This together with continued increase in population of the existing units, brings this service to an additional 28,000 persons during the year. These units now serve over 400,000 residents of the province, outside of the City of Winnipeg. The current estimates contain items which will provide for further expansion of the Dauphin, Portage la Prairie and Brandon units to bring in seven more municipalities and this together with the rapidly increasing population in the existing units will require additions to the Health Unit staffs of some 17 persons.

Similarly our pre-paid laboratory and X-ray units at Portage and Brandon were enlarged during the past year to cover -- to serve 5,390 residents in the five municipalities. Plans for the coming year will further extend this service as soon as staff becomes available.

The services of our department in the rapidly expanding northern areas of our province were extended early this year by the establishment of a Northern Health Service, with a full-time medical director and a staff of eight, which includes educators, engineers, sanitary inspectors and nurses. The estimates contain an amount $53,620.00 for this service for the first year. The estimates will contain an amount under Capital Supply, which will enable the government to further expand facilities for the care of the mentally ill and mental defectives, and these will be dealt with in detail when the Capital Supply bill is before the House. As announced from the Throne Speech, we are making provision in the current estimates for the commencing of a rehabilitation hospital to be operated by the Sanitorium Board. This will be dealt with when we reach this item in Capital Supply.

This then, Mr. Chairman, is the rough introduction to the Health estimates. I would like to continue at this time and give the report on the Hospital Services Plans,as we will require this information as we go through our health estimates. Now first I wish to bring to the attention of the members that last session we did table the annual report of the plan and the commentary in there contains some items which I may make reference to today, but it bears some repetition.

The Hospital Services Plan has been in operation for 12 months as of July 1st, this year and it has gone very well indeed. It has been generally accepted by the people and we find that the public and the medical profession have shown a real responsibility toward the plan. This responsibility, I submit, makes the plan much easier to administer. As the plan came into being in an extremely short period of time it was essential that speedy action be undertaken during all phases of its operation. I cannot speak too highly of the dynamic leadership and drive of the Commissioner and the staff of the plan during the past twelve months, who have been operating under conditions of extreme pressure. They were doing a tremendous volume

(Mr. Johnson, Cont'd.).....of work and at the same time negotiating the problems of change. The advisory committee to the plan has been of great assistance in reviewing regulations and amendments to the Act, which they have approved and two full meetings were held with this Committee during the past year. In administering the plan, we've had uppermost in our minds, two main objectives: to extend the benefits of the plan to the people of Manitoba as effectively as possible and (b) to protect public funds. Certain inequities in benefits to certain classes of dependents have been corrected in the amendments to the Act, and also certain administrative changes have been recommended to make the plan function more efficiently. In the early -- these will be in the Bill that we are proposing -- in the early stages of the plan especially, we did everything we could to bring the benefits to the people. As there was very little public information at the outset, there were many misunderstandings and we gave the public the benefit of the doubt in each case. We set up a medical consultant to the plan, and a medical advosiry committee to the consultant. He reviews all claims where diagnosis is vague and checks the long term cases. In each instance we have done our best to individualize. This consultant has travelled to most areas of the province and met the hospital boards and doctors. In each hospital an admission-discharge committee has been set up and this committee reviews all cases, especially long term cases. This has been of inestimable value to the plan. To supplement the work of our Consultant, a Placement Officer was appointed to assist in placing patients to long term hospital care, to nursing homes, private homes and so on. In August '58, with the plan upon us, the pressure for the provision of alternative care facilities became very great. An ad hoc Committee was formed to advise the minister and the government and the recommendations of this committee were noted, and many meetings were held and the decision regarding the rehabilitation hospital and the use of sanitorium beds came to fruition at that time.

As the House knows, sanitorium beds were made available at Brandon, up to 200 will be into effect this year if necessary, 58 beds at The Pas for long term cases. Ottawa agreed to place these facilities under the plan. This agreement was concluded by January 1st, '59 and by February 1st Ottawa had agreed to include a wide variety of elective out-patient department procedures under the plan as well as electro-shock therapy. Previously, this had been limited to emergencies within twenty-four hours of an accident. This move has proved most popular with both patients and doctors and has definitely reduced admissions to hospitals the administrators informed me. The sharp eyes and the use of these facilities--as an example, 8,500 out-patient department minor surgical procedures were performed in the last two months -- has shown its extreme value, of course, in relieving our acute bed situation. In addition to the out-patient department extension, we have also signed an agreement with Ottawa to place certain long term mental defectives who require acute hospital care in a facility at the St. Boniface Sanatorium. This is estimated to save the plan $38,000.00 a year, and we wish to thank the Sisters for their wonderful co-operation in providing the space for 60 beds. We are also transferring those mental defectives now in the third floor of Hospice Tache where there was overcrowding, to the St. Boniface facility. Twelve of these sixty beds in St. Boniface Sanatorium have been approved under the Hospital Services Plan and the rest, of course, are under the Health Department appropriation. The reason for this move was that certain mentally affected children who were acutely ill requiring acute hospital care can very adequately be cared for in this facility where they will remain under the plan when they are acutely ill. Again where new born children were left for adoption, for instance, we arrange for their transfer to foster homes when the medical staff felt that acute hospital care was no longer necessary. And we have managed to set up foster homes where these children can be taken care of in many instances much better.

This past February and March it was felt that it was time to survey the nursing homes. Due to the tremendous volume of work which the Commissioner and his staff had on hand, this was delayed until April and the Commissioner has promised me an interim report shortly. But before such facilities could be contemplated as coming under the plan, it was first necessary to check into the standards of nursing homes as we certainly can not take facilities under the plan unless we can satisfy ourselves as to the per diem rate being charged in these homes, as well as the standards of care which they provide. Also this is essential in view of our new Social Allowances' Act where the province is assuming 100% responsibility for the

(Mr. Johnson, Cont'd.).....care of the aged and infirm in these institutions. At about this time, about April it became also apparent that many hospitals were planning on expansion programs. To this end, we convened a meeting to discuss these problems with the hospitals. And this meeting was held finally on the 4th of June of this year since the sitting of the House, the elections had delayed our meeting, we briefly outlined the problems facing the government in the provision of adequate hospital facilities for Manitoba, particularly in the Greater Winnipeg area, which has been further emphasized by the introduction of the plan last year. We emphasized the need for consideration of the total facilities required for the care of the sick and infirm which, in addition to the beds for the acutely ill, must include accommodation for the long-term chronic illness type of case. Those cases capable of rehabilitation and also those requiring only extended nursing care and possibly those needing only custodial care in adequate housing facilities. We reaffirmed the position of the government in the operation of all hospitals in that the maximum of local autonomy by governing boards should be maintained. We pointed out that the government has no intention of exercising centralized control of hospitals beyond insuring the public funds are being spent in the best interest of the people. We pointed out that it was the government's opinion that a thorough study of the total needs of the population should be carried out before any major construction projects were approved. The meeting had been convened with representatives, as previously mentioned, from the governing boards of all the hospitals in the Greater Winnipeg area, as well as other organizations closely allied such as the Cancer Foundation, Sanatorium Board and the City of Winnipeg Health Department, to seek their advice as to the best method of conducting such a study and the role which local boards should play in an advisory capacity to the government. It was generally agreed at the meeting that since the goverment now pays the hospital operating costs- all the hospital operating costs and the major part of capital costs, it was only reasonable that it be in a position to fully justify these expenditures. It was a general feeling at this meeting that the problem was to determine the total needs of the province and that to get a completely unbiased opinion, the proper thing was to engage an independent group of experts to study and report to the government as a first step, and subsequently to refer recommendations to the local group of board members of responsible citizens for discussion and detailed planning. It was pointed out by some of the representatives that the hospitals are very anxious to preserve their local autonomy and this government concurs wholeheartedly in this feeling. It is my personal opinion that we must do everything possible to maintain voluntary participation in our hospital work. We have advised the Advisory Commission under the Health Services Act that such a study will be proceeded with. And I would like to inform the House at this time that we have received confirmation from the Federal National Department of Health and Public Welfare that they will make available to us to lead such a survey, their Director of Research and Statistics on hospitalization, Dr. Joseph Willard and his staff. And they feel that they can possibly get going on this in the latter part of August at the latest. I would point out that this man would head a team. We would hope to utilize our Research and Statistics Division in the plan - in this survey. We would expect to use some members of our local board in this study. And I can't speak too highly of the recommendations given to us as to the ability of this team which Ottawa has so graciously offered to service us as a technical project. I might say that this group has just returned from Costa Rica where they made a similar study for that government. I must at this time, of course, I must really pay tribute to the Federal authorities in the Department of National Health and Welfare who have been so very co-operative in assisting us in every phase of these several matters that had to be cleared with them. They have acted most expeditiously in each case. Now the collection of premiums by the Manitoba Hospital Services Plan for benefit period No. 1 went very well indeed. The House will remember that this collection period came upon us rather quickly. Many internal problems arose that would take me considerable time to relate in detail but for example, in the case of registration of recipients of old age assistance and old age security approximately 30,000 of this group felt that they should have an exemption of premium, and this was unfortunately due to a misunderstanding in the advertising at that time. Also it was just due to lack of public information being made available and also in many instances, frank confusion in the mind of the person concerned. And this caused a bottle-neck in the middle of the summer in getting out registrations cleared up. However, I can inform the House that by September 30th, with a

(Mr. Johnson, Cont'd)..... crash program we had put through over 1,600 applications as eligible for waiver of premiums. And we gave them, these senior citizens, until the end of December to register in order to -- because we understood this problem. Now of course, under the plan, some people had registered not only twice, some registered three times. Cross indexing, etc., caused many delays but again the staff measured up to the situation with some hard work. The first collection period exceeded our fondest dreams. In that respect we have now had 99.1% collection of premiums and only $61,000.00 worth of premiums remain uncollected at the end of May. Of this amount, some will still be collected as some, we believe is duplication. The municipal phase of the collection program was found a little burdensome to many of the municipal Secretary-Treasurers, and at the municipal meeting last fall no less than seven resolutions stood on the order paper concerning improvements that might be made to the premium collection system. It was also suggested that the province should take more responsibility in the enforcement of the program. During the early part of this year we thought that many of the objections to the plan that had been put forward by the municipalities could only be made by amending -- met by amending the Hospital Services Insurances Act. However, we later found that it was possible to correct many of these objections without amending the Act in existing legislation. It is our feeling now that following factors have met to a great extent the objections which certain municipalities previously voiced with regard to the Manitoba Hospital Services Plan collection system for benefit period number one. First of all, prior to February, '59 a municipality that undertook to guarantee premiums on behalf of all its legal residents, that it still could be liable to pay up to one full month's hospitalization which might amount to $600.00 and I had many of them sent in to me, for any legal resident whose premium default was unknown by the beginning of a benefit period. By February '59, the Federal Government agreed to permit the plan to cover all known -- unknown premium defaulters who were legal residents of municipalities that guaranteed to pay premiums on behalf of all known legal residents by the end of the pay period and unknown legal residents when discovered without the imposition of any waiting period, even though a legal resident of a municipality was not discovered until some time following the end of the pay period that applied to a benefit period. In other words, to guarantee a municipality who guaranteed the premiums of all known indigents, all known residents, if someone did show up at the hospital in another municipality or city and the municipality paid their premium forthwith, the Federal Government agreed to permit them to waive that waiting period. Under this arrangement municipalities that undertook to guarantee premiums on behalf of all legal residents were absolved of any potential liability for hospital accounts for insured services incurred by their legal residents. This arrangement which was most acceptable to guaranteeing municipalities, and which encouraged many more municipalities to guarantee premiums for their legal residents did not require amendments to our legislation but was handled purely as an administrative matter. Secondly, during the first pay period many municipalities were apprehensive of the amount of work that they would have to do in collection premiums for the plan . This was particularly true of municipalities who undertook to guarantee premiums on behalf of their legal residents since they felt that the plan might, once they had paid premiums of behalf of their legal residents, make little or no effort to assist them in the collection of these delinquent premiums. The fears that municipalities previously had in connection with the collection of premium arrears have largely been dissipated by the intensive effort of our field staff of collecting premiums from residents of non-guaranteeing municipalities and also the considerable assistance that they had given to guaranteeing municipalities in this matter. Our field staff have also been readily available to municipalities to discuss problems other than those directly associated with premium collection. Not withstanding the work of our field staff, the work our field staff have done in assisting municipalities to date we feel that greater assistance will be forthcoming since we are presently strengthening our staff -- field staff in reorganizing the service areas of our liaison officers in order that they will be more readily available to the individual municipality. Thirdly, municipalities are now appreciating the tremendous saving that they have realized under the Hospital Plan. Experience today indicates that for every dollar of premiums that the municipality pays, on behalf of its legal residents, the plan pays four dollars' worth of hospital accounts that would in all likelihood become the responsibilities of the municipality. The wide variance in the amounts of premiums paid in the hospital accounts incurred in cases of this type, results first of all because the

(Mr. Johnson, Cont'd.).....Federal Government pays approximately 50% of insured hospital costs and secondly because generally speaking, the persons whose premiums are in default and are therefore assumed by the municipality use hospital services more than twice as much as the ordinary citizen. The mechanics of the municipal collection system that was enforced during the first pay period, that is October and November '58, were completely revised for the second pay period in an attempt to simplify the workload for the municipalities. In addition permanent hospitals service certificates have been issued thereby removing the necessity of the municipalities handling a new certificate every six months. The simplification of our municipal billing system has apparently been well received by all the municipalities and while there are undoubtedly minor revisions that may be made in the present system, for the next benefit period the revision has on the whole reduced the work load of all parties concerned and produced a marked improvement in efficiency of operation.

Fifthly, it is proposed in a Bill before the Legislature that all law enforcement duties with regard to premium collection will in future be the responsibility of the province. Municipalities have objected to the present legislation which requires them to take legal action in certain cases and does not permit the plan to prosecute where a municipality pays the premium on behalf of a legal resident. This objection will be completely eliminated by the Bill to amend the Hospital Services Insurance Act which is being proposed at this present Session of the Legislature. On the whole, the present system which seems to be working quite smoothly, apparently has been accepted by most municipalities and it was felt that before making a number of changes to the present system, it would be advisable to make certain that all the facts are known and that any changes introduced will be of a more or less final nature, thereby avoiding the added costs and confusion of making changes which are premature. In order to make certain that we have the facts, we feel that it is necessary to survey the current attitudes of all municipalities. To this end in the past fourteen days, two surveys have been, are being conducted by the plan and should be completed any day now. The first of these surveys asks municipalities the amount of money that they have paid to the plan for benefit period No.1 and premiums on behalf of their legal residents, and what part of this amount they have recovered since initially paying these premiums. The second survey requests the current attitude of each municipality on all aspects of the plan. If following this survey in subsequent discussions with municipalities and municipal commissions, it is found that there are revisions that should be made, these revisions can more properly, and more efficiently I feel, be made at the next session of the Legislature. The people of Manitoba have as a whole, are now accustomed to the present system of paying premiums and it would be just as well not to disrupt this until such time as the views of all interested parties have been completely assessed and sufficient time is devoted to make certain that any necessary revisions are implemented properly. In conclusion, as you know, we have a wealth of statistics under the plan. However, we are loathe to release any statistics for the first six months, that is for a benefit period July 1st to December 31st, because there could be seasonal variations involved. We feel that we should have a complete year's statistics in order to make comparison. Comparisons would have to be made on our overall statistics on Manitoba hospitals and these were not available to the end of 1958 in a form that could be utilized. It is the intention of the plan during this six months to study hospital utilization and our own research in statistics division will in the near future be in the position to release statistics that have real significance and should certainly be of inestimable value to the survey group that will be checking into the needs of the province as a whole very shortly. These are the remarks that I have prepared in introducing my estimates when we come to the estimate of the Health Department to give you this summary of how the plan has been operating from where I sit. I would at this time take this opportunity in case I miss it again to draw attention to something which I think should be cleared and these remarks, and this problem is something I am sure that the honourable members of the House would like to have clarified also. It has been brought up by the Honourable Member from Neepawa last fall and again this spring. And this concerns the charge or the thought that country hospitals are subsidizing the big city hospitals. I'll try and give you some of the reasons why this is not so. In the first place, section 5 of the Hospital Insurance Act reads as follows; - this is the Canadian agreement with the Federal Government - "In every agreement the province shall covenant and agree to make insured services available to

(Mr. Johnson, Cont'd.).....all residents of the province upon uniform terms and conditions." This requirement of federal legislation alone would prevent the introduction of a rate structure such as was brought up earlier.

Secondly, the method of arriving at our premium collections. In collecting our premiums, which amount to $13,000,000.00 a year. The estimated amount of premiums that the province would need to run the plan was produced on the plan, was deduced on the basis that there an estimated 190,000 family rates at $49.20 and 150,000 single subscribers at $24.60 which gives you a total of $13,000,000.00. And very roughly this just means that the average rates, the rates are average rates and such factors as age, sex, state of health, are much more important factors than residence in determining these premium rates. And by the same token, the Federal Government contributes about $11,000,000.00 a year to this plan and 25% of Ottawa's contribution is based on the average per diem rate being experienced in Manitoba hospitals, plus 25% of the national average and that is why we are a little below 50% in federal contributions. By the same token 75% approximately of the federal contribution is contributed by the taxpayers of the Greater Winnipeg area.

Fourthly, country hospitals are running up to per diem rates of over $15.00 a day some of them, anywhere from $9.00 to over $15.00. Winnipeg hospitals are running $12.00 to $16.00 and only the three teaching hospitals are $16.50 to over, to $20.00.

Another thing, all residents residing outside Greater Winnipeg do not use rural hospitals, in fact, patients from rural areas account for 20 to 25% of patient days in Metropolitan hospitals and these are usually the more complicated and difficult cases which come to our teaching hospitals who in turn, because they are more highly staffed and more technically equipped, have the higher per diem rate.

Next, of course, it would be very difficult to set per diem rates if we did want to between city and country because the people in the periphery of Greater Winnipeg would be in the middle. Finally the per diem rates are largely really meaningless if I could explain to honourable members that our hospitals are paid on a variable and a fixed payment formula, that is to say that 85% of the operating costs of all hospitals are fixed payments to that hospital. And if you have a 37 bed hospital with a budget of $120,000.00 you pay them by the fixed and variable formula. We estimated country hospitals were operating at probably 75% capacity or would be, and $120,000.00 budget and 10,000 patient days say in a 37 bed hospital, you would have 10,000 times two or $20,000.00 off that budget as variable payments and the rest of the $100,000.00 would be paid in semi-monthly fixed payments. This would represent the 75 to 80% of the hospital's budget which is fixed and cannot vary. And obviously if there were only half those patient days, if only half of so many people got sick, your per diem rate would go up to over $20.00 so the per diem rate really means nothing. However, these are just some factors that I thought I would bring in, and this question is something I thought I would answer while I had the opportunity. I would be only too glad to give any honourable member a breakdown of this-- I have a memorandum prepared on it -- at any time. Thank you Mr. Chairman.

MR. GRAY: Mr. Chairman, I shall be very, very brief. Only a few minutes. I am a great believer in discussing each item separately and I think that you get a better explanation and we could get effects much better than speaking to the minister's salary. And, by the way, I could tell you offhand that I have no object at all to the minister's salary even if it is increased. I say quite frankly.

A MEMBER: Don't make that general.

MR. GRAY: I say quite frankly that all ministers and particularly the Minister of Health has such a variety of problems, deserves every consideration. And that's why my first remark would be for the First Minister to give very serious consideration to divide Department of Health & Public Welfare. I think it is humanly impossible in spite of the doctor's youth, or the Honourable Minister's youth and strength, and being a medical man he can probably take care of himself. It is absolutely inhuman to impose on him all the grave burden, and I think perhaps the work of the separate departments may be much improved although there is no particular criticism now. But we always want improvements. What is good today is not good enough for tomorrow. The Minister of Health & Public Welfare deals not with the number of trees, as we will probably discuss the estimates of the Minister of Mines & Natural Resources. It does not consist of acres of land; it does not consist of -- which is also important -- of other

(Mr. Gray, Cont'd.).....chattels and so. It just deals with human suffering, human misery, and responsibility to cause a million people - to develop of a million people.....in this province. So I say that I don't think that we have any justification first of all to interfere with the health of the Honourable Minister and at the same time, there is no limit to the improvement of these two departments. They were improved 500% since five or six or seven years ago. They still require improvement. The people still suffer. They still need hospitalization. They still need health prevention. They still need everything that brightens the homes of the people of this province. And I say that it is urgent from all points of view that this Department be divided and I think that the First Minister may find good material in this House to transfer half of the responsibility. In reading the reports, I appreciate very much the progress made in lengthening the life of the people in this province. I remember a time when people had to pay for TB hospitalization. I happened to be on the municipal commission of the municipal hospitals and I remember a time when the secretary presented a bill to a patient and that patient did not have any funds whatsoever. As a matter of fact, he was destitute because he was off earning ability for over a year. And this patient got so disgusted and hurt that he left the hospital without a doctor's permission and he was still a carrier, and the commission had to go to this patient and beg him to come back to the hospital and forego the fees, the charges. And since then a movement started to have removed the charge, to have TB treatment free.

Another example was the time when the contagious hospital, the King George Hospital had charged for polio cases and when there was a suspect of polio in the home, the people did not feel like sending the child immediately to the hospital because it was said to have a cold or something else. They didn't have the money to pay or they wanted to save the money, and the result was that remedial treatment was too late. When that child was -- if he was removed and they made polio treatment free, the mothers, as soon as they suspect anything, they send their child to the hospital. The child received immediate treatment and the result was that the death rate of the polio cases in the last few years is very, very small compared to the other epidemics which we have had here in this city. Now all this had to be taken into consideration. It's human life, human misery and I think it is too much, actually too much for one man to do it because he has to prove and check and direct and inform the rest of his staff. So I think that the public will be very much indebted, Mr. First Minister that you should give this serious consideration. True, you could say of think, " I know my business" (Interjection - You don't.) " I don't need any advice from anyone else." Well, nevertheless I assume the responsibility, as a member of this House to make this suggestion and I sincerely hope that it will be accepted in all decent time.

The next item which I would like to mention is the shortage of hospitals here. I know individual cases, as a matter of fact at one time, I was one of a party which I had to go into a hospital. I had to wait for a long time. Fortunately only the good men die and I'm still alive but otherwise (quite true, isn't it?) otherwise perhaps the First Minister would have to express a resolution of condolence. In Winnipeg particularly in certain rural district -- but Winnipeg has to deal with so many emergencies; the population is big. Also most of the accidents are in Winnipeg, and the shortage of beds are very costly first of all to the state if they have to pay for it, and much more costly to the family, especially now when so many are being removed from the hospital privileges for one reason or the other. It is immaterial for the moment. And I think perhaps it would be a very good investment for the sake of the health of the province, for the sake of the health of the people, to have -- to think very seriously about hospitals. As for the charges, which the province can keep it, I don't worry very much about it, so once it saves a human life, that human life will contribute later in way of taxation for the privilege of his life was saved. In the discussion which will come I would like to ask the Honourable Minister as to contribution outside of construction of buildings, but for patients they contribute in the province, including polio, TB and other patients who are -- not only the indigents but I understant, that the others are being helped out as well. Those who perhaps cannot get hospitalization. With these few remarks Mr. Chairman, we will discuss the items separately, and again I want to congratulate the Minister of Health for the work he has done, but he must remember that they are not satisfied and, will demand more activities and he would have to forgive us but perhaps take it -- take the criticism which honourable members of this House will offer to him.

MR. PAULLEY: Mr. Chairman, I'd like to say a word or two as we're entering into the health estimates of the Province of Manitoba. I think it will be agreed by the members of the Committee that of all of the departments that we scrutinized in this Legislature this is one, if not the most important of all. We have been fortunate in these past few years Mr. Chairman, in having two individuals as Minister of Health and Welfare of outstanding calibre. While sometime, Sir, I may be a little critical of my friends on my right, I think that it can be said with sincerity and conviction that the former Honourable Robert Bend acquitted himself most nobly in the position of Minister of Health of this province during his tenure of office. I think it is to a great deal due to his services and activities, that the plan which we now have, started. I know that over the relative few years that I've had the honour of being in this House, the question of a provincial health scheme was I believe, debated at every session, and I think I can say quite truthfully that up until the last couple of years ago, the proposals which we of our party advanced for the institution of a hospital plan in Manitoba was opposed by both the present government and the then Liberal government. So I say, Sir, in respect of the former Minister of Health in the Liberal administration even though he was a layman, he distinguished the portfolio. To the present minister I would say, that he has a little bit of an advantage over the former minister in that he is a medical man, but I think Mr. Chairman that it is true to say that he is bringing to the office the qualities of a medical practitioner and a man who is very humane in his approach to these problems, and I wish him well in his tenure of office. I can understand the Honourable the Minister in his opening remarks on this very broad subject, being brief, and I think possibly it is correct. I would say this to him that I sincerely hope and trust that the -- some of the programs and surveys and studies which he announced will continue. I don't think the history of the Province of Manitoba, and in particular the Greater Winnipeg area has been too bright in many respects in regard to our nursing homes. I think members of the Committee will agree that for some time past, although I will add immediately Mr. Chairman, not to my knowledge in recent months, but a comparatively short period of time ago, we had much adverse publicity in respect of some of our nursing homes here in the Greater Winnipeg area, and I'm glad to hear that the Honourable the Minister is going to continue surveying and in his surveys I trust that he couples with them further representations to Ottawa to have nursing homes included in our hospitalization plan. I think one of the things that has become very, very evident since the inception of our plan, as mentioned by my honourable colleague from Inkster, that the plan has shown up the shortage of hospital accommodation in the province. It is indeed fortunate to some degree that the bed use in sanatoria, for TB has gone down, which indicates because of the activities of health authorities, in their concentrated drive on TB, that they have been able to make major contributions in respect of tuberculosis, otherwise Sir, we would not have had these beds available. I think it's unfortunate as far as the members in opposition are concerned at this present time, because of the fact that the honourable member-- the minister mentioned the Health Allowances Act as passing reference, I think it's most unfortunate that the government has not seen fit in this, our fourth or fifth week of meeting to lay before us for our consideration the Social Allowances Act. I say that, Sir, because the minister in his opening remarks did make mention of the fact that under the Social Assistance Act something will be done, I just forget exactly what it is, and I might add at this particular moment, Mr. Chairman, that the Honourable Member for Selkirk the other day suggested that we might have had a broader outlook on other matters, or he might have had this Act before us, and also I must remind my honourable friends opposite that we were criticized a few months ago for defeating them and leaving these things lay on the table, and of course we've seen today that if action was the word of government it's a great possibility that many of the provisions of the proposed Social Allowances Act could be now a law of the Province of Manitoba. So we're still awaiting with interest the Social Allowances Act and I say to my honourable friend the Minister of Health that if he mentions that word again would he please explain it in his own way, because we can't read it.

Now Sir, the Minister has covered the ground of the hospitalization scheme rather broadly. We are interested to note that many of the difficulties which were encountered such as the municipal collection registration of old age pensioners and a few other wrinkles have now been taken out of the plan, but I suggest, Sir, there is still a long way to go. It is my conviction that there are still many deficiencies in the plan. It may be that those deficiencies are because of the

(Mr. Paulley, Cont'd)..... restrictive measure in the plan itself or because of the lack of accommodation other than those in hospitals for acute treatment. I think we must progress and enlarge the plan to take into care those in nursing homes, those who may be borderline cases and I think maybe the minister would correct me on this, my interpretation of borderline would be cases where it's a nip and tuck story as to whether the individual should be in hospital or out, and I think with out present shortage of hospital beds the coin would go on the side of the patient being asked to leave the hospital. I know that in the past it has always been the fear of opponents to schemes like this, that the general public would simply use the hospitals as a rest home. I think the minister may agree with me that in this scheme, or since the scheme has started that that fear has been dissipated. Now I would like to say just a word or two on the question of rates for a hospital plan. We of our party are convinced that another method os assessment which would be far cheaper to the people of Manitoba would be desirable. I hasten to add Sir, of course, and recognize it quite fully that we put this proposal to the people of Manitoba and it did not seem to meet with their favour, if the return of government was based on the question of hospitalization. But I would like to draw to the attention of the Honourable the Minister, to page 5 of the annual report of the Manitoba Hospital Services Plan for 1958, but I think it's something that may be considered as being unfair. On this page, Sir, the premium rates payable for the year 1958 are listed. The rates being for a single person $2.05, that's on a monthly basis; $4.10, and underneath that with an asterisk before it, it says that the members of the armed forces of the RCMP who are covered, Sir, of course by the federal authorities, but where they have on dependent the fee is $2.05. Where there are two or more dependents the premium in respect of these categories of armed forces or the RCMP is only $3.10. I suggest, Sir, that there is some discrimination here, because I am sure that all members of the committee know of many familes where there is just the man and the wife, or the man and the wife and a son, only two in the family where they are having to pay the family premium of $4.10, whereas in the respect of the mountie or the armed forces the individual himself is excluded because of the payment by the federal authorities. But if there are only two of them they pay $1,00 less per month than an ordinary couple do in the province of Manitoba, and I would suggest to the Minister that this matter could be considered with a net reduction where there are only two in the family, be it a widow or a widower and one offspring or whatever the combination may be so that there is only two covered in one household.

Now, Sir, I think that that is about all that I wish to say at the present time in respect of the statement of the Minister. I am sure some of my other colleagues will have a few things to say as we go on. Again I say to the Minister the best of luck and best wishes in the arduous task that he has ahead of him in respect of the health of the people of Manitoba. And Sir, I pledge to him our full co-operation and assistance in any way we can do it because we feel that irrespective of party affiliations, irrespective of different idealogies or philosophies that we all, as legislators in the province of Manitoba, have a job to do and we have only scratched the surface of that job in this 1959.

MR. CAMPBELL: Mr. Chairman, I am going to be able to be unusually brief in my few remarks at the opening of these Health and Public Welfare estimates, but I can certainly join wholeheartedly with those who have preceded me and my appreciation of the statement that the Honourable the Minister has given, and also in their comments regarding the Minister himself. I think it is really very encouraging to all of us, to public life in general, to see a young man of the capacity and character of the Minister whose estimates are under discussion now coming into this kind of work from a practice, private affairs in which I think he was not only busily but happily engaged, and giving so much of his time and talent to it. I certainly agree that he is a hard working, sincere, and capable individual. The honourable gentlemen to the left were kind enough to pay tribute to his predecessor and I agree with that, too, and certainly this department needs a good and active and strong man in it and I believe it's got it. So we wish him well, too, and I am sure that he has been making a very, very capable start. I would agree with him when he says that he thinks that too short a time has elapsed to attempt to get any statistics on which to base long term programs. I would suggest that we should wait a little longer yet in order to draw too many concludions from the experience up to date, because as he has said, this program went into effect quite quickly, I

(Mr. Campbell, cont'd)... am sure he is well aware of the reasons for that, I must confess that I did not expect the Federal Government to implement their program and make it available to provinces as soon as they did. I thought that it would be delayed longer than it was but when it was announced that it would begin on July 1st of last year the government of that day took the position that inasmuch as we, as taxpayers of the province of Manitoba would be contributing to the federal share of this cost and inasmuch as so much attention had already been given to it that we should get ready to be in right at the start. And that undoubtedly did cause a great deal of extra work and no doubt some oversights as well. And I think from the report that the Honourable, the Minister has given that the program has apparently been very well handled and has been least as successful as could have been expected. Certainly it is a pretty costly program and I imagine it's going to continue to be that. I would think that every care would be needed to see that it doesn't get away so far as the expenditure is concerned. I was glad to hear him express a vote of confidence in the way both the medical men and the public were responding to their responsibilities and this situation, and that the fears that had existed in some quarters that there might be an overloading of the hospitals because of the introduction of a plan of this kind has not materialized to any great degree. Now one of the few things that I would comment was the statement that the Honourable the Minister made with regard to the, I understood him to say, small additional cost of the Department this year compared with last. I presume that he meant from the health division alone. Is that correct?

MR. JOHNSON: (Gimli) Yes.

MR. CAMPBELL: Because so far as taking the department as a whole, it's a pretty substantial increase. And I notice in just a rough calculation, it seems to me that the increase in the number of civil servants is greater than that shown on the figures with which we were supplied some time ago. As the discussion proceeds, we'll have an opportunity to check on that question and on several others, and like the honourable gentlemen who have preceded me I can delay any further remarks that I might have until the individual items are reached. I can heartily endorse their sentiments about wishing the Minister both in his personal and public capacities very well because I realize that this is an extremely onerous responsibility that he faces as Minister of this particular department. I think he is well equipped for it and like our honourable friends, we will try and give him all the assistance that we can.

MR. CHAIRMAN: (a) Administration: (1) Salaries: Minister, Other Salaries (2) Supplies, Expenses, Equipment and Renewals (b) Health and Welfare Education: (1) Salaries (2) Supplies, (c) Vital Statistics (1) Salaries .

MR. GRAY: Under (c) I would like to ask the Honourable Minister how the children of unmarried mothers are being registered. What I had in mind is this: Some time ago, I do not know whether it was changed or not, it was marked 'illegitimate'. There is no such thing as an illegitimate child in this world.

MR. JOHNSON: (Gimli).....

MR. GRAY: Well if it was changed, so much to the good, but I just wanted to know whether - was it changed - what is the term now? Under what category are they being registered, their birth being registered?

MR. JOHNSON: (Gimli) Mr. Chairman, the birth of a child is always registered in the child's name. If the mother is unmarried she, most times, it varies, gives either the father's name or her own and as far as ... that's all that we register. The name given to us, the name of the child. We don't separate that out. We have to have a declaration as to who the parents are.

MR. CHAIRMAN: (2) Supplies -- Passed. (d) Rehabilitation Program: (1) Administration - (a) Salaries.

MR. PAULLEY: I wonder if the Minister would give us a broad outline or a brief outline on what he is doing in rehabilitation?

MR. JOHNSON (Gimli): In the field of rehabilitation in addition to your summary of activities there, I would like to give you my own breakdown on this. It is easier to understand, I think. Under the co-ordinator's agreement, we have in the department five men who run the rehabilitation program and as I understand it, under the previous Minister of 1955 or '56, they decided to co-ordinate all these various activities that were going on such as the Society for Crippled Children, the Multiple Sclerosis Society, the Rheumatism Society, and he acts as the central co-ordinator in this office with a staff of five. Their object - and this co-ordinator's agreement as you see in the estimate here, salaries and supplies are largely shared, practically 50% by Ottawa. It's not quite 50% because there's one item they don't pay for. Now the co-ordinator, through the co-ordinator's agreement, we give the $107,000.00, and the item down below here $55,700.00 the federal rehabilitation grant, medical rehabilitation grant, that is given entirely to the Society for Crippled Children, in addition to a provincial contribution further down here of $107,000.00. These two monies which go through our co-ordinator's office to the Society for Crippled Children and Adults, is the provincial money that they get and the federal money in addition to the March of Dimes campaign and so on, and the Easter Seals.

Further along there is another - they get another, I think it is $28,000.00 at the end of our estimates, from the Maternal and Hygiene section for the use of the younger crippled adults. So the co-ordinator, through his office funnels these funds into the Society for Crippled Children and Adults. Also he works with the Department of Education. He is chairman of the committee where under schedule (r) of the Canadian Vocational Training agreement, he chairs a committee which - consisting of members of the Crippled Children Society, the Blind, the Sanatorium Board who have a rehab program and they utilize the Manitoba Technical Institute facilities and they also now help operate the sheltered workshop. We keep a central registry, in Mr. Boyd's office, who is the co-ordinator, therefore his function is to co-ordinate, under the co-ordinator's agreement which is shared with Ottawa, he helps operate the schedule (r) Canadian Vocational Training Agreement and also he co-ordinates things by working through the Society for Crippled Children and Adults. This was an attempt to co-ordinate all their activities, so they are not duplicated. You might take the Multiple Sclerosis Society may refer a case to him which he can place in the sheltered workshop and use funds of the Society for Crippled Children and Adults to help that person. You see what I mean. And his salary and staff are shared with the Federal Government. That's that item under rehabilitation. I think that's a bird's eye view of it.

Now as we said in that summary of activities, there was about $96,000.00 that was used to rehabilitate some of these men, these 240 cases in the past year. That money was from the Society for Crippled Children and Adults who co-operate with this Department in teaching the patient. This prevents every department duplicating. Co-ordinating the office staff and co-ordinator and so on. And this is the thing that we feel is the right approach and the best way to get on with it, also this co-ordinator's department under Mr. Boyd, we have extended a polio care program, we feel that wherever possible if we can get a patient who has had polio and is bed-ridden and we would like to get them home if there is any chance of keeping the family together. In the past year we have acted in every instance that we feasibly could to the extent of having iron lungs in the home, special wiring, rocking beds and ..... This department again organizes that activity for us, utilizing federal health grants to get one a machine, getting the Victorian Order of Nurses to drop around and see the lady, arranging all these different things. And I hope I have given you some picture of the co-ordinator's office.

MR. PAULLEY: ..... apart from the sheltered workshop. Have you any other special facilities for the treatment in rehabilitation?

MR. JOHNSON (Gimli): Well, just the hospital services.

MR. PAULLEY: Just the hospitals themselves?

MR. JOHNSON (Gimli): They utilize, they work in co-operation with the home-care group at the General Hospital. They refer patients maybe to the hydrotherapy pool at the

(Mr. Johnson, cont'd.) .... Municipal Hospital. They are the central registry agency that can funnel the patient into the activities that they require and utilize this fund in a very flexible manner.

MR. PAULLEY: I understand, Mr. Chairman, maybe the Minister can bear me out in this, that in some jurisdictions they have built special hospitals just for this purpose of rehabilitation and I believe they have one in Ontario which is used in conjunction with the rehabilitation of average citizens and that in conjunction with Workmen's Compensation. I am wondering or not whether any thought has been given along that line by your department?

MR. JOHNSON (Gimli): Yes, Mr. Chairman, in Ontario the Workmen's Compensation Board have their own rehabilitation hospital which is run by them and apparently our committee looked into this and it was probably the model on the North American continent without ..... everything they saw down in the States. One thing we learned was that you can't mix an active rehab program with a chronic disease hospital. A rehab program has to be all the emphasis of having the patient back into society and the whole object is that the feeling amongst the authorities in this province and the rehabilitation commission is that the time has come when we need to get more of these facilities for the Society for Crippled Children and Adults to utilize for this office to utilize for the teaching of physiotherapy, occupational therapy, and putting more emphasis in getting people back into society than having them lie around with no object in mind. Now in Ontario their program is roughly, that if a chap loses an arm in an accident, immediately he is taken to hospital, they plan his rehabilitation back out and that is the whole object of our exercise in the discussions we have had and the agreements we have been trying to come to that either we have hospitals in the Greater Winnipeg area where we could get more of these facilities to the public in a very active way and the biggest emphasis on outpatient facilities.

MR. CHAIRMAN: (a) Salaries. (b) Supplies, Expenses, Equipment and Renewals. (c) Less - Recoveries from Government of Canada re Co-ordination of Rehabilitation of Disabled Persons' Agreement. (2) Rehabilitation Services: (a) Expenditures under Medical Rehabilitation Grant ....

MR. MOLGAT: Mr. Chairman, I wonder if the Minister could explain how come it is that the expenditures have gone up and yet the recoveries for the Government of Canada have gone down.

MR. JOHNSON (Gimli): Expenditures gone up? Well, you mean this from 56 to 55 thousand in recovery? That's the medical rehab grant that is based on population growth and they give so much out across Canada and each province gets their pro rata share. We're a little bit behind the other provinces in getting on with our increased population to the same degree.

MR. MOLGAT: Of course there are some of us who are behind at all in that respect, Mr. Minister, but this ..... I take it is not based at all on the expenditures we make, it's strictly - our expenditures are strictly independent.

MR. JOHNSON (Gimli): .....oh, anything .....

MR. CHAIRMAN: (a) Expenditures under Medical Rehabilitation Grant. (b) Less - Recoveries from Government of Canada -- Passed. Resolution 45. Executive Division - $489,704.00 -- Passed. 2. Health Division. (a) Psychiatric Services:

MR. GRAY: Mr. Chairman, the psychiatric division or the psychiatric hospital, I think, is one of the important and necessary institutions. We find that the discharges from the psychiatric hospital is quite a greater number than from the mental hospitals and then when people are suspected of being mentally ill, instead of sending them down to the mental hospitals which still carries a stigma, they send him to the psychiatric ward they call it, of the General Hospital. And still there was increase of the bed situation there. The question is whether it is still sufficient. I think the psychiatric ward could save and cure more patients than a mental hospital. My question is whether the present situation solves the immediate problem?

MR. JOHNSON (Gimli): I wonder if you could just give me that again. You're wondering whether this is big enough, the present psychiatric hospital? Well, the provincial psychiatrist feels that with this additional 16 beds in the Greater Winnipeg area, that he has enough beds to meet the needs of the acutely ill psychiatric patients in Winnipeg now. I asked him that question directly and sometime ago when I went through the new hospital, whether he thought this would meet the needs of the province for this type of care, the acutely psychotic

(Mr. Johnson, cont'd.) .... patient. He said he thought it was all Winnipeg needed at this time.

As you probably have read there is a growing tendency for in other countries, in other provinces for more acute psychiatric facilities. That is, cities all having a very active out-patient psychiatric department and this is something which our staff are studying at this time. However the provincial psychiatrist did inform me that very definitely that in his opinion this would meet the needs of the province for the foreseeable next few years. He assured me of that.

MR. HILLHOUSE: Mr. Chairman, I am glad to hear the Honourable Minister just say what he did say because I believe Montreal, Toronto and Vancouver have very excellent part-time treatment centres for people suffering from mental illness or those people who are so emotionally disturbed that if they are not given immediate therapeutic treatment, there is a danger that they might be committed to institutions and I hope that the Honourable Minister has that type of treatment in mind. I am referring particularly to the Montreal General Hospital where they do give part-time treatment to the mentally ill. Now they run on three shifts. They have a night shift where the men employed during the day to go, get their treatment in the hospital and go to work the following day. They also have a morning shift for those people who are working night shifts and they get their treatment in the morning, and they have an afternoon shift for the electric shock treatment and housewives can take their treatment there and in each of these cases there is no disturbing of the person's economies in life. He carries on just as if everything was going fine. Now that type of treatment does give a considerable saving because your -- three people you might say are using one bed and in addition to that the human benefits from it are really tremendous, because the mere fact that a man who has some emotional disturbance feels that if he goes to see a psychiatrist the thought that he may be committed to an institution is a big factor for him to consider, and notwithstanding the fact that we are trying to become broadminded, it's still - there's still a certain feeling among people that when one has been committed to an institution - a mental institution - it's something that takes a little time to live down, and I do hope that the - that's the type of part-time treatment that they're considering in Winnipeg. I know that they do give treatment at the Winnipeg General Hospital now to out-patients - the electro-shock treatment - I know they do that. But I certainly would like to see that type of treatment established here because I think, perhaps, the increase in mental patients is upward, although the means of curing now is much more effective than it used to be, and the percentages of discharges are much higher than they used to be. But with this type of treatment, they found in Montreal that an average patient was discharged after perhaps 28 days of treatment, or 28 nights of treatment. And I think it would be worthwhile considering in this province.

MR. JOHNSON (Gimli): We have done - as you say, we have done ..... electro shock therapy on an out-patient basis as a facility under the plan, as you know; and secondly, the Canadian Mental Health Association, I think, along with ourselves will be carrying out some private studies on rehabilitation in the home of the acutely mentally ill patient. And I think at this time, Mr. Chairman, if I may, I can inform the House that following the retirement of Dr. Pincock that he would be doing some research in his retirement in this field in the Winnipeg Psychopathic Hospital. And I think that seeing that we are on the item of Psychiatric Services, that now would probably be the time for me to say a few words about both Dr. Pincock and Stewart T. Schultz, the Superintendent of the Brandon Hospital, who are leaving for retirement this year. Dr. Schultz retired from the service on June 30th of this year, and Dr. Pincock, our Provincial Psychiatrist, will retire on August 31st. Both these gentlemen have a long term of service for Manitoba; I understand Dr. Schultz joined the staff of the Department on the 1st day of December, 1925, and Dr. Pincock on the 1st of January, 1928. During their terms of employment in the psychiatric field they have initiated and witnessed new treatments and much development in the progress of psychiatric treatment. Institutions for the care of mentally ill patients under their leadership have become hospitals for care and treatment of the mentally ill and the occupational therapy and rehabilitation - and for the occupational therapy and rehab progress, with a view of restoring these people to the community and their homes. The open-door policy has now grown extensively in the hospitals through the guidance these same psychiatrists. I might say I was amazed on going through these hospitals in the past year. Training courses for nurses, male and female, have been developed

(Mr. Johnson, cont'd.) .... extensively in all the institutions for the care of the mentally ill in Manitoba. These include training leading to Diploma of Mental Nursing and Licensed Practical Nursing, as well as affiliated course in psychiatric nursing for registered nurses and general hospital student courses. In addition to nurses' training at Brandon under Dr. Schultz, there has developed a technological school of training for lab and X-ray technicians. This is a program that was organized and developed by Dr. Schultz and has been the means largely of staffing the laboratory and X-ray units organized throughout the Province of Manitoba under The Health Services Act. Dr. Schultz is an ardent student and directed a research program at Brandon in addition to carrying out his medical superintendency program. This program resulted in a number of valuable publications in the psychiatric field of endeavour, largely what they call a "cohort study", which means a group study of patients following discharge. Dr. Schultz has done a considerable amount of work in this field.

Dr. Pincock joined the staff under the direction of Dr. Montgomery, the first Minister of Health and Public Welfare. Dr. Pincock was appointed Deputy Minister of Health and Public Welfare in March, 1928, and in November of 1930 elected to become Medical Superintendent of the Brandon Hospital for Mental Diseases, where he served until August 1942, when he was promoted to the position of Provincial Psychiatrist. During his service in the Manitoba Government, he has been actively interested in community service and was one of the organizing members of the group establishing the Alcoholism Foundation of Manitoba, and Alcoholics Anonymous. He has continued to work in this service and found it a rewarding type of work. I might say that Dr. Pincock organized the first AA's in this province. and Dr. Pincock on retirement, will be still active in this field, he has assured us. He has continued to work there. He served as a member of the Advisory Council for the Broadway Home for Girls, is a member of the Civil Service Superannuation Board and a member of the Manitoba Association for Retarded Children. His whole field of endeavour has been towards the better welfare of the people of Manitoba, and he will be certainly missed in his present occupation of Provincial Psychiatrist as well as community leader in this province. Dr. Pincock is a native of Newfoundland - I thought members might find this interesting - receiving considerable of his schooling in that province. He entered the University of Manitoba in 1914 and received a Degree in Medicine in 1921, interning with the St. Boniface Hospital. Following this, he was 14 months Assistant Director of Psychopathic Hospital in Winnipeg. He then served as a medical missionary in West China for five years. In 1927 he had nine months' post graduate work in laboratory technique in obstetrics and gynecology in Winnipeg General Hospital, and was appointed a Police Magistrate at one time.

Dr. Schultz is a native of the Province of Manitoba, received his academic training in Manitoba, graduating in 1920. He was active in Middlesex Hospital, England, from 1920 to 1925, and in 1925 he interned with the Winnipeg General Hospital. Prior to this he received in the spring of 1925 his Member of the Royal College of Surgeons and his Licentiate of the Royal College of Psysicians of England. He served with the Canadian Expeditionary Force, 226th Battalion, from March 1916 to June 1919, when he was discharged. During this period he served overseas as a Second Lieutenant. He joined the Manitoba Civil Service as a member of the Psychiatric Division on the 1st of December, 1925, when he was appointed physician at the Brandon Hospital for Mental Diseases. In November 1929 he was appointed Clinical Physician in charge of the chronic male cases and occupational therapy work. In 1936 he won the University of Manitoba Medal, ... prize for research in psychiatry. During the same year he was promoted to Assistant Medical Superintendent at Brandon. In 1939 he carried out a post graduate study in psychiatry, neurology and occupational therapy. During this study he became -- he visited Montreal, New York, London, Copenhagen and Zurich. In 1942, he was promoted to Medical Superintendent at Brandon, succeeding Dr. Pincock. Dr. Schultz was active in community work in the Brandon area of the province and served a number of years as Councillor for the City of Brandon. In the fall of 1955 he was elected Mayor of Brandon, which he held until the fall of '57. Dr. Schultz has been keenly interested in children's work and was a member for a number of years, organized the Schubert Choir. He has continued as a leader of this choir throughout the years he has been in Brandon. Associated with the choir he has developed an orchestra of the patient population from the Brandon Hospital and many concerts for the patients and the community at large have been given.

(Mr. Johnson, cont'd.) .... I just made these notes on these two gentlemen whose record of achievement in the province to me is a great stimulus, and I think has been this with the present officers of the Health and Welfare Division have had, has been a truly wonderful thing for the people of Manitoba. I have been, since coming to office, extremely impressed with the high calibre of civil servant, as you may say, in this field. These men are top-notchers and there are none better. And although we are losing them in our Department to make way for younger men, it's only at their request; they've reached their time and they want to make way for younger men, but they are going to carry on in psychiatry in this province, and I thought this was the time to pay the Department's tribute to these two gentlemen. (Applause)

MR. ORLIKOW: Mr. Chairman, I think anybody interested in this problem would agree with the Honourable Minister in what he has said about the work done by these few people that we have had on staff in this field in the province. In having few people we are not alone. This is true of every province in Canada and it's true of every state in the United States. The result of this "having too few" is evident if you look at the estimates. If you turn to Page 16 of our estimates you see the accumulative total for Psychiatric Services at $4,267,000.00, an increase of roughly $300,000.00 over last year. Now, Mr. Chairman, I haven't checked the estimates as we go back through the years, but I am sure that what is true this year has been true for a number of years going back, and is true in every other area in this country. And while four million is a tremendous amount of money for this province to be spending, it is a very small amount of money compared to what the people of this province and of this country are spending for mental and emotional illness, because it's been estimated recently that one person in 10 or 12 in the Dominion of Canada is likely to be ill of a mental or emotional illness during their lifetime. So it doesn't concern some stranger, Mr. Chairman; it concerns each and every one of us, and I saw a book recently in the Public Library - I was sorry that it was out, I couldn't bring it here today - and the title of the book written by one of the top people in the American Mental Health Association, was called "Every Other Bed", because every other hospital bed in the United States is now occupied by a mental patient. And I think the same thing is probably true in Canada if you include the veterans' hospitals and the mental institutions, and so on. Now the number of people entering the provincial institutions is growing from year to year and it's in the report which we got the other day. And the number of people seeing psychiatrists privately is growing from year to year. And so acute is the situation here in this province that the Minister announced some time ago that the province is making plans to add a 500-bed addition at the Selkirk institution. Now I want to come back to that in a moment, Mr. Chairman.

Now for a long time, let's fact it - I think the Honourable Member for Selkirk said it - that mental illness was looked on by the average citizen as something not very nice, something we didn't talk about, and we tried to hide the fact that people were ill. And for a long time it was considered that if a person went into one of these provincial or state institutions in the United States, that their chances of coming out were pretty small. And for a long time this was true. In recent years there's been pretty drastic changes in some places, partly this is due because of the new drugs which are used, and I'm not going -- I'm sure the Honourable Minister knows more about it than I do -- but to a large extent this has been true, Mr. Chairman, because the mental hospitals both provincial and places like the psychiatric wings of general hospitals, which the Honourable Member for Inkster mentioned, are using more staff. It costs money, yet; but it pays -- it brings results, because with staff one can give individual attention, and with individual attention people can be brought to the point where they will likely be well enough that they can get out into the community and they can live. Now unfortunately in this province we are not doing this. We are not alone in this, but I want to suggest, Mr. Chairman, that we are certainly not doing this year -- and I am not blaming the Minister; I'm hoping that he'll get out to have a look at this in the next year - we are not making the strides in this field this year which the Honourable the Attorney-General was talking about, for example, in the field of probation. Now I've tried, Mr. Chairman, to get an idea of what we are doing in this field, what kind of staff have we got? I went through this summary of activities, dealing with the Brandon Hospital, the Selkirk Hospital, and so on, and frankly I found it difficult to find out exactly what we're doing, and if I'm wrong very much, I am certain the Minister will correct me. But I turn to page 25 of the report dealing with Selkirk and what do I find? Let

(Mr. Orlikow, cont'd.) .... me quote from the second paragraph: "Eight of the nine positions on our medical staff were filled. We now have four physicians fully qualified as specialists in psychiatry." And, Mr. Chairman, how many patients have they got? 1,307 patients. I want to suggest to you, Mr. Chairman, that four qualified psychiatrists are not going to be able to do very much in the way of individual therapy for 1,300 patients.

Now in the report on Brandon, they don't give the number of psychiatrists which we have, but if we assume that they have roughly the same, that would give us eight in the two main institutions. I took the trouble, Mr. Chairman, to call Regina today to get a report on what they are doing, and I don't hesitate to do it because I said yesterday I gave the Attorney-General good marks. As far as I could find out we will now have more probation officers in Manitoba than they have in Saskatchewan; so I had no hesitation in comparing what we're doing in Manitoba with what they're doing in Saskatchewan. And here is the information I was given, apropos trained personnel: In the Saskatchewan institutions comparable to ours, and some which are somewhat different to ours, they have on full-time staff, 57 doctors. Of these - and I'd like, I bring these to the attention of the Minister because I think that he'll look at them; I don't know that he can do much about it this year but I hope he will look at them and other jurisdictions to see what they are doing - they have in Saskatchewan institutions working full time for the Saskatchewan Government, 22 certified psychiatrists, specialists in psychiatry. They have 17 residents, that is 17 doctors who are training towards their specialty in psychiatry. They have six who have completed their training and are waiting for their exams, now - which will take place, I understand, this fall. And on top of that they have 12 psysicians, general physicians, specialists in internal medicine and so on, who are working in the institutions. And they are not satisfied, Mr. Chairman, and in comparison to some of the American states I am sure that they are far behind what ought to be done.

The point I'm making, Mr. Chairman, is that with this kind of approach there is a hope of getting people out - there is a hope of cutting down the number of patients, there's a hope of cutting down the cost and there's a hope of getting people back into productive and creative life. And with all due deference to Dr. Pincock and Dr. Schultz, and I am sure that they were fine doctors and are fine doctors and I am sure that they worked as hard as could be expected, and probably harder than we had a right to expect anybody to work - with the staff we have, I don't think we can do much.

I want to refer to one other aspect which I think is very important. I was talking to the - well, I won't say who I was talking to because I can tell the Minister later - but I was talking to one of the prominent psychiatrists in this city, and I said to him - "Have we got enough psychiatrists in these hospitals?" And he said, "No, but there are no provincial hospitals that have enough psychiatrists. There is a shortage of psychiatrists and most of them want to work in private practice in the cities and so we will probably never get enough psychiatrists. But" he said, "I think there's an aspect of the mental hospitals which is even worse than the lack of psychiatrists." He said, "There are many patients at Selkirk, there are many patients at Brandon who could come out, who could go back to work, who could live with their families, who could live by themselves, provided there were the trained staff, provided there were trained workers who were available to get them out of the hospital, to get them settled back in a home either by themselves, or with their families, to get them onto a job and to get them started to visiting a psychiatrist or psychiatric social worker once a week, or however often is required for them to maintain themselves. But" he said, "We haven't got enough psychiatric social workers". And I said "How many have we got?" He said "I don't know." So I turn again to page 25 of this report, down at the bottom, third paragraph from the bottom, and what does it say? It talks about the duties of - and I quote - "our social worker" - worker - one! Mr. Chairman, now in the psychiatric wing of the General Hospital, about which the Honourable Member for Inkster spoke, I don't know how many beds there are; I'm sure the Minister probably does. I doubt if there are more than 50 beds. I am told that they have two psychiatric social workers for that one little wing, and here we are in the Selkirk Hospital with, as I said, 1,300 patients, and we have one psychiatric social worker. Now, again I want to talk about Saskatchewan.

This is the information which I got today. And again they're not satisfied - they're not doing enough. They have 26 working in their various psychiatric institutions and clinics; they

(Mr. Orlikow, cont'd.) .... have 26 psychiatric social workers of whom 18 have degrees in social work and eight are in training. They have their B.A.'s but they haven't completed their degree in Social Work. Now, Mr. Chairman, I'm not questioning the expenditure of $4,000,000.00; I am suggesting that this isn't enough, because for $4,000,000.00 what we're doing - let's face it ' we are providing a service to keep those people who are too ill to work, to live by themselves, to function by themselves, we are providing custodial care for them. I know that the hospital reports - report that many people are coming out; that's true. And many people go back in again. And from what I've read, and I've read considerable because I have had personal interest in this matter, the secret to this problem of an ever-increasing number of patients in our mental institutions, and the secret is one of individual and group therapy. And I submit, Mr. Chairman, that in the institutions as they are set up today, this is not being critical of the qualified people that there are - there are too few to do the job. And what I'm suggesting today, Mr. Chairman, is that the Minister, who has done a tremendous job - I certainly join with those members who have talked about the heavy load which he has carried - but some of the things which he had to work on like the Hospital Plan and the difficulties which are inherent in setting up such a plan are obvious, some of those are now coming towards the end of the acute situation where they will require a terrific amount of attention on the part of the Minister, and I am hoping that the Minister and his deputy, or deputies, can have a look at this problem because, Mr. Chairman, I am satisfied personally and I am not saying this as a criticism of this government, I am not even saying this as a criticism of the former government because no government, no province in Canada, no state in the United States, has done, until very recently, more than a holding job in this field. But I am appealing to the Minister and to the Government to make this a high priority task in the next year or two, so that we can see the kind of progress in this field which has been made in the last year - or the beginnings have been made in the last year - in the field of education and in the field of correctional reform as reported by the Attorney-General.

.....(Continued on next page)

MR. JOHNSON (Gimli): In answering the honourable member's question as to what is wrong with our program here comparing it to that in Saskatchewan; on the 23rd of July I came in as Minister of Health. On the first of August I had salary schedules equivalent to the rest of Canada with which to obtain psychiatrists. I obtained seven since then and I'm in the market for another dozen. We have had trouble in this province for many years. Psychiatry, to a young lad graduating out of Medicine, is not as romantic as surgery, going out to Gimli to practise, and things of that nature, and the personal satisfaction that comes from delivering a few hundred babies. However, there is a growing recognition of this field; the introduction of modern drugs, and so on. I've had numerous discussion with our superintendents and - in Selkirk and elsewhere, and Portage and Brandon. They are all acutely aware of the problem of rehabilitating patients back into society. I would submit in their defence, at the same time that the honourable gentleman is saying - he hasn't said so, I don't think he intimates that - but in a province of this size we do have a certain number of people, as he well knows, that it is impossible to rehabilitate back into society; there's no such word as "impossible", but highly, highly improbable. It is true that our psychiatrists are putting more and more emphasis on the acute mental illnesses, and that we have a 93.1 percent discharge rate of schizophrenia this year, with some very original research work going on with Ioniazyde which is a drug, which when given in large doses to tuberculosis patients made them a lot happier than they normally were. They gave some of it in experimental work with this; it has proven of great help in certain depressed cases. Our men, our psychiatrists, although few in number are high in quality, are the first to admit that they need more help; they're the first to admit that there is a great need for psychiatric social workers. I must admit, and this is being just perfectly honest and frank, that we could not attract this type of personnel to this province - we can't attract unless we can offer comparable salaries. But I take up the challenge, my honourable member - give me a year and then you write Saskatchewan and find out how many psychiatric social workers they've got!

MR. ORLIKOW: Mr. Chairman, I thought I made it clear that I was not being critical of the Minister or even of the former government. I said, and I say again, that this is something which is developing very rapidly and in many places after years of inactivity, and I didn't hesitate yesterday to say that from the information I had that the Province of Manitoba will have, after they hire the people provided for in this year's estimates, will have, as far as I know, more probation officers than Saskatchewan. And let me tell the Honourable Minister, that I'll be very happy to say the same thing next year about his department, if it is true. This thing is much bigger than party politics. This is a matter of vital importance to the people of this country. I didn't rise to say that though, however, Mr. Chairman, I really rose to raise a question which I touched on very briefly and then didn't come back to, although I had said I would. From the material I have read and from the people I have talked to there seems to be - in the field - there seems to be considerable skepticism, and I am putting that mildly, about the idea of building larger and larger institutions. Modern people who are specialist in the field seem to feel that when you get a large institution even if you have enough qualified people, which we haven't, and which we are not likely to have even if the Minister gets 12 more psychiatrists on staff, that people - the patients tend to become a "number", a digit in the ledger book; and one prominent psychiatrist suggested to me that the day of an institution such as we have of a provincial mental institution is gone and that all mental patients in the forseeable future will be handled in psychiatric wings of general hospitals. A doctor in Winnipeg suggested to me that rather than build a 500 bed hospital addition at Selkirk that what we ought to do is be building a 300 or 400 bed hospital for psychiatric patients in Greater Winnipeg: (a) we would be able to utilize on a part-time basis the psychiatrists who are in Winnipeg. There aren't enough of them but there are more in Winnipeg than there are anywhere else in this province, (b) it would certainly be easier, and I'm sure this is true, to get social workers to work at a hospital in the Greater Winnipeg area than to expect them to work out of a hospital in Selkirk. Now I wonder if the Minister would care to make any comment on how firm this decision to build an addition at Selkirk is, and whether they've given consideration to what, I understand, is a more modern method of building smaller hospitals closer to the big cities where the families can visit and where there are better facilities.

MR. JOHNSON (Gimli): I would inform the House that our Provincial Psychiatrist who

(Mr. Johnson, cont'd.) .... will be assuming office on the retirement of Dr. Pincock is at present looking into this very problem where it has been in operation in the Old Country, and I will take that -- note of that. We have had much thinking on this subject and maybe I'll have some more information by the time we get to Capital Supply.

MR. GRAY: Getting back to the resignation of Dr. Pincock. I was just wondering whether consideration could be given of the province engaging Dr. Pincock to do his research work on behalf of the province not only in cure of mental patients but also if possible in the prevention. Now I know certain mental patients that became sick because of worry, driving a car at high speed in crowded streets, worry from their mother-in-laws or anything else, in other words, that we urge everyone to use the anti-polio serum; we tell everybody else to have a lot of fresh air; eat good food and probably advise the people not to support too much to the profits of the Liquor Commission. What I had in mind is if there is anything - I'm not a doctor, I cannot tell you how and why but I think perhaps it would be a good idea to have Dr. Pincock for another five years at least - he's still young - to do this research work for the province in the cure and also in the prevention.

MR. JOHNSON (Gimli): Mr. Chairman, I will just take a minute to answer that one. First it's not up to me to be revealing Dr. Pincock's retirement plans. I hope he has a very good holiday first but from what I understand he will be connected with the Psychiatric Hospital in his research activities and one of these fields will be Alcoholism and so he will be around in the research field here for some time.

MR. COWAN: Mr. Chairman, I would just like to add my voice to the idea that we should try and treat as many as we can in the psychiatric ward of the General Hospital instead of sending them to a Brandon or to Selkirk. I knew of one chap who came back from being a prisoner in Hong Kong and he had suffered a lot there and he was sent to the Psychiatric Hospital in Winnipeg for treatment and then to Brandon and the first thing that his family knew of him being in for psychiatric treatment or in Brandon was a letter from the administrator of the estates of the mentally incompetent asking for details of his estate. This letter came to a small town, to some people it's a bit of a disgrace to think you have somebody in your family in a Mental Insitution and the news of course went to the local bank where he had an account there, and so on and at Brandon there was a doctor who took quite an interest in him and found that what he complained of was really a well founded physical complaint because he had a very bad abcess on his kidney and they also gave him electric shock treatments and shortly he was back in Winnipeg and quite well. Now if that chap, I understand that since then electric shock treatments are now available in Winnipeg and if that chap had been treated in the Winnipeg Psychiatric Hospital there wouldn't have been that feeling of shame suffered by him and by his family so I certainly hope that we treat as many as we can in that hospital, especially those that are likely to be there for only a short while.

And the other thing that I would like to mention is this. An elderly single lady - an old age pensioner was into my office this week complaining about the way she had been treated, and I looked up as much information as I could, it went back a long way, and I found this; that she had been in 1954 brought to the Winnipeg Psychiatric Hospital on May 17th, sent to Selkirk on June 28th, on July 14th the doctor at Selkirk told the Administrator of Estates of the Mentally Incompetent that it was allright to sell her goods and they proceeded to send to the Auction Rooms all her personal belongings - things that she had gathered up through about 65 years - over many years - pictures and furniture and china and so on were sent to the Auction room and sold for a pittance and she was out July 16th, two days after the doctor suggested that they should be sold, and on July 17th she was discharged from the Selkirk Mental Hospital and came back to find her things, her belongings, all gone. Well naturally she was very upset and I think that the staff and the doctors should be very careful about those things because they mean a lot to people with nothing and they mean a lot to old people and they should be careful about selling a person's belongings when there is a chance they won't be in a Mental Institution very long.

MR. CHAIRMAN: (a) Salaries. (b) Supplies. (d) Alterations, Renovations. (e)

MR. PAULLEY: Why is there no appropriation listed for the maintenance of patients in the psychiatric ward of the hospital?

MR. JOHNSON (Gimli): It is included under the hospital plan as an acute facility.

MR. PAULLEY: Pardon.

MR. JOHNSON (Gimli): We've got them included under the Manitoba Hospital Services Plan.

MR. PAULLEY: If you go to Psycho. you're still on your premium?

MR. JOHNSON (Gimli): We open the door into the mental.

MR. CHAIRMAN: (e) Recoveries.

MR. JOHNSON (Gimli): I might point out that that recoveries from the Plan - $28,070.00 is salaries of the staff, Dr. Pincock and his staff is recoverable under the Plan. We pay the hospital their salaries and the hospital is paid through the Plan so they remit this to us. Certain salaries in the administration of these hospitals are included under the Hospital Plan. We've got them under the Plan.

MR. CHAIRMAN: (2) Brandon Hospital for Mental Diseases: (a) Salaries.

MR. GRAY: I just want to ask one brief question. Has the Minister any idea as to the percentage, not of the number, as to the percentage of patients being discharged in the mental institutions?

MR. JOHNSON (Gimli): .....being discharged?

MR. GRAY: Yes.

MR. JOHNSON (Gimli): I have them broken down by Hospitals. 58% discharged in the Winnipeg Psychiatric Hospital and 40% transferred. In Brandon - I'll have to go through each one I think. I have them broken down per hospital.

MR. ORLIKOW: Could I suggest that we stand that over and the Minister bring it in. I think much more important than percentages - I make this suggestion. I don't think percentages mean very much because if you have, take Selkirk for an example, if you have 1,300 people in the hospital and 900 of them stay there for more than a year, you have a large discharge percentage, it just means that you have a lot of short-term patients who come in and go out. I don't think that percentage means anything. I think if we get information, we should get information as to how many are coming in; what length of time they stay, and so on.

MR. JOHNSON (Gimli): Yes, I think the more important thing is the percentage of first admissions over the percentage of three admissions. This is the area of the acutely ill patient. The chronically ill patient who cannot be rehabilitated gives you a basic percentage which would mean nothing. As I have said earlier, across all the institutions 93% of the acutely ill people with schizophrenia were discharged after their first admission but a large percentage of that, a little larger than last year - 7% higher I think - 32% more came back which is the point which the honourable member wished to bring out and this is pointing to the area amongst these in the psychiatric field where we should possibly be putting more and more emphasis on rehabilitating or watching this patient after discharge. The reason for the high percentage of first admissions being discharged is again the effect of the new modern psychotherapy in electro-shock therapy. They are getting back out - I think that percentage is of some significance whereas the basic amount - you always have this patient load which you can't move.

MR. GRAY: Mr. Chairman, I would be very much interested to know whether there are patients who are being discharged from the Mental Hospitals. In other words fewer and to what extent? I think it would be very valuable information whether on a percentage basis, or on individual basis, it's immaterial, because the prevailing opinion is, once you go in there you stay there.

MR. JOHNSON (Gimli): I'll get those figures.

MR. ORLIKOW: Mr. Chairman, I would like to know - I don't know whether the Minister has it here now, it doesn't matter because undoubtedly we'll be on these estimates for a couple of days. I would like to have information - we're on Brandon now, but I would like to know for Brandon, for Selkirk, for the Manitoba School for Mentally Defectives and I guess also for the Broadway Home how may psychiatrists, psychologists, social workers have we got now; what plans are there for passing, say in the next year? If you haven't got it now I'll.....

MR. JOHNSON:(Gimli): I can give him a breakdown by institutions. In the Psychopathic Hospital we have 4 Medical Officers - plus the Director of Psychiatric Services; we have 3 Social Workers; and Occupational Therapist and 2 Psychologists - that's in the Psychiatric Hospital. In Brandon, we have the Medical Superintendent; 10 Medical Officers - these are all filled; 1 Psychologist; that's where we're lacking - I don't see any - this is where we're lacking

(Mr. Johnson, cont'd) .... in Social Workers as you point out. There is one there but they haven't got it in. Yes, 2 Social Workers - I'm sorry, Brandon has 2. The Selkirk Hospital has 7 Medical Officers; 1 Medical Superintendent; that's where we have the 1 Social Worker. At the Manitoba School there is a Medical Superintentent; 4 Medical Officers; 1 Social Worker. The Broadway Home we have 2 Social Workers plus the Director, now.

MR. ORLIKOW: The Minister has answered just the question as to present staff. Can he give me any more detailed information about .....

MR. JOHNSON (Gimli): We are advancing steadily in this field and in talking to the Deputy Minister the other day, and we do have hopes of getting some. I must say that from all my enquiries with the Superintendents and with the staff and with the Social Department that social workers trained in this field are hard to come by but we will give it an honest effort and we hope to, as I say, join with possibly a volunteer organization in putting some more emphasis on this field.

MR. ORLIKOW: .....suggestion, Mr. Chairman, if the Minister hasn't already thought of it. I'm sure if he hasn't his staff has - that they give some thought to bursaries. This has been very successful - some people say it's not a very honest way of getting staff, but there is a limited staff. The idea of giving the bursary to somebody who is a social worker who wants to be a psychiatric social worker, of course, providing they come back to work for us for a few years.

MR. JOHNSON (Gimli): ..... few years and if you pass the estimates in Welfare I'll be very pleased.

MR. ORLIKOW: We won't object.

MR. CHAIRMAN: 8 (b); (c); (d); (e); (f).

MR. S. ROBERTS (La Verendrye): Mr. Chairman, ...something I've long suspected that the salaries on the farm are greater than the sale of produce.

MR. JOHNSON (Gimli): I'd like to remark on that Mr. Chairman - everybody's going so fast here. This is really misleading, I'd like to inform the honourable member and when I first looked at the estimates, when I first saw what estimates were this struck me too that the operation and salaries of the farm were certainly an uneconomical.....however, the thing is as broad as its long. This is really the price of vegetables, milk and so on at less than wholesale prices and the more you put down here the higher your rate is and actually the total cost of the three farms in our estimates for this year, if you add these together, is $214,552.00. Yet the report shows that last year the estimated value of the farm products supplied to our institutions at less than wholesale price, plus the sale of surplus products for $217,000.00 and of course the other work on the farm is the maintenance of the grounds and the flower beds and making the grounds very attractive and so on. They are certainly paying their way. The Deputy Minister tells me that some other members may know about this. A few years back a survey was done of the Portage Farm and it was found to be very economical indeed and as I say these are just prices, rock bottom prices on food stuffs but as to why we put these exact figures in there, apparently it has been traditional for 20 years and I don't know the answer.

MR. CHAIRMAN: (3).

MR. MOLGAT: Mr. Chairman, ... in taking the (3) as I may in this item 3 farms there. On two of them we show exactly the same amount for sale of produce and on one we show and increase. Now what is the basis of the calcualtion? How do we establish prices? Why is it that we say at less than wholesale, why not simply operate at what it normally costs?

MR. JOHNSON (Gimli): It doesn't really matter what you put down there. Which one's up there?

MR. MOLGAT: It's odd, that two officially remain the same and one should be up. Why?

MR. JOHNSON (Gimli): Farms . Oh yes, this was at Manitoba School this year the female infirmary has been fully opened up - that was the new addition which was just completed and the only explanation given to me for the $27,000.00 this year was that the patient population would be increased, means a greater consumption of milk and vegetables from the farm so they're crediting themselves a little more in that item.

MR. CHAIRMAN: (3) (a) Salaries. (b), (c), (d), (e), (f). (4) Manitoba School for Mentally Defective Persons: (a) Salaries.

MR. MOLGAT: Mr. Chairman, I wonder if the Minister could give us a report at this

(Mr. Molgat, cont'd)... time on the accommodation at the school and what the backlog is for people who want to enter and so on?

MR. JOHNSON: (Gimli) At the Portage Home for Mental Defectives, the story is that they built a 180 bed female infirmary which is now complete and that would have made room for 180 more patients. However the problem was that the two floors in the old building, other than the main floor, the second and third floors, have become uninhabitable and were vacant last summer when I went through there they were just going to be demolished, you see. So actually they only transferred 115 or were able to admit 115 people from the outside into this 180 bed addition because they have to vacate these two floors which have to be demolished. The Medical Superintendent told me that it was very important that we build the other wing on the female infirmary and a boys' infirmary as soon as possible. This means a total population at Portage but now - these estimates were made up some time ago now -is about 1015 right now. As you know, the policy has been under the age of six -- and if they have not admitted to Portage, and Hospice Tache has been looking after these kiddies. They were getting just about 40 or so there, they were getting pretty crowded there and these are the group, as I mentioned, we transferred to St. Boniface Sanatorium and the feeling of the Department is, and the Superintendent, that to meet our needs we will be required to complete the female infirmary and build a boys' infirmary as soon as possible and there is some thought of lowering that age group slightly from six downward.

MR. MOLGAT: Could the Minister indicate what the backlog is if there is one at the moment of.....

MR. JOHNSON: (Gimli) I couldn't give him the exact backlog at this moment but I'll find out.

MR. MOLGAT: Is there a backlog at the moment?

MR. JOHNSON: (Gimli) Yes there is.

MR. PAULLEY: Do I understand from the Minister, Mr. Chairman, that the patients that were originally at the Youville Home in Transcona with the late Mrs. St. Amant then went to Hospice Tache, they're now out at the Sanatorium?

MR. JOHNSON: (Gimli) Yes, we have completed arrangements. They should be moving, if they're not there now they'll move this week. We were able to get - they had some accommodation there that they weren't utilizing, and we signed an agreement with them to provide space for 60 beds. Now we were primarily initially interested because we had some children who were mentally incapacitated, who could not be removed home because they were in need of acute medical care - an infected ..... and so on, and these were coming to $20.00 a day and there's a Hospital Plan and we looked into this and the Sisters felt they could provide care for these children at less cost if we could help them develop this empty space at St. Boniface Sanatorium. So we opened the area there for 60 beds and we were able to get Ottawa to declare 12 beds in that area which is separated off, as a hospital facility under the Plan so when these children - they are a provincial responsibility under Health Estimates as you know now - and if they are acutely ill or some of these children may become ill from time of birth, we can transfer them to this facility where we think they get a lot more care on a long term basis, more emphasis on nursing care than leaving them in an acute hospital.

MR. PAULLEY: Mr. Chairman, I was very interested in this, because this was one of the - I was almost going to say, rare occasions when the present First Minister and I really saw eye to eye. If I recall correctly it was the first contribution I made in any debate here in the House - I think it was the resolution of the Honourable the First Minister - drew the attention of the Department to the deplorable situation or lack of accommodation would be a better way of putting it, Mr. Chairman, that existed at that time for these poor unfortunate children. We were very fortunate at that time to have a person Mrs. St. Amant who had taken these children under her wing. I'd like to know from the Minister whether he's experiencing any difficulty or knows of any difficulty that he may be having in retaining staff for looking after these children. I'm sure the First Minister will agree with me that the late Mrs. St. Amant was a woman out of this world, that looked after the children and really dedicated and devoted herself to the care of these children and I know at the time, even with her age, she had difficulty in retaining them and I was wondering that situation still prevails?

MR. JOHNSON: (Gimli) No, it's probably due to the fact though to the wonderful care

Mr. Johnson, cont'd).. which the Sisters have given when I visited Hospice Tache. They had little playrooms and cribs and everything set up and it was a very very wonderful effort and they were a little concerned about their third floor and about space and that's why we did some acting on this score. No, we've had no difficulty there. When we come further along in the estimates, when we, there's certain cases as you know that we are maintaining in their own homes, and when we come to that item I can mention something further at that time.

MR. MOLGAT: Mr. Chairman, before we leave this item, did I understand the Minister correctly to say that the children that were in the Hospice Tache were under six years of age? That's correct is it? And they have now been transferred to the St. Boniface Sanatorium - the whole group, but still under the same type of care at the St. Boniface Sanatorium? In that case then the government has accepted the responsibility below six years of age as a matter of fact now. I believe I understood a while ago the Minister to indicate that you were considering changing your coverage but actually you have done it at the moment?

MR. JOHNSON: (Gimli) Yes, we're actually to maintain these children at Portage the per diem rate is $2.98. To maintain these children in Hospice Tache. We had been paying $3.75 - I think we're now paying the Sisters in St. Boniface $4.25 but when they come acutely ill we have the acute facilities there which comes under the Plan. The thing is that - that's all there really is to it. We do pay the full per diem cost.

MR. MOLGAT: In that case, at the moment any mentally defective child can apply for inclusion under government care - regardless of the age.

MR. JOHNSON: (Gimli) Yes, they can apply and in many instances I point out to the member that very often they don't require institutionalization and if there is financial hardship at home in maintaining that child that is mentally incapacitated to that degree we contribute to the care at home in food costs or it varies in the per diem cost, because we have no place to put some of these children.

MR. PAULLEY: Mr. Chairman, Mr. Minister - that in reference to the children that I was talking about in regard of Mrs. St. Amant, it is a little different that just simply being mentally deficient there was other deficiencies accompanying them and that made this a special case.

MR. JOHNSON: (Gimli) Certainly mentally defective children.

MR. CHAIRMAN: (e): (f): 5. (a)

MR. MOLGAT: Mr. Chairman,..... what this item covers?

MR. JOHNSON: (Gimli) This money is the basic grant of $25,000 which is made to each province and the balance of the federal appropriation distributed according to population. Now this grant is used in the development of the overall mental program through the following channels. We use a certain amount of this money towards the salaries of our staff in the mental institutions and employing psychiatrists, psychologists and social workers and the purchase of equipment for the psychiatric clinics at the Childrens, St. Boniface Hospital and the Winnipeg General. Again they employ psychologists, visiting teachers and speech therapists and rental of clinic accommodation for the Child Guidance Clinic at Winnipeg. Up until now we have been renting that from the city of Winnipeg school board. Now this also, we use this money to attract psychiatrists for training in our mental hospitals. For the full year passed, four physicians were under this grant, three psychologists, one social worker and one nurse and two psychologists. This money is also used for research. Dr. Schultz did what they call a cohort or a group study of the discharged patients from Brandon mental hospital and hired social workers under this grant to conduct this survey. They determine abnormal electroencephalograph or brain wave patterns in mental patients, they study cerebrospinal fluid findings, and so on, and also there is $1,500 of this money goes to the Canadian Mental Health Association. But by and large this money which shows in here as 'in and out' is used to complement our programs in all these hospitals, is used for these various purposes. But we can only get only so much toward salaries. I think it is 75% of the grant, of the federal grant can be used for salary purposes, but we have tried to - knowing our needs and so on - we have tried to put most of this money as I have indicated, into research, into training physicians, psychologists, social workers, into purchasing equipment for these purposes and so on.

MR. CHAIRMAN: 5. (b) (Passed) 6. Broadway Home for Mental Defectives (a) Salaries (b) Supplies.

MR. CAMPBELL: ..... how many inmates are there in that home at present, Mr. Chairman?

MR. JOHNSON (Gimli): The Broadway Home? Oh yes, this is the Broadway Home. You will notice there, the estimate is up considerably in the home and the maintenance outside institutions is down and the grant of course is the next thing, but that -- I can give you the story here is that as you know the, I don't know if you know but there was one housekeeper at the Broadway home and we found we were breaking all the labour laws and we hired four housekeepers and they are on an eight hour shift for the first time and we have two social workers plus Miss Harrison, who came back from the Attorney-General's department where she was assisting for a term, and we have 30 girls there now, 30 I should say in homes and 19 girls in care, at the home today. The reason for 2 social workers again is because we are starting to get some boys out of Portage. We have 4 of them placed in Winnipeg and suburbs at this time. This is an area where it is a lot easier to get a girl domestic work and so on than it is to get a boy a job and follow him. One of the boys, I think, is working in a dry cleaning establishment, one is assisting a farmer, and the social worker from the Broadway home has been assisting them in addition to the 30 odd girls who are out, in placement, and living out and there are 19 living in. And this increased appropriation is for this -- the new position of four housekeepers, an extra social worker and a part time stenographer and then we abolished the position of house mother which made a net increase of $10,000 as indicated.

Now when we come to the next appropriation in maintenance of mental patients outside institutions, I have a little better story. Last year the appropriation was $85,000, this year it is $68,300 and this includes about - the assiting in the maintenance of about 90 children outisde of institutions and also include Hospice Tache. Now the reasons for the reduction to $19,000 is that many of these children, some of them, are getting disability allowance which accounts for about $5,000 of this decrease. We got a little more liberal interpretation of the disability allowance as regards mental incapacity to work and were able to get some of these children on 'D.A.'.

The next item there is -- we were able also to transfer about $19,000 of this appropriation into welfare, where under the interpretation of the Social Allowances Act, where Ottawa will share 50%, where there is mental incapacity and there is need. These were certain cases that were not under the mental hygiene program and that is, would not qualify, we thought here, and we were able to transfer to welfare. They are unfortunate, they are not suited for institutional care or where, in all these cases the next of kin agree to maintain them at home with ou assistance of course.

MR. CAMPBELL: ..... seven, is it? Seven in brackets.

MR. JOHNSON: (Gimli) Yes.

MR. CAMPBELL: Not 8. You didn't cover 8 in that statement.

MR. JOHNSON: (Gimli) Oh 8. No, I'm sorry, I.....

MR. MOLGAT: ..... back to 6. I don't think we have passed it. As I recall, the Minister went on to discuss 7. It was quite all right. But I don't think we have actually covered 6. But who makes the decision as to those who will go to the Broadway home and those that will be at the Portage Home. Do they enter directly into the Broadway home or do they go to the Portage home first and then are transferred later by the psychiatrist? What is the process?

MR. JOHNSON (Gimli): Dr. Hackinson has had some of these children for a considerable length of time and he finally feels they have reached the stage of training in his institution where they can be rehabilitated back into society. He is very careful in this regard because he feels they have to be picked very carefully, because it might be quite shocking to one of them to get back. He does it by stages as I see it. When I visited the Home for instance, the two boys that are now out working in a dry cleaning establishment, he had them in the laundry there for about a year and then they began to get onto a routine that they could handle quite well and he put them out as soon as he could. It's a very difficult decision to make and most of these, as I understand it nearly all of them, practically all of them, come direct from Portage to the Broadway Home because that's specifically what this is for.

MR. MOLGAT: ..... in the Broadway Home it's about 25 did you say or 30?

MR. JOHNSON (Gimli): I understand that there are 24, number of girls from December 31st, it's 24 at that time, in the Home.

MR. CHAIRMAN: (6) (a): (b): (7): (8) Grants for training mentally retarded children outside of Institutions.

MR. MOLGAT: Mr. Chairman, could the Minister indicate to whom this grant is paid?

MR. JOHNSON: (Gimli): This is the money that is paid to the Society and Mentally Retarded where the province gives $15.00 per month for 10 months of the year which is matched towards the care of the mentally retarded child, toward the teaching and communities. This is the one where the Kinsmen School comes in.

MR. CHAIRMAN: Health Division (b) Health Services 1. Administration (a) Salaries

MR. JOHNSON: (Gimli): I could point out that this is a combination of (b) 1. (a): (b) 11. (a) and (b) 13 (a) in last year where (b) 1. (a) the first item is Director's salary and Mr. Ellison from Portage la Prairie and a stenographer: (b) 11. (a) was a stenographer in Extension Health Services and (b) 13. (a) was a stenographer in local Health Services and as they're all under the one administrator we lumped them together in that way.

MR. CHAIRMAN: (b) Supplies (c) Expenditure under Public Health Research Grants (d) Recoveries from Government 2. Environmental Sanitation: (a) Salaries (b) Supplies -

MR. ORLIKOW: .....information who are the 29 under (a) and what do they do and what classifications are they?

MR. JOHNSON: (Gimli): I'm sorry. Last year these appropriations were broken down in b.(2) (a): b. (3) (a): b. (4) (a): and b. (5) (a). Now we call them b. (2) (a). B. (2) (a) was a combination of environmental sanitation which is at 320 Sherbrooke: b. (3) (a) is Public Health Engineering under Mr. Kay at 320 Sherbrooke: b. (4) (a) is Food Control under Mr. Grant McLeod and b. (5) (a) is Industrial Hygiene and we put them together as they're all part of Environmental Sanitation and there was really a good reason for doing this and their total salaries last year were $76,000.00 - this year it's $74,000.00 and the main reason for that is that the Sanitary Inspectors, two Sanitary Inspectors were transferred from this appropriation to Northern Health Services. We did hire one agriculturist - one engineering aid and the decrease in the estimate came to $1,500.00.

MR. PAULLEY: Mr. Chairman, what is the situation now in regard to the work that the Sanitary Control Commission does? If I remember correctly that is the Commission that investigates the general pollution of the Red River. Is that correct?

MR. JOHNSON: (Gimli): That's right. The Sanitary Commission previously was shared by a couple of departments and shortly after coming to office they dumped it in my Department - but I shouldn't say dumped it - it was in Resources, Municipal Affairs and Health and they put it into Health for some reason because they felt that it should be in charge of - the duties of the Sanitary Commission is the -- more or less sits above the Greater Winnipeg Sanitary District and also is the advisor to the Government of Manitoba. Now that item - is that where we are in the items - is up from $12,000.00 approximately last year to $16,000.00 and we have a full time engineer in that department. The department consists of Mr. Kay, the commissioner; Mr. Johnson, the Deputy Minister of Municipal Affairs and Nestor Mudry, an Engineer V: we have a Public Health Engineer there now and a full time Chemist as a staff, and the increase, also that accounts for $12,000.00 of this appropriation and the reason for the other money is an expanded program - printing of stationery and office supplies that previously was divided between different departments and the fact we'll need an extra car or car operation for travelling around amounts to around $1,000.00. They need gas and oil for their outboard motors and so on when they go on these trips. Now the function of the Sanitary Control Commission is to - they, in the past year have been carrying out studies with the Department of Fisheries and Natural Resources in the Burntwood and Grassy River area where Thompson is - studying the flora and the water and so on along, with INCO and in Environmental Sanitation there was an item for $1500.00 where there was an agreement between the Department at that time and INCO to each expend $1500.00 towards this survey. All the chemical analysis and so on, is done by the chemist on the provincial staff and they're going ahead with that. They're also making studies on the Lake Winnipeg, or the Winnipeg River where - at this time where there has been a - I think we can say that the company there will be putting in a program to reclaim bark which has been going into the river at that point. Up around Flin Flon they've been doing some work on Schist Lake and Lake Athapapuskow or how you say that, Lynn Lake, the Red River, the Whitemud River. Their job is to go out as a supervisory control. I might inform the House

(Mr. Johnson, cont'd)... that I met with the - the Sanitary Commission met recently with the Greater Winnipeg Sanitary District, in order to more clearly find the lines of responsibility which exist between the two. We in the Commission feel that we should have an objective as to what the Greater Winnipeg Sanitary District hopes to attain, when and at what costs. We have found that at present, for instance, the Charleswood and St. Charles area comes under provincial jurisdiction under the Sanitary Commission and across the road comes Sanitary District. They are meeting at this time to try and work out a policy whereby we may bring municipalities in under uniform terms and uniform conditions.

The whole matter of pollution is a very great one and I think we have a very excellent commission and I know that the past commission was very excellent also from its record and from the men on it and I think we're very fortunate in having the men we do have on this Commission and they are purposely looking away in the future as to what is good policy in regard to the pollution of our natural streams and waterways in the province. We have to go slowly - these things are big things, they are costly operations when we make decisions but this is the function of this Commission and I think it's a very worthwhile effort.

MR. PAULLEY: Now I don't want to be unfair to the Minister. Maybe he hasn't had an opportunity, Mr. Chairman, of investigating and maybe he has. I recall a few years ago there was some question as to the amount of pollution that was being allowed to enter into the Red River and if I recall correctly the Sanitary District were given a period of time in order to clear it up. I was wondering if that had been done?

MR. JOHNSON: (Gimli): The Winnipeg Sanitary District have done a tremendous job. According to one of the members of the Commission he said he though they've done a bigger job more cheaply and more efficiently than any one in North America in picking up pollution outfalls, raw sewage outfalls into the Red River. The policy has been under the previous administration and this one today - the policy of the Greater Winnipeg Sanitary District as enunciated to the government, has been that they will pick up raw sewage outfalls at a greater rate than they will allow new ones to discharge into the River. I think it has been pretty well established that you can never completely get away from the point where you don't use the river at all. You will always have to use it for effluence to some degree. However, there's a natural feeling and hopes on both sides that this can be achieved sooner or later. The Commission's record I can't give you the figure offhand but in the past year, they have picked up and more than they proposed to let in this year in the forms of raw sewage and we are, as I say, the Commission has now asked the District for a long range program, what their objective should be. And I think it's our duty as a Commission to - all we should be interested in is what is the pollution of the river, and they should do the administering and force it.

MR. CAMPBELL: The members are Mr. Kay, Mr. Johnson and the third one?

MR. JOHNSON: (Gimli): Mr. Mudry an Engineer V. Nestor Mudry. First class man.

MR. CHAIRMAN: (3) Preventive Medical Services:

MR. MOLGAT: This complete appropriation then covers what was previously Bureau of Food Control I understand from the Minister.

MR. JOHNSON: (Gimli): Yes.

MR. MOLGAT: Now what are the responsibilities of the Bureau of Food Control. The Federal people themselves have a very large department involved in this exact work have they not?

MR. JOHNSON: (Gimli): Well the object in food control - the department - I can't find it here - but what they - they examine all the slaughter houses in rural Manitoba, and they examine restaurants and they check on fish processing plants locally and Mr. Vincent in that Department does all the testing of all the pasteurization plants in Winnipeg for safety and sanitation. All the bottling plants - the enforcement of the Frozen Food Locker Plant Act - these all come under the Bureau of Food Control and they have - for instance, there are 28 pasteurization plants, and besides supervising operations in these plants, in-service training of both the plant employees and our own area inspectors has been a major bureau activity. It has been carried out through various plant visits- organization of short courses and co-operation with universities. They have 96 frozen food locker plants - 25 bottling plants. The Jamieson test kit, this is used as a means of illustrating sanitation to new employees in restaurants and waitresses and so on to show them the affect of contamination. Food analysis - they get a

(Mr. Johnson, cont'd)... number of food samples submitted for analysis in 1958 we seem to have been getting a little more staphoccocal poisoning than has been the custom in food, and these are the men who check on that. And a stock of publications and pamphlets and food and milk control is always maintained. They get many requests for information from local health authorities, industry and general public. Exhibits at summer fairs, meetings with consumers in industry: they co-operate with school, and school authorities and attendance at various related meetings. This is really the job of the Food Control Department and this year we strengthened that with the addition - it was a recommendation that we do so - with one agriculturist V, I believe it is. Our Mr. Sisler has joined the Department, as Mr. Grant McLeod and Mr. Vincent were the only two there previously.

MR. MOLGAT: Mr. Chairman, he's certainly got me convinced that they must be very busy people in view of the responsibilities that he outlined but do the federal people not operate in any of these fields - inspection of slaughter houses.

MR. JOHNSON: (Gimli): Oh yes, and these boys work closely with them. In the cold storage plants and all that sort of endeavour which overlaps the work here, the federal - you're thinking of the Food and Drug Control Act - oh yes. But it's up to us to investigate all our dangerous food sources in this area, especially in milk, and I've mentioned, outside the Greater Winnipeg area, in slaughter houses. Milk control is really the biggest factor, and prevention of food poisoning by public health education and so on. For instance the stuffing of turkeys last Christmas when -- they have to send out pamphlets and they get hundreds of enquiries from housewives on everything asking them about these matters.

MR. CAMPBELL: Mr. Chairman, isn't it a fact though, that the municipalities generally speaking do this same kind of work too? For instance doesn't the City of Winnipeg employ a large staff of pretty much the same kind of investigations and supervision and St. Boniface and others?

MR. JOHNSON: (Gimli): As I understand it Sir, we complement one another in these endeavours. Like Mr. Vincent for instance has this responsibility with these milk plants to the province and these men act with rural municipalities where there is no health unit, they'll come out and give advice. Or where there is a health unit officer they work through him in examining frozen food locker plants in the area and so on. But as I understand it, the Federal Government lays down pretty strict rules, and Mr. Grant McLeod is always in touch with them on these matters.

MR. CHAIRMAN: (b) (a) Salaries (b) Supplies (c): (d)

MR. PAULLEY: I think it's a happy note to see that the contingency for epidemics has been reduced to a tenth of what it was - the appropriation was last year. Now I wonder if the Minister might give us a picture in words that the rosy item appears to indicate that we're not endangered of any epidemics or that the department doesn't feel as though we're going to have one.

MR. JOHNSON: (Gimli): Well under this item last year, Mr. Chairman, there was a $200,000.00 appropriation. That the one? $20,000.00 this year - that money was put aside largely to look after those people in King George Hospital who were completely paralyzed in iron lungs and the decrease is down to $180,000.00. With this now absorbed by the hospital plan of course, we as a full in hospital facility, we pretty well had to guess as to what money to put down here. Well certain of these polio patients in the King George Hospital do require surgical procedures at times which have to be done in an acute - St. Boniface and the General Hospital - and we left enough money here to pay for that in case - paying for some procedures, which we couldn't do for them in the King George Hospital, and also certain equipment for home care cases that is not included in our federal health grants where we take that equipment out of and of course transferring of patients from home to hospital - these hopelessly crippled people in these iron lungs and occassionally we're asked to give special nurses in cases of an acute problem arising with one of these polio patients in the hospital where they'll have to lay on extra staff. And we left this item here of $20,000.00, and as a contingency for epidemics. I might say at this time, before you get off this appropriation that the total amount of vaccine - it might be interesting that we have given to patients since 1955 to July last year we've given out 795,000 cc. of polio vaccine and from July 23rd till now, until June 23/59 we've given out 799,000 cc. of polio and the Federal Government pays 50% of our polio vaccine incidentally, of all our total program, but you're past that item now.

MR. MILLER: It's under (c).

MR. JOHNSON: (Gimli): Is it?

MR. MOLGAT: Is that the one that covers the .....

MR. JOHNSON: (Gimli): (c) Biological Products - $100,000.00 yes.

MR. MOLGAT: That's the one that covers the Salk Vaccine.

MR. JOHNSON: (Gimli): Yes, we increased that $25,000.00 in order to carry out our program fully. Last year we spent quite a bit on vaccine and it would take us another $25,000. this year, we thought. This is just a guess. Also this money is used to buy gamma globulin which is a very expensive item, which is given to women when they're pregnant or during a polio epidemic we give all pregnant women gamma globulin. It is expensive and we also left it for that reason here.

MR. CAMPBELL: Mr. Chairman, is it a fact then that all of the long stay iron lung patients are now taken over by the Hospital Plan?

MR. JOHNSON: (Gimli): Yes Sir, they are all taken over as full in-patients.

MR. CAMPBELL: Would the Minister have the figures as to how many are still in that position? I realize that .....

MR. JOHNSON: (Gimli): I can say, I think there are .....

MR. CAMPBELL: Actually it won't mean as much to him as it would have otherwise now, because the hospital plan is taking it but just as a matter of interest.

MR. JOHNSON: (Gimli): The last time that I was there, if I recall there were 23 iron lung patients or patients who had to be in a rocking bed or in a lung. Now that's just a rough figure. I could qualify that but some of these patients that are, in fact we have about 25 of these people now at home. This polio home care program was started before I came into office and it's a very good thing and we have got more out, I think there's close to 25, which is - these people are very sick people, but by getting in an iron lung into the home and a rocking bed, special wiring, home attendant and so on, if they can show us this is costing less than hospitalization or even a much or even a bit more, if we feel it's going to bring a family together again and it is either more economical or even if I say it's a little more costly we are doing so and we think this has been an excellent boost to the morale of these people in the hospital and at home.

MR. CAMPBELL: Does the hospital plan, Mr. Chairman, take care of the ones who are receiving home treatment?

MR. JOHNSON: (Gimli): No sir, but - they don't, but we decided that we would experiment also in this field in the sense that this is a venture in home care programs, attempting to relieve our acute hospitals, wherever possible, of these long-term, high-cost type of patient. These people - everyone we've moved has been most grateful and most co-operative, and I must give the co-ordinator of rehabilitation full marks for studying each case very thoroughly before he did so. For instance, we will take a man's earnings - say he makes $300.00 a month or whatever it is - into consideration, and he's been working out budgets for these men, and in many instances it has resulted in reuniting a family where the husband was out working and had to put his children somewhere else, with a housekeeper; well, now he can maintain his own home, have the housekeeper during the day with his wife if she is the paralyzed victim, and his family are stabilized. And even if this costs us $50.00 a month more than our acute hospital bill, if this is where we can really do some good we've been acting. We put a limit of a hundred cases on this is an experiment, but so far there has only, as I say, been about a total of 25 that I know of altogether.

MR. CAMPBELL: Mr. Chairman, I entirely agree with the Minister in this regard. As another item of interest, I think it is a fact that at least one of the long-stay patients there has been under that kind of treatment for fifteen years or thereabouts, since the other great epidemic of polio - I forget when that was.

MR. JOHNSON: (Gimli): Yes, I think the Minister - the Leader of the Opposition has brought up a very good point, Mr. Chairman. That is where I think is the great inherent value of a home-care program. After these people are in that hospital for seven, eight years, all hopes of rehabilitation fade, friends are gone, homes are gone, and this is what we should try and prevent.

MR. CHAIRMAN: 3. Passed 3. (1) Passed (2) Passed (3)

MR. MOLGAT: Mr. Chairman, there is a very substantial drop there in that grant.

(Mr. Molgat, cont'd)... Could the Minister explain the reason for the change?

MR. JOHNSON: (Gimli): The new Hospital Plan, Sir, assumed $30,000.00; we only have to put up $5,000.00. The Hospital Plan has declared this an in-patient service, which we will give to patients in hospital. The hospital plan pays for this facility to the patients; pays it direct to the Red Cross Society and we pay $5,000.00.

MR. CHAIRMAN: 4.

MR. PAULLEY: Mr. Chairman, now that we have finished the first three pages and it is quarter past eleven - I understand this afternoon the Committee left about ten past, and if my informant was correct the Minister - the First Minister said we should make up that fifteen minutes, or whatever it was. But this evening I think maybe that's done; we've gone through three pages which I think is pretty good. I think the First Minister will have to agree that at least tonight we - there's been no filibustering of any description; we've just been seeking information. I think we should quit.

MR. ROBLIN: The pledge calls for another five minutes. We had twenty minutes altogether. However, I am always moved by any appeal directed to me by the Honourable Leader of the C. C. F. party and even though he was misinformed to the extent of five minutes, I think we shall call it a day, so if the Committee would like to rise and report, Mr. Chairman, I suggest that would be good.

MR. MARTIN: Mr. Speaker, the Committee of Supply, having adopted certain resolutions, directed me to report the same and ask leave to sit again.

MR. MARTIN: I beg to move, seconded by the Honourable Member for Winnipeg Centre, that the report of the Committee be received.

Mr. Speaker read the motion and after a voice vote declared the motion carried.

MR. ROBLIN: Mr. Speaker, I beg to move, seconded by the Honourable the Minister of Agriculture that the House do now adjourn.

Mr. Speaker presented the motion and after a voice vote declared the motion carried and the House adjourned until 2:30 Monday afternoon.