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THE LEGISLATIVE ASSEMBLY OF MANITOBA  
8:00 o'clock, Thursday, March 12, 1964

MR. CHAIRMAN: Department VII, Item 8, Detention Homes.

MR. BAIZLEY: I would like to ask leave of the House to make a statement. . . . can't do it; I'm sorry.

MR. CHAIRMAN: Item 8 passed. Item 9 . . . .

MR. VIELFAURE: I think my question would have suited better in 5 (b), but I see here Sale of Produce to Institutions. Is that part of the sales from the farm operation of the Attorney-General's department, if this is the right wording? Is the farm not owned by the government at Selkirk? On 8 (f).

MR. McLEAN: Mr. Chairman, did the honourable member say (f)?

MR. VIELFAURE: Yes, Mr. Chairman, 8 (f) Under Farm, Manitoba Home for Boys.

MR. McLEAN: Mr. Chairman yes. There is a farm operated in conjunction with the Manitoba Home for Boys and that refers to the sale of produce to the staff, for the most part.

MR. VIELFAURE: . . . . operation of the farm listed separately here? What I mean is can we see whether there is a profit or a loss on the farm operation? Because on 5 (b) (4) and (5) and (6) in my estimation it shows a loss of \$21,190.00. I missed that earlier but I saw it came again here as Sale of Produce to Institutions on 8 (f). According to the figures on (4), (5) and (6) I would say it shows a deficit there of -- a loss of \$21,190.00 if I reckon right.

MR. PAULLEY: . . . because I pointed this out to my honourable friend in answer to a private question, Mr. Chairman. I think what my honourable friend is getting at, if we go to item (d) Farm for Manitoba Home for Boys and look at the item Salaries of \$26,000, Supplies etc. \$6,000, a total of \$32,400, less sale of produce to institutions of \$3,500 leaving a sub-total of \$28,940, my friend's question I believe is, does this indicate that there is a loss in the operation of the farm of \$29,000.00?

MR. McLEAN: Mr. Chairman, you would have to examine the Public Accounts. This relates only to the portion that may be properly deducted in relation to the expense of operating it, but in the Provincial Treasurer's revenue items somewhere he will have income from the Sale of Produce. Now I'm sorry I can't give the figures on it there, but this relates only to the recoveries from employees from this farm.

MR. PAULLEY: Mr. Chairman, the Attorney-General apparently hasn't got the revenue but we have it before us here and the details of the estimated revenue of -- under the Attorney-General's department of institutional farms, estimated revenue for the year ending March 31, 1965, of \$23,500.00. Now in the item Farm, Manitoba Home for Boys there, there's an expenditure -- after deductions of the revenue from the sale to institutions there's still \$28,940 indicating that there must be a loss, and this is the question my friend is asking in respect of operating of farms.

MR. McLEAN: Do you want an answer. . . .

MR. PAULLEY: What is the answer? There is then a loss in the operation of the farm.

MR. McLEAN: I can't answer that, Mr. Chairman. I'm sorry, I haven't got the figures in front of me -- the revenue figures in front of me -- and I think that would really be a question to direct to the Honourable the Provincial Treasurer.

MR. HRYHORCZUK: Mr. Chairman, may I ask the Honourable the Minister a question? They produce certain commodities there, farm commodities, such as vegetables, beef, pork, and so forth. They use these commodities in their own kitchens don't they, for all the inmates and everybody else in there? Now has the Honourable Minister any idea of how -- what the value is of the produce they consume in the institution is? I'm trying to be helpful but I don't think I am.

MR. HUTTON: Maybe the Minister of Agriculture could be a little bit of help here. I can't speak for this particular institution but the Assistant Deputy Minister in agriculture carried out an analysis as to the operations of the institutional farms, and found that they were producing their product at a profit.

MR. PAULLEY: . . . Mr. Chairman, if I may, the estimated expenditure and the estimated revenue that is before us at the present time, in all due deference to your Deputy, doesn't indicate or substantiate what you have just informed the committee. It's just the opposite, because it shows an expenditure on this one item alone, and there are two farms. There is a farm for the eastern judicial district that shows an expenditure of \$21,190; there's this farm for the

(Mr. Paulley, cont'd)... Manitoba Home for Boys that shows an expenditure of \$28,940, after some recouping of revenues from the sale of produce, and in the estimated revenue of the Provincial Treasurer for the Attorney-General's department for this item, shows revenue from institutional farms of \$23,500 so the figures just don't ....

MR. HRYHORCZUK: I've been trying to help him but he wouldn't listen.

MR. ROBLIN: I have a shrewd suspicion that the item shown on the revenue side is not costed at retail market prices that we would normally use. The prices shown there are just notional prices and really don't reflect the value of the produce made available at these farms. The gentleman sitting next to you, I think, will be able to verify that this is roughly the situation.

MR. HRYHORCZUK: Mr. Chairman, I've been trying to help the Minister before. I think there are several things that are not -- haven't been spoken about. There is such a thing as a farm manager who looks after all of these farms with the different institutions in the various departments. I believe this gentleman works for the Honourable the Minister of Agriculture and that answer could very easily come from him. Aside from what the First Minister stated, there is also what I mentioned here just a moment ago. That institution uses a lot of those commodities for their own sustenance in their own kitchens and their own dining rooms which is not accounted for here at all.

MR. CHAIRMAN: The Honourable the Member for Rhineland.

MR. J.M. FROESE (Rhineland): Mr. Chairman, I would like to know from the Minister under the next item (g), Maintenance of Girls and Boys in Refuge Homes. How many are there placed in these homes and how many do we support under this item? The total amount shown here is \$223,000, and by the way, what kind of homes -- are they screened, or what are the requirements before these girls and boys are placed in those homes?

MR. McLEAN: Mr. Chairman, this item covers monies paid to the Home of the Good Shepherd, which I understand is sometimes known or called Marymound School, in which there were 40 girls as of August 1963, the latest date for which we had figures. It also provides for eight girls maintained -- again my figures being August 1963 -- at Roslyn House; Sir Hugh John McDonald Memorial Hostel August 1963, 11 boys; Dawson House August 1963, 16 boys. Now these are people who are adjudged by the juvenile courts to be delinquents; and are directed to these homes for care.

MR. JOHNSTON: ....and I just wanted to ask the Minister where do we discuss or where do we see the Liquor Control Board, where do we....

MR. McLEAN: There is no item in these estimates for the Liquor Control Commission.

MR. JOHNSTON: Are you not responsible for that, sir?

MR. McLEAN: Yes, I am assuming that that was discussed. There was some discussion under item 1, Administration, Minister's salary.

MR. JOHN P. TANCHAK (Emerson): Mr. Chairman, I think we are still on the corrections part of it and I presume that these institutions are also intended correction, and some of the boys who find themselves in this institution probably are there because they need correction, and in this department I notice -- I mean for correctional purposes -- I notice that the amount that was voted in is small as compared to other departments, but the fact still remains that the amount has just about doubled or more than doubled in the last six years, and also the personnel has more than doubled. I'm not quarrelling with that because we on this side did suggest that we need more officers, more parole officers and so on, on that, but the question now is posed, are we getting money or getting value for the money that is being spent in these corrective institutions? We seem to think that during the period the situation in regards to crime and corrections doesn't seem to improve too much. The answer to this and especially in the crime... is that we are not getting the value for the money that we spent -- is being spent in it, and I have an article here and I'm sure that most of the members did read it. The article is from the 1963 report of the Committee on Services for Juvenile and Adult Offenders, which states this: "It is a disquieting feature in Manitoba that despite the rising standards of material prosperity there has been no reduction in the rate of crime. In Manitoba in 1961 the number of convictions for individual offences and other major infractions was almost 104 percent greater than in 1952. The population increase for this same period was less than 20 percent. This growth of crime has two especially disturbing features. One is that crimes of violence and crimes against the persons have increased much more than other crimes, 153 percent compared to 91." Now here's the

(Mr. Tanchak, cont'd)... part that I'm really interested: "The number of offenders of ages 16 to 24 increased by over 80 percent, while those of ages 25 and over increased by only 23 percent." Now not so long ago the First Minister implied I will say, at least that's the way I understood him, that the number of persons confined in our jails and institutions is a direct reflection of the general atmosphere of our community. Now if this is so, I don't think that the atmosphere has improved too much since then. In my opinion, and I'm not blaming the present government -- my intention is not to be critical now whatsoever -- in my opinion it's the society and not the elements that are responsible for this condition in our community. Now I know exactly what I want to say but I haven't got the same gift of gab of some of the more learned members here, but I'll try to place exactly my feelings before the House.

Through necessity or maybe aspiration we set some certain standards, standards that we like to live up to, and I would like to call them values, certain values that we like, values that all of us try to achieve and also try to live up to these values. Now these values forever keep changing. We've got great advances, technologically and also advances in our social life, and all of us adults as well as the younger boys -- we induced them to do that -- strive to keep up with these times and those values that we're always trying to attain seem to be just running ahead of us, and we get frustrated as adults because we can't achieve what we would actually like to achieve. Likewise there are some parents and even some schools -- and I'm not critical of this -- they've tried to achieve these values; they've tried to live up to the standards that are required, or maybe imaginary requirements, I'm not too sure, and I'm not quarrelling with their objective, and believe that this may even be desirable in most cases. But some children in my opinion are not quite able to keep pace with these values and that's the basis of my argument.

Take for instance a backward child or a slow child, or a child probably even with a very good I.Q. but probably his motivation isn't just there; he might be a smart child but he hasn't got that motivation that we require from this child. So what happens? He might find it very difficult for him, this child, to keep up with expectations, to keep up trying to achieve his values. He gets left behind; he is considered backward; he is a slow child; we've pushed him back, and I do not say that this isn't necessary. I'm not critical anyway. We've pushed him back into a retarded class. Now let us for a moment imagine just how this child feels. Feels alone, probably feels inferior. He is lost; he might even feel that he is not being loved because he just doesn't seem to -- because he can't keep up with all the rest. In many cases he hears about this from his parents. Sometimes his parents try to push him. They're not psychologists. They don't know that it may hurt them. They push him, and then the odd time the parent might say, "Oh you're dumb, you're behind," and that hurts the child; and you can imagine just what psychological effect this would have on this child. He may become morose; he may become defiant; and I would say that this is the making -- the beginning or the making of a delinquent.

Now the Honourable Member from Ethelbert Plains had always I think a good idea, a good plan there, and a good suggestion, that we should try the prevention rather than cure. And I would add on to this, he mentioned certain groups, certain schools and churches and groups, and then there's maybe the Girl Guides, the Boy Scouts, and probably we could stop these children who feel that way, who feel depressed and so on. Maybe we can put a social worker into this who could get in contact with all these and gather the facts, and stop these people in this manner and then try to help them, see the parents and so on, and I know the social workers do that. They're desirable. That's at the one end of it. Then, again, I mentioned before, are we getting value for the money spent, and I'm not begrudging the money spent in corrective measures. Only, I'm trying to point out that maybe if we put more stress on this bottom part of it when the child is too young, and his habits are being formed, then we might have less, less in the correction institutions, and thereby save the money. But having made -- our society -- I blame our society -- having made delinquents out of these, out of these young people, I think it is our duty to do the most, the best possible, and our greatest effort put into it to save at least a few of these, because it is worthwhile.

Just to cite one example, and another -- again I'm not critical. I know of a teacher, a very good teacher, first class teacher. She is right here in the city of Winnipeg, and she has to teach -- not that she has to, but she probably chose to teach a retarded grade in one of the schools, and she is an excellent teacher. She knows what she's doing. But when you converse with her, you'll detect that feeling, even with this teacher it seems to persist, that she is in

(Mr. Tanchak, cont'd)...some way inferior because -- and I don't like that attitude -- because she is teaching a retarded grade, and I would suggest that sometimes this feeling may probably rub off on these little children, the feeling that she has, although she is still a very good teacher, and I would suggest, and I know that there is some difference in grants, different grants given to lower grades and higher grades depending on the qualification of the teacher, I would say that it is most important for us to put the best qualified teachers right there in the primary grades where they have to deal with these tender minds so as to overcome this tendency in some of them that may become delinquent in future years; and I'm not being critical; it's just a suggestion I put up to the House.

MR. HRYHORCZUK: Mr. Chairman, it wouldn't surprise me at all if the Honourable Minister would like to be able to say amen to the estimates for his department. I know I would if I was sitting over there. I often did. And I also know that he's a man that is kind of heart and fair of judgment, and the Honourable Member for Portage did want to ask a question or make some remark on the Government Liquor Control Commission, and I'd just like to point out, Mr. Chairman, that there's no item in the estimates for that, and the Honourable Member for Portage being a new member, comparatively new member, would naturally not know that where there is no item that you have to raise the question under the Administration, and I'd ask the indulgence of the Honourable Minister to allow the Member from Portage to ask his question or make his remark.

MR. JOHNSTON: Thank you very much, Mr. Minister. Now this is more in the nature of a question, but like all politicians when the question of liquor and liquor consumption is brought up, one is inclined to shy away from it, but I had a question posed to me a few days ago by a citizen of Winnipeg, and he wondered why a particular hotel in Winnipeg has the right to run a cabaret and keep open until one o'clock in the morning, and not provide, as stated in the Act, not provide dancing space. He felt that this particular hotel -- it's the Airport Hotel, the cabaret room is the Constellation Room, and they have this cabaret licence that they don't have to provide a dance floor along with it, and they can stay open until one o'clock, and the person that raised the question with me was a competitor and he felt that this was quite unfair, and he wanted to know why.

MR. McLEAN: Mr. Chairman, my understanding is -- any my colleague, the former Attorney-General, has very kindly given me some, just very quickly, some background. My understanding is that the Airport Hotel, in respect to the Constellation Room, is the only licence of this particular kind in Manitoba, and it was also one of the first, or the first one to be granted. Now that doesn't quite answer why there is no dance space provided, and I think I could only undertake to enquire into it, and be quite honest about it at the moment and say that I don't know.

MR. JOHNSTON: Mr. Chairman, I was just going to say if there is an inequity would the Attorney-General's department correct it or make the same privilege available to all who are competing in this field.

MR. McLEAN: . . . . and I hope I am not misunderstood that I would have -- would say that I would ask the Liquor Control Commission to make the correction, since the administration of the Liquor Act is entirely by statute under their jurisdiction.

MR. DESJARDINS: Mr. Chairman, I would like to ask the Honourable Minister if there is any truth to the rumours that the Home of the Good Shepherd will soon be closed.

MR. McLEAN: Well, not that I know of. I have not heard that.

MR. DESJARDINS: Well it is -- there's a rumour going around because of the fact that we've had this new principle of separation of church and state, as that expression is understood in Manitoba, that that Home might have to be closed. Is this one of the places where we waive this principle, or is this -- will this be considered in the Shared Services Plan?

MR. D.L. CAMPBELL (Lakeside): I wanted to ask the Honourable the Minister a question about the Portage la Prairie Home for Boys. It's possible that this question has been asked in my absence. If it has the Minister could tell me, but I understood from some remarks that were made in the House by the Honourable Member for St. John's the other evening, that the -- what we'll call the D.A. Thompson Report had recommended the closing of that institution. Is that correct? And I know I am not supposed to ask future government policy, but has policy been decided on this matter, and if so, what is it?

MR. McLEAN: Mr. Chairman, yes, the report of the Welfare Council, what's been

(Mr. Campbell, cont'd)... referred to as the Thompson Report, did make that recommendation. I'm sure that the Honourable the Member for Lakeside will appreciate my views in that as a good Scotsman I would have to take a long look at the idea of closing a facility which is to my way of thinking in fairly good physical condition and, I believe, serving a most useful purpose. This is not one of the things that we're contemplating doing in the immediate future.

MR. CAMPBELL: I think I would like to say that I would agree that the Honourable the Minister should take a good long look at the proposal before anything like that would be done, because my understanding was that when this institution was established that the experts of that day--I looked at it very closely both from the point of view of facilities that were available in the community and also from the type of the facilities that were made available on the grounds, where three or four different cottages had been built and a sort of a family type of arrangement has been entered into, and I know that during the time that I have been in this House that this subject has been debated on more than one occasion both with regard to the Home for Boys and also with regard to the jail itself, because it's not too many years ago that the recommendation was that a jail itself should be established a way out in the what might be called the hinterland, and that was thought to be a proper arrangement in those days. Then later on the other counsel prevailed and it was centralized once again and brought into the area near the city of Winnipeg, and I believe that now there's some discussion goes on among the experts in penology, or whatever this science is called, about once again breaking this type of an institution down into units. Well now, whatever is the present thinking I just remind the Honourable Minister that the recommendation was carried out so far as the Portage la Prairie institution is concerned. I believe it's been kept up-to-date with improvements and renovations and even additions, and I would congratulate him on his resolve to take a good hard look at it. Sometimes I think we need the point of view of a sound, hard-headed Scotsman in some of these matters.

MR. MOLGAT: Mr. Chairman, before we leave the matter of detention homes and juveniles, I wonder if the Minister could tell us what is the situation now with regard to juveniles being sent to Headingley Jail. This has been a problem, I know, in the past. I would appreciate if the Minister could tell us if he has the figures of the number of juveniles that were sent to Headingley last year. I have here a clipping from the Free Press of July '63. The heading is: "Second Sixteen-Year-Old Sent to Headingley. For the second time in a week Provincial Police Court Magistrate G.L. Cousley has reluctantly sent a 16-year-old offender to Headingley Jail for six months." This is, I know, not a good practice, Mr. Chairman, because the segregation facilities at Headingley I believe are not such that it's possible to keep these youthful offenders segregated from the adult prisoners there. Last year when we discussed this, I think the then Minister indicated that certain steps would be taken to correct this, and I would like to know what has been done and what was the situation during the course of the past year in this matter.

MR. McLEAN: Mr. Chairman, the only figures I have are from the report of the Superintendent of the jail at Headingley for the eastern judicial district, and it shows--this is for the year 1963, expiring December 31 -- persons under 18 years of age, 82.

MR. MOLGAT: Mr. Chairman, this seems to me to be a very large number of juveniles to be sent to what is basically an adult institution, and a maximum security institution and not one designed for this purpose, nor, I believe, one that is equipped to segregate these youngsters from the other criminals that are there, and 82 seems to me to be a very large number. I wonder if the Minister could break that down in age groups for us, indicate how many there are in the age group 17-18, 16-17, 15-16 and down to 14 and 15, and for that matter, are there any under age 14. that have been sent to Headingley?

MR. McLEAN: I regret I am unable at the moment, Mr. Chairman, to give the breakdown requested. I would point out that of course the 82 are admissions, and there would be perhaps some of these people who would be there only for a very short time. All that the Honourable the Leader of the Opposition says, of course, is entirely correct, and if we can get the federal authorities to build the juvenile offenders institution that we require, I am sure this situation can be corrected.

MR. HILLHOUSE: I wonder if the Minister when he's obtaining these figures for my leader, whether he would find out how many of these 82 were transferred from Juvenile Court and treated as adults.

MR. CHAIRMAN: Resolution 49 passed...

MR. MOLGAT: The Minister will be prepared to give us the breakdown on this will he, at a later date?

MR. McLEAN: Yes.

MR. MOLGAT: Thank you.

MR. CHAIRMAN: Item 9.

MR. SAUL CHERNIACK (St. John's): Mr. Chairman, I want to take just a moment under Item 49 to use it--was it 59? -- to use it as an opportunity to make the Honourable Minister a gift --oh, he jumped. I guess it's a frightening thing to receive a gift from this side, but a long long time ago when we first started dealing with these estimates, I mentioned the problem of the battered child, and I think that the Minister expressed some surprise at the fact that special treatment was needed of the problem. I'm therefore happy to be able to send on to him a pamphlet of some 20-odd pages prepared by the Children's Division of the American Humane Association, published in 1963, and dealing with a review of legislation to protect the battered child. I hope he will have an opportunity to review this and hopefully come up with something that will help the better disposition of this problem.

MR. CHAIRMAN: 49 passed. Item 9, Resolution 50.

MR. FROESE: Mr. Chairman, under Item 9, we have the Administration of the Estates of the Mentally Incompetent. I would like to know from the Minister how many estates are being handled by this administration, and I also note on the estimated revenue we have some 50,000 expected in revenue from this administration. How are the levies made against these estates, and how do you collect this 50,000? Could we have some explanation of this?

MR. HILLHOUSE: . . . answer them both at the same time. The question I was going to ask, Mr. Chairman, is along the same lines as the Honourable Member for Rhineland. I notice that the estimated revenue this year from that department is \$50,000 and your expenditure is going to be 103,000-odd. In other words, the province is putting \$2.00 in to that department for every dollar they take out. Now, in 1959, which is the last year that we were in office, our revenue from that department was \$10,000 and our expenditure was \$71,000, so we were putting in \$7.00 for every dollar that we took out. Now, I've noticed in my handling, or in my dealings with the administrator of the estates of the mentally incompetent, that there has been during the past number of years a very substantial increase in the fees being charged by that official. At one time the fees that were charged were fairly nominal in amount, but it appears to me now that the administrator of the states for the mentally incompetent is charging the same fees for administering these estates as trust companies are for administering the estates of deceased persons. So I would like to get some idea from the Minister as to the range of fees in that department and how they were fixed.

MR. SCHREYER: I have a question on the same point. If the Minister is going to answer for the Member for Rhineland as to the number of estates involved I wonder if it would be possible at the same time to give an indication as to the rough value of what's involved here in total. I would also like to ask the Minister if it is true, as some rumour has it, that the regulations under which the administrator has to work, that these regulations may be made a little more flexible in the future; and if this is true, I for one would welcome it, because from my few dealings with this particular branch of the department, I've come to the conclusion that the administrator seems to be hamstrung by the regulations with which he has to work-- cases the administrator has had to turn down, has had to put thumbs down on certain applications from relatives of the mentally incompetent to do this or that with the property; which kind of an arrangement would have helped substantially the, not the widow, but the wife and the children of such persons; and because it couldn't be done, this whole thing, the arrangements had to be made through the Welfare Department which of course cost the province a good deal of money. So I would ask him in short if it is contemplated to ease the regulations somewhat under which the administrator has to operate.

MR. McLEAN: Mr. Chairman, there are 2,046 estates under administration, with a total value of \$2,854,689.38. During the first nine months of 1963, approximately 1,120 new estates were opened or commenced, and 1,178 estates were closed out. I am unable to tell the Honourable the Member for Selkirk the basis upon which the charges are made, although I would assume that they are made on the basis of the tariff of charges which may be properly taxed in the case of a committee or trustee, and I'm -- but to be quite frank about it I'd say that I'm not



(Mr. McLean, cont'd)... really familiar with the basis, although as the Honourable the Member for Selkirk has pointed out, it's approximately one-half of the total costs of operating this particular branch, and the \$50,000 is the cost of administering estates of a total value of \$2,854,689.

With regard to the possibility of more flexibility, my colleague the Honourable the Minister of Health has under way at the moment a revision and consolidation of the three statutes which deal with mental illness, the statutes under which the authority of this office is carried on, and we hope, of course to bring it up-to-date, and while no particular -- I wouldn't want to say that there will be more flexibility provided, I think we do have some thoughts regarding the administration of the estates of the mentally incompetent persons that we hope to consider quite seriously and which would bring the practice into keeping with the present day conditions. We must not forget that of course this office exists for the protection of the estates of persons who are mentally incompetent, and I am certain there are many occasions when the administrator has to be quite unpopular by refusing to acquiesce in some action or other that some relative might approve of, because he must be guided by his judgment of what is in the best interests of the mentally incompetent person. My understanding is that that has always been the cornerstone of the policy, and I myself would not be in favour of any change.

MR. SCHREYER: Mr. Chairman, I don't want to quarrel with that cornerstone of policy, but it would seem to me that the administrator should be guided somewhat by considerations of the wife and children of these mentally incompetent people. Does the Minister want to stick with his figures, 2,000 estates with a gross value of \$2 million? It seems to work out to about \$1,000 per estate, which doesn't seem possible.

MR. McLEAN: I can only say, Mr. Chairman, that these are the figures that have been given to me and I can't be any more helpful. I would think that they might not be out of line as there are a lot of quite small estates. We must remember that it is possible of course for a person who is mentally incompetent to have some other committee or trustee appointed by the court. It is not in all cases that the administrator of the estates is a trustee.

MR. HRYHORCZUK: Mr. Chairman, the questions and answers on the particular item lead me to say a few words. I think the explanation lies, not so much in this particular branch of the department but in the attitude of the government as a whole. There was a time not so very long ago, Mr. Chairman, when the government undertook to provide certain public services without the intention of seeing that these public services were paid by those who received those services. This is one of those instances and there were others, for instance our courts. But within the last five years or so this government has increased the fees to such a degree that in some of these instances they're not providing public service as a public service any more; they're running some of these branches on a margin of profit, and I think that explains why today we have the type of questions that have been asked by the Honourable Member from Selkirk and the Honourable Member from Brokenhead.

Now we probably were lenient at one time towards some of these charges but I'm afraid that the pendulum has swung away over to the other side, and when you have charges made for estates, and I understand that sometimes they run over \$300 for administration of an estate, I think it's just going a little bit too far. I feel, Mr. Chairman, that the government does owe the people of the province a certain service which is to be paid out of the Consolidated Fund, especially when you come to people that are incompetent, disabled or for some other manner should receive some public assistance. I think this is one area in which the government could review its policy and it wouldn't hurt one bit if they reverted to the policy that existed before they took over the reins of government.

MR. FROESE: Mr. Chairman, on this very same matter I would like to have some further explanation from the Minister. When people are healed and they return, what is the situation with these estates? Are they readily returned, or what requirements have to be met in order that they can be taken away from this administration? It comes to mind that I know one particular case several years ago where an estate was brought under this administration. Later on the person came out again and he found in the meantime that his car was sold -- he had a very beautiful car; his utensils that he used in his trade were sold; and when he found out about this he got worse again and as a result finally he had to go back again. Now that's the reason why I want to know how these estates come back to these people once they are healed.

MR. A. E. WRIGHT (Seven Oaks): Mr. Chairman, I'd like to ask the Minister if there's

(Mr. Wright, cont'd)... any difference in the handling of cases of people who voluntarily submit themselves for treatment. There are many more of these people. And who decides as to their competency, the psychiatrist at the institution or the Director of the Estates for the Mentally Incompetent?

MR. McLEAN: Well, Mr. Chairman, the Director of Estates of Mentally Incompetent never makes any decision with regard to the mental competency of a person. He only administers and is only responsible in those cases where a person by the proper medical experts has been found or judged to be mentally incompetent. In other words, his authority begins when a person has been committed or found to be mentally incompetent and it ends when he is advised -- and this answers the question of the Honourable the Member for Rhineland -- it ends when he is advised that a person is restored to mental competency and capable of handling his own affairs.

There are cases such as is described by the member for Rhineland. I remember having one myself where I was acting for a client and it seemed rather difficult to sort of reconcile the patient to the action that had been taken with regard to his estate during the time of mental incompetency, and this is a difficult thing one would have to acknowledge. For example, you speak of a car. Well, ought the administrator to sell it or not? If he held it for too long a period it might lose all its value. On the other hand, if he sells it and the patient is quickly restored to health, the patient naturally is sorry that when he has the return of his assets that instead of getting his car returned he gets the sum of money for which his car has been sold. I think we would have to acknowledge that it is a matter of judgment in a case of this kind.

The problem is further compounded -- and this is related to this necessity for revising the statutes under which this whole matter operates -- is further compounded by the success which the medical people are now having with persons who have mental illnesses. We have more short-term mental illness and it isn't really --- when this office and this idea was first set up, first decided, it was in the times when persons spent long periods of time, indeed I suppose when it was considered that one didn't recover from this kind of illness. This situation, thanks to modern medicine and to modern methods, has changed and I would be the first to acknowledge that the administration of estates of persons in this situation certainly needs to be looked at carefully in the light of modern-day conditions and the things which modern science and medicine can do for people who have this kind of illness.

MR. PETERS: Mr. Chairman, people going out and committing themselves out to Selkirk -- what happens? Are their estates taken over?

MR. McLEAN: Yes.

MR. PETERS: My understanding is though that they can leave any time. What happens then?

MR. McLEAN: Well, they may leave, and if the medical people said that they were mentally competent then that ends the matter as far as the administrator is concerned.

MR. CHAIRMAN: Item 9 passed. Item...

MR. FROESE: Mr. Chairman, on the next item, 10, two years ago this item amounted to \$103,000.00. Last year it was \$10,000; this year it's \$5,000 -- a further cut. Just what is this money being spent on? I take it that this item covers provincial buildings, and therefore I'd also like to refer to the Liquor Control Commission financial report. I note in that report that the fixed assets in land and buildings are \$47,674.56 shown on the balance sheet. Then when I go to the statement of operations -- or of general and administrative expenses, they show a write-off of land and buildings, furnishing and fixtures of \$53,881.00. How can they write off more than they have in the first place?

Then I have some other questions in connection with the profits as they are shown on the statement. Do the profits come into the following year, because the year-end is on March 31st the same as the government year-end is, and therefore does the profit come into the following year or is it being taken out of the operations during the year?

I also note that the sales were some \$56,893,000, and out of this \$8 million went to the federal government in taxes and excise duties, so that they got their fair share. According to this, if I figure rightly, there must be a mark-up of around 66 percent. Would that be correct on the purchases that we make and have sold through the Commission?

MR. McLEAN: Mr. Chairman, I would think that that figure of 66 percent, while I haven't worked it out, it's probably approximately correct. The liquor profits, according to my understanding of the matter, are paid in the fiscal year to the Province of Manitoba -- to the

(Mr. McLéan, Cont'd)... Provincial Treasurer into the funds of the Province of Manitoba.

Now with regard to the item in the estimates themselves, the reduction I am sure reflects the nature, the Scottish character of the present Attorney-General. This covers a number of individual projects. If the members of the committee would like, I would be glad to give them the details of the items. There's redecorating and tile entrance at the Land Titles Office in Portage la Prairie; a plan for the men's dormitory at The Pas jail; landscaping the grounds at the Jail for Women at The Pas; we're installing a sound system in the auditorium at the Manitoba Home for Girls; repairs to the incinerator at the Manitoba Home for Boys; installing two showers in men's bathroom at Government Detention Home; and -- I left this one till the last -- we're going to get a new vacuum cleaner in the Dauphin Land Titles Office.

MR. HRYHORCZUK: Mr. Chairman, I can hardly let the Honourable Minister get away with that statement that because there's a Scotsman sitting in that chair that is why. I think we've all noticed that the government is prone to put off the costs of what it is doing in the capital division. There was a time when the government paid quite a proportion of the cost out of the current revenue, but this government has taken the attitude that it should go into capital costs. We're paying for those things with borrowed money and they don't appear in the estimates here. I think that is the answer rather than the one that we have a Scotsman in the chair.

MR. ROBLIN: For the information of my honourable friend, I may say there are over \$13 million worth of capital costs in these current estimates. A very large sum.

MR. HRYHORCZUK: Well, I just thought that there would be quite a bit. I didn't think there'd be \$13 million with what we've already got, but if they're adding another 13 million it's just a drop in the bucket.

MR. CHAIRMAN: Resolution 51 -- passed. Department VIII -- Health.

MR. WITNEY: Thank you very much. Mr. Chairman, thumping on the desks before someone introduces his estimates is always very welcome indeed, because you know that the thumping that is to come is not going to be on the desk during the hours that we are going to take in discussing the estimates of the Department of Health. I might say that as the Minister of the Department of Health, the new one, I have found that I have some pretty big footsteps to follow in, with the former Minister of Health, that I think that I can say of the Ministers of Health that we have had for the past four or five years that I am in the better shape. I'd like also Mr. Chairman, to thank the members of the committee for bringing my estimates to the fore on Thursday March the 12th rather than on Friday, March the 13th. Not that I am particularly superstitious, but on that day I like to be just a little cautious.

I'd also like to thank, Mr. Chairman, the very many voluntary organizations that have worked with the Department of Health in the past year and have contributed an immense amount of work and work that was of great value in the various problems that face the health field in the Province of Manitoba. Without them the situation with respect to health in Manitoba would not be as good as it is at the present time. It's been the custom in the past for the estimates of the Department of Health to be preceded by a statement. Sometimes that statement was rather long, and I would not like to break the custom as a new Minister of Health, and so I too am going to make statements before the estimates and I trust that it will not be too long. I also hope that I have taken items which will be of interest to the committee, and of value to them, when they are considering the various items under this department.

In dealing first with the health education section, one or two items there which I feel will be of interest. We did have the production of a poison-control pamphlet in co-operation with the Poison Control Centre at the Winnipeg Children's Hospital during the past year and every effort was made to have one of these placed in every home in Manitoba through distribution by the various health units, the City health department, the Manitoba Pharmaceutical Association, and the Manitoba Rural Safety Committee. During the last year, too, in the health education section we also established the Elmer program, a child safety traffic program which is sponsored by the National Safety League. The program was established in six schools in the City of Winnipeg, all of the schools in the City of St. James, two in West Kildonan, and in the schools at Neepawa and Selkirk, and the objective is to have the Elmer program spread into all the schools in the Metro area and all of those that are outside of the Metro area. In the health education section there were a whole variety of various activities, and perhaps one of the major accomplishments was the initiation and the organization and the liaison with respect to the production of a 27-week

(Mr. Witney, cont'd)... maternal and child health television series on the western CTV network. There have been many favourable comments received as a result of the activity. The nutritionists in Brandon and Winnipeg, with some 28 in attendance in Brandon and 48 in Winnipeg, organized a two-weeks cooks' school for cooks, and it was organized to give cooks a better knowledge of what they ought to do with food.

We also participated in the health education summer school workshop for teachers through the presentation of lectures in nutrition relating to school health. And when you proceed through the estimates you will notice in the health education a new item which says "Grant to the Alcohol Education Program," and I think at this time I should make a statement with respect to the alcohol policy of the government at this time. On April the 1st, 1963, the Department of Health through its Rehabilitation Services Division, undertook a comprehensive study of the following organizations: The Alcoholism Foundation of Manitoba, the Salvation Army Harbour Lights Centre, The Alcohol Education Services, and the Manitoba Committee on Alcohol Education. The purpose of the study was to obtain a clear and comprehensive picture of the services of each organization and their impact on the community, and also to ensure that funds that were granted by the government are being effectively and efficiently expended, and thirdly, to develop a mechanism whereby the planning and services of the four organizations could be effectively co-ordinated. The study revealed that there was some lack of communication between the four organizations directly concerned with the alcohol problem, and there was some lack of communication on the part of each of the four organizations with the existing government and voluntary health, welfare and education agencies. But it was interesting to note that all of the four organizations appreciated the opportunity to participate in the study because they all felt that there was a need for a re-organized and dynamic approach to the entire problem of alcoholism. The major points that came out of this study and which have been accepted by the government are as follows: that changes be made to The Alcoholism Foundation Act which would clearly define their objectives and functions and which would provide a smoother working administration, and as the members of the committee know, that has already been done; that the Alcoholism Foundation and the Salvation Army Harbour Lights Centre be designated by the government as a voluntary rehabilitation agency and be directly associated with the Rehabilitation Services Division of the Department of Health, and that all government funds provided through the Alcoholism Foundation and the Salvation Army Harbour Lights Centre come through the Rehabilitation Services Division of the department. In the community we require two agencies providing voluntary rehabilitation services for the individual alcoholic. These two are the Alcoholism Foundation of Manitoba and the Salvation Army Harbour Lights Centre. It might appear that there is some duplication. However, the study clearly revealed that each agency served a specific type of alcoholic. Effective April 1st, in 1964, the government grant to the Alcohol Education Services will be provided through the Health Education Branch of the Department of Health and the director of Health Education will be responsible for the development of a close working arrangement with the alcohol education services. The grant is to be increased from \$30,000 to \$36,000 in the new fiscal year and this was the grant that was formerly provided through the Department of Education.

Another recommendation that was accepted was that the Manitoba Committee on Alcohol Education be disbanded on March 31st, 1964, and that the Health Education Branch of the Department of Health be responsible for carrying out a program of alcohol education similar to the program of the Manitoba Committee on Alcohol Education, and that the chairman of the Manitoba Committee on Alcohol Education be appointed as a consultant to the director of Health Education and paid an honorarium, and this arrangement has been made to provide for the continuity of the Manitoba Alcohol Education program. Further it was agreed to and accepted that the director of Rehabilitation Services establish immediately a co-ordinating committee on alcoholism composed of the executive directors of the Alcohol Foundation, and the Alcohol Education Services, the Commanding Officer of the Harbour Lights Centre, the Director of Health Education, and his consultant, who was with the Manitoba Committee on Alcohol Education. And this committee to meet on a monthly basis for the purpose of developing a clear working knowledge of each other's programs, of determining ways and means of integrating services, and of determining gaps in services, and suggesting ways and means of filling these gaps. And it has also been decided that a large advisory committee on alcoholism, with

(Mr. Witney, cont'd)... representation from many different elements in the community, be established by the director of Rehabilitation Services, and this advisory committee, or a sound- ing board, would meet once or twice each year at which time they would be appraised of the program in this field and be asked to offer their comments and their suggestions, and it is our hope that the people who had formed the Manitoba Committee on Alcohol Education will provide the nucleus for this large advisory committee which is to meet once or twice a year.

In rehabilitation there were some other developments. This year the Manitoba School of Medical Rehabilitation will graduate its second class of physiotherapists and occupational therapists. The establishment of this school in Manitoba was a timely one, considering other developments that have taken place in the physical medicine in the province. Without this school it would be impossible to ensure a continuing supply of qualified therapists for the Rehab- ilitation Hospital and the physical medicine department of some of the active and extended treat- ment hospitals and the mental hospitals. In 1963, through the rehabilitation centre and with the services of the various volunteer organizations, over 3,000 children and adults were accepted for service. They were assisted in obtaining services ranging from a single counselling session to comprehensive medical treatment, provision of prosthetic appliances, vocational training, job placement, etc. And in addition, 50 mentally handicapped persons were served, from a rehabilitation standpoint, through the division of psychiatry.

During the past year the rehabilitation section has accepted for vocational rehabilitation a limited number of selected discharges from our mental hospitals. Many meetings have been held with the senior officials of the division of psychiatry in developing working arrangements, and in 1963, 6 former patients were rehabilitated to full-time competitive employment, and at present there are 18 in various types of vocational training courses. This number is small. However it clearly indicates the value of activity in this area which we plan to expand. The development of a comprehensive vocational rehabilitation program for the post-mentally ill will need to take full cognizance of the excellent work done to date by the Canadian Mental Health Association and to examine the particular role that they can play in this expanding program. The provincial rehabilitation program developed in Manitoba to date has been a successful one. This success can be attributed to the fact that both government and the community at large recognize the job of rehabilitation requires the combined facilities of government and voluntary agencies, and furthermore, I think it can go without saying that an active citizen participation is an integral part of a good and successful rehabilitation program.

During 1963 the mental institutions, namely, the Brandon Mental Health Hospital and the Selkirk Mental Hospital and the Winnipeg Psychiatric Institute had under treatment as in-patients a total of 4,458 persons. Direct admissions to these hospitals reached an all time high of 1,679 for an increase of 146, or approximately 10 percent over 1962, and this 10 percent figure has been occurring for approximately the last three years. Intensive treatment programs enabled the division of psychiatry to discharge from the establishments 1,675 patients. The total separations, including deaths, was 1,894, an increase of over 10 percent as compared to 1962. The intensive treatment program resulted in a decrease of 160 patients at these insti- tutions during the year. The community mental health activities of our hospitals in 1963 has also been increased. The Selkirk Hospital operated two community mental health clinics, the Brandon Mental Hospital, one, and the Psychiatric Institute provided such service as required, mostly in the southern section of the province. And in addition, these hospitals operated very active out-patient departments. The total number of patients treated was 4,184 of which 1,632 were new patients, and the number of patients interviewed established a new record of 17,236 which is up from 16,497 in 1962. There has been over the years an increasing demand for psychiatric services for children. At the present time there are two clinics in operation: the Child Guidance Clinic of Greater Winnipeg where during the year there were 8,123 children seen, of which 5,356 were not previously known to the clinic; the Child Guidance Clinic of the Brandon Mental Hospital in the past year moved into its new quarters, and these new facilities will greatly increase the efficiency of the clinic, as well as permitting an increase in person- nel to meet the rapidly rising demand for service. the year under review, 688 children from Brandon and the surrounding district received assessment and treatment. During the year the efforts to return to the community retarded persons who have been under training at the Portage la Prairie School have been intensified. This program resulted in the day-time placement of

(Mr. Witney, cont'd)... 29 girls and 17 boys, or an increase of over 50 percent from 1962. A few of these day-time placements have adjusted to the extent that full-time residency in the community has been accomplished.

The Broadway Home continues to receive former patients from the Portage la Prairie Training School day-training program. These candidates are found to be considerably better adjusted than those who formerly came direct without any prior community experience, and during the year there was an increase of boys and girls under supervision, bringing the total to 74. A comprehensive program for the care and training of the retarded persons in the province is under careful study. An aspect of this is to place the Broadway Home under the direction of the director of Rehabilitation Services. The Broadway Home will then benefit by all the rehabilitation agencies being co-ordinated under this service, and the Home's Program can be expanded to provide help for retarded persons in the community who have not been trained at Portage la Prairie.

During the year there has been increasing use of the diagnostic facilities, an increasing use that has been made by the courts, with a total of 150 referrals representing again an appreciable increase over the previous year. Of these, 40 were admitted to hospital for further treatment, and a small group were subsequently maintained in group and individual therapy while serving sentence, while the remainder were transferred to other hospitals. The division of psychiatry have received excellent co-operation from the law enforcement authorities in making necessary arrangements for the patient, and it is probably best that arrangements should remain on an informal and flexible basis. As in the previous years the hospital staff has been actively engaged in educational programs both for under-graduate and post-graduate medical students, both of whom receive in-service training and instruction. Practical training and experience is also being provided for the Winnipeg General Hospital School of Nursing, and for the School of Rehabilitation Medicine.

Apart from the new Child Guidance Clinic at Brandon, the new psychiatric institute at Selkirk will be in operation in a few months, as will the cottage system at Portage la Prairie. Now this cottage system is designed for small numbers and with home-like maintenance which will reduce the hazard of undesirable features of mass living and lead to quicker and better rehabilitation.

I'd like for the moment also to make a statement on the meat program as this was promised to the Honourable Member for Elmwood at one time. The Department of Health has continued to support Canada Approved Inspection Service in all meat slaughtering establishments throughout Manitoba as the ultimate goal. The activities of the department as well as that of the inter-departmental committee on meat have been directed to this end throughout the past year. While this is the stated goal, providing the most complete health protection for the people of Manitoba, I would make reference to the report to the Legislature last year which stated, "It has been recognized from the outset that the setting of Canada Approved as a Manitoba goal for the commercial meat and poultry standard would have many economic implications, and as I warned, could not be achieved over a short period of time. The department has continued discussions with slaughterhouse operators, equipment suppliers, federal authorities, municipal authorities, and others involved in the program. The existing operations have been reviewed, plans for modifications have been discussed, plans for new establishments have been scrutinized, and as an intermediary step to federal inspection, proposed provincial regulations respecting building and equipment standards as well as operating procedures have been drafted and are currently being given final review. The licencing of slaughterhouses under The Public Health Act regulations is currently a municipal responsibility, but many municipalities have agreed that for the purpose of this program, such licencing could be a departmental responsibility. A change has been proposed to centralize the licencing of slaughterhouses at least for an interim period. This would ensure uniform application of the legislation during a time when we hope to raise standards and at the same time in showing that the local needs are met. Local slaughterhouses range over a broad spectrum, from those operated by individual farmers, slaughtering less than 25 animals of their own raising yearly, to larger establishments slaughtering several thousand animals yearly. The application of similar standards to all these establishments poses many problems. Many of the operators face major decisions. In fact, some are considering whether or not they should continue operation. It is of utmost

(Mr. Witney, cont'd)... importance that these operators be given a reasonable opportunity to assess all details and be provided assistance during this critical period and the Department of Health must at the same time insist that health safeguards are applied; water supply, sewage disposal, and general sanitation, construction, equipment, processing and other food safety measures.

The same health problems are not encountered with the secondary meat processes, those establishments that process but do not slaughter, since these establishments purchase their supplies almost exclusively from Canada Approved slaughter plants and health control of processing is carried out by the local health authorities. The problem faced by these operators is mainly one of economics to retain and to expand markets. I think, Mr. Chairman, that I can state to the committee that practical progress has been made during the past year and, while this is a continuing program not yet complete, it has been established on a sound base providing continually increasing health safeguards for these important food products, and I would like again to pay respects to the many members of the industry for their patience, their understanding, and their assistance, and to my colleagues, the Minister of Industry and Commerce, and Agriculture and Conservation for the direct help that they have provided.

Some other activities of the Department of Health in which the committee might be interested in; the number of the Local Health Units remained at fourteen during 1963, that the number of laboratory and X-ray units remained at six. However, several extensions of the boundaries of these Units were effected during the year. On April 1st, 1963, the Rural Municipality of Shellmouth joined the Birtle-Shoal Lake Local Health Unit and Laboratory and X-ray unit. At the same time agreements were made with the Federal Government to extend the services of the Selkirk Local Health Unit to Indian reservations at Fort Alexander and Scantebury. And later the Selkirk Local Health Unit and Laboratory and X-Ray Units were extended to include the local government district of Pinawa. The population of this area is growing rapidly, and there is a lot of new construction. This entailed a lot of work on the part of the public health inspector in that area. The Neepawa Local Health Unit and Laboratory and X-Ray Unit were extended by inclusion of the Rural Municipality of McCreary, and an additional portion of the local government district of Alonsa. This extension included acquiring a new sub-station for both laboratory and public health services at the McCreary Hospital. The Portage la Prairie Local Health Unit and Laboratory and X-ray Unit were extended by the inclusion of the Rural Municipality of Grey, and the Village of St. Claude including the St. Claude Hospital. At the end of the year there were active enquiries concerning possible extension of Laboratory and X-ray Units into the Red River Health Unit area, and the Stonewall Health Unit area. The provision of public health services to Indian reservation in the Selkirk Health Unit have proved to be a satisfactory arrangement, and it is probable that this service will be gradually extended to include reserves in other areas of the province.

Exclusive of the City of Winnipeg, some 483,000 people are now receiving full-time public health service by 14 health units. This is an increase of 6,700 persons in the past year. Laboratory and X-Ray services are available to some 174,000 people, and in the estimates you will find provision to include another Health Unit in the south-west part of the province which will extend coverage to an estimated 40,000 more people in the Province of Manitoba.

.....continued on next page

(Mr. Witney cont'd) . . . . .

To deal briefly with the matters of venereal disease, during 1962, Manitoba like some other states and provinces, once again intensified its activities in case-finding programs and in contact tracing work. And an additional public health nurse was employed at the clinic during 1963, and this enabled us to expand our activities by adopting new techniques and to have a public health nurse interviewing service for the patients of private physicians.

Care Services, a combined project of the Department of Health and the Department of Welfare, became operational on June 1st of 1963. This organization was created and given responsibility for the development of services for the aged and infirm who do not require hospital care. It was established as a means by which the Departments of Health and Welfare could develop an organization, policies, and procedures, in which the staff, skills and resources of each could be brought to bear in an orderly manner on a problem of caring for people in the various care categories below the hospital service. This new office will provide a service of on-going study of the care needs in the community, will report on their findings and recommendations to ensure that all resources available are brought into being for the development and conservation of care programs. In the Metropolitan Area of Winnipeg the Care Services Organization has assumed the responsibility of providing the necessary services. In the rural areas of the province, the Care Services Organization will provide the necessary advisory and consultant services to Health Units and welfare regions, to ensure a similar standard of operation, facility and service throughout the whole of the province. The services which the Care Services Organization is now providing cover a very broad range and enter all aspects of the care field. In this regard they may briefly be described in a general way under several headings. One of them, the services to the patients, which I think is the most interesting to the committee; this entails the provision of a comprehensive care program for each patient which could be considered direct or indirect in that it means the provision of actual services to the public patient but is restricted to consultation, advice and assistance to the private patient. In providing comprehensive care for an individual, his total needs are assessed and how these requirements can best be met are clearly defined and spelled out. The end result, which is adequate care, largely depends on the assessment findings regarding the present condition and present needs and potential of the patient, his family, his home environment and the broad community resources and going along with our ability to fully utilize these resources. Where possible, the patient is sustained in, or projected back, into her own home environment and, failing this, we consider depending on case, a logical sequence of care facilities, home of relatives, foster home, residential personal care home, or nursing care institution. Some of the figures that show the work that has been done by care services I'm sure will be of interest. On June 1st in 1963, 659 patients were transferred to care services from the City of Winnipeg Health and Welfare Departments. And at the end of June the case-load for care services totalled 1,609, with 1,189 in various care institutions in the Metro area, 277 on care programs in their own homes, homes of relatives or foster homes, 56 on medicare with a minor care factor, and a smaller group still under consideration for processing placement and determination of financial resources, etc. On November 30, 1963, this number had slightly increased to 1,208 in various care institutions and 350 on care programs in the community, such as their own home, relatives' home, foster home, etc. so in the six months I think that it has shown the value of the care services program.

I'd like to refer now to some of the activities of the dental services in the province. Co-ordinated by the central office, there were several activities channelled through four regions and involved mobile clinics, established clinics, and various dental health education projects, including participation in conventions, etc. In the regions; No. 1 with headquarters at Dauphin, expensive clinical work has been carried out especially in the northern areas of the province where the need for dental care is great. The regional director travelled widely to carry out the dental school, the school dental health program, and through his efforts they obtained the services of radio and TV stations in promoting better dental health. No. 2 was centred at Brandon and the main program has been directed in carrying out the dental health program in schools of the south-western area of the province, and also the regional director has attended numerous meetings in areas which have shown interest in fluoridation, and pre-fluoridation surveys which have been carried out on request. No. 3 is based at the Norquay Building and established the



(Mr. Witney cont'd) . . . . . system to service eastern Manitoba, and No. 4 has headquarters at the Norquay Building and work is carried out in Metro Winnipeg with the exclusion of the City of Winnipeg, and in the past year has been able to show progress. The regional director has the assistance of a dental hygienist, and this greatly facilitates the progress being made.

The school dental health program is very extensive and a great deal of time is spent by the regional director attending the meetings of the medical directors of the various health units in conjunction with the established dental clinics. Some of the other activities of the dental service; in the mobile, in areas where dental care is not available all age groups have been taken care of and in areas where dentists are inadequate, Grades 1, 2 and 3, plus emergency care has been given. There has been free clinical examination and educational programs carried out, and through the sponsorship of local organizations, treatment has been provided to a considerable number of children. Arrangements have been made with the Indian Health Services of the Department of National Health and Welfare, for dental treatment to be provided to treaty Indian children. There have been established clinics in the Health Units of Greater Winnipeg and at Portage la Prairie, with the emphasis on neglected children, mainly covering Grades 1 and 2. There has been a special clinic for the mentally retarded and handicapped children. A special clinic for the handicapped children in the St. Amant Ward has been carried out, and this work has been done with every child needing dental care having their treatment requirements completed.

In the north county, in the Northern Health Services, since the inception of the organization in 1959, provincial Northern Health Services have been consolidating a long-term program, the purpose of which was to develop an integrated health program combining public health with treatment services in the isolated communities located in the sprawling wilderness of northern Manitoba. The medical and health problems of the people in this area are identical with other inhabitants of Canada's north country, inadequate medical facilities except in the larger towns, a few or no rural medical practitioners, a handful of public health nurses travelling up the line, trying to cope with a tide of human sickness and affliction, the squalor and other certain difficulties. There were no clinics except in the areas covered by federal services, and communications were often sparse and complex. In addition to the statutory services regarding environmental sanitation which had to be provided by two public health inspectors, the Northern Health Services have also conducted and continue to conduct a sanitary control and quality control program on northern Manitoba's fishing industry. During the year close liaison and co-operation has been maintained with other government departments such as Mines and Resources, Municipal Affairs, Welfare, Indian Affairs, municipalities, local government districts, and commercial fish operators, to maintain a co-ordinated and smooth functioning program.

And finally, Mr. Chairman, I would like to refer to the Manitoba Hospital Commission. The Manitoba Hospital Commission continued the implementation of the hospital construction program based on the recommendations set out in the report of the Manitoba Hospital Survey Board which was submitted in '61, and the status of the program as at December 31st of last year is as follows: Including certain projects approved prior to the completion of the Survey Board Report, 34 construction and renovation projects have been completed at a cost of \$21,400,000.00. Construction on five further projects costing \$3 million is underway. Construction on ten projects costing \$16 million is expected to commence in 1964; 23 additional projects estimated to cost \$20,300,000 have been approved and these will likely be undertaken during the years 1964 to 1968.

And in general, Mr. Chairman, I think that the Department of Health can report progress. Within the various estimates you will find a greatly increased number of people for the psychiatric program. We have added to the psychiatric program some 90 people, which will permit us to provide for better service in the mental institutions that we operate, and will also provide us with an extra community mental health unit for the Selkirk area, and to complete a second community mental health area in the Brandon area of the province. And then, as I already mentioned to you, you will find as we go along in these estimates that there will be an increase in money to provide for the extension of another local Health Unit in the south-western section of the province. And also in these estimates will be money to assist in a pilot project, an experimental project, for a residential school for retarded children at Swan River, with the government sharing 50-50 with the Association for Retarded Children.

(Mr. Witney cont'd) . . . . .

Now Mr. Chairman, that is the statement that I wish to make. I'm quite sure that there have been areas that I may have missed which may be of interest to the committee, but I trust that what they have been told now will be of some value to them in tackling the estimates of the Department of Health and I will now do the best I can to answer the various questions that are going to be posed.

. . . .Continued on next page

MR. DESJARDINS: Mr. Chairman, first of all I'd like to wish the new Minister well. I think that he is taking a big step. This is a very demanding department that he's taken charge of, and I think that he will need all the help and co-operation of everybody if he wants to make it a success. I also would — usually it is the procedure and wish I think to thank all the people that are working so hard in the certain department. I couldn't start naming them all, I'm sure that I would forget too many. But this year I've had the chance of observing, more than usual, the hospital staff, doctors and nurses, student nurses, acting nurses, and the Sisters of different hospitals and especially the staff, and especially the people of St. Boniface Hospital, and I can say that I have nothing but praise and thanks for these people who are doing such a good job. We hear so often about the high salary and so on of the medical profession. We criticize them, that they don't seem to be at our beck and call all the time. Well I've certainly seen men that are really dedicated. I knew that this existed but I received another further proof, and I think that we cannot thank those people enough for what they're doing for us, and for the people of Manitoba, and I think they're doing so much to help those that are suffering here in our hospitals and in our province.

There's one thing, I was very interested in the statement and the different report of the Honourable Minister. One thing that pleased me very much especially was this report on alcohol education. I think that this is a step in the right direction. I know that I've been advocating this for a number of years and felt that we should have more co-ordination, more co-operation. I felt that in the past we have been just -- it seems like we were blackmailed or so since the Bracken Commission. It was suggested that some of this money or some revenue from the — and its a high source of revenue here in this province — revenue from the sale of liquor, should go back to educate the people, but in the past it seems that this was not taken too seriously. It seems that it was just the guilty people of Manitoba figuring that they were making so much money on this they should give some back, and as I say it looked more like blackmail money, and it seems now that maybe we are going to take a step in the right direction.

One thing that disappointed me though with all the money that is being spent, the Honourable Minister spoke for close to three quarters of an hour and I don't think he spent more than a minute or two on the Manitoba Hospital Plan. Now he said also that he was very pleased in taking over this department he followed some very capable Minister and he felt that at least he had something on them, that he was in better shape; in other words, he was taking a department that was in much better shape.

Well, I don't think that he should start his duty being disillusioned so. I think that we all know that the Manitoba Hospital Plan is in a pretty critical situation, and I don't think that we -- I'm sure the Minister's not fooling himself and not trying to fool us -- and I'm sure that he also should feel that we should let the people of Manitoba know about this problem that we have now in this Manitoba Hospital Plan.

First of all, I say that the Province of Manitoba is not, in many cases, is not fulfilling their part of the contract. We have a compulsory plan here in this province and it is definitely a fact, a proven fact, that many people can not go to the hospitals, many people that should be in the hospital. I'm not now accusing the government of -- well, they should have beds right away -- this will take time. But there is a problem. I'm not necessarily blaming the government for this, but the government will have to face this problem. We have a contract with the people of Manitoba; it's a compulsory plan. They are paying their premiums and they're not getting the service they're entitled to, the service that they are paying for. I know of definite cases of people that died at home, people that should have been in the hospital.

Now I think that this is not a question of putting the blame anywhere. Maybe we'll start thinking of changing this plan. Maybe this plan should be compulsory. I always felt that we needed a plan. I didn't like -- I never did like this business of compulsory, and I think that I would like to suggest to the Honourable Minister that he take this under advisement, that he should look into this. We will have a medical plan no doubt one of these years and I hope that we don't go ahead blindly and get a compulsory medical plan here also. We should try to put our house in order before bringing in another plan.

Now there definitely are a shortage of beds. It is a very difficult thing to build to have exactly the right amount of beds, but in the meantime there's a certain percentage of the population, a certain group of people and I think that the Minister will have to admit that, who are

(Mr. Desjardins, Cont'd.) . . . not receiving what they're paying for. They are paying for something; they are forced to take this; they have no choice in the matter; and then when it's time for them to collect, when it's time for them to take advantage of this, to receive the aid, they are told that there's no room in the hospital. This is getting to be quite a thing. In fact we are told now that certain hospitals do not even bother with waiting lists because they can't fill them. I think that this is a pretty touchy thing, pretty important subject, and we'll have to do something about this fairly soon and this won't be done in a day. In the meantime, something will have to be done for those people who are paying for their services and not receiving it.

There are many ways maybe that we can improve. We'll have to get more beds in a hurry. As I say now, we are told that they're not even bothering in many cases with waiting lists, and we're even starting to have some rumors -- I say starting, I haven't heard this before -- that there is favoritism in certain places in the admittance of patients. I guess this is something that we'll always have with us. I think this is going to be very difficult to get, but it is a thing that some people are complaining about. The previous Minister of Health can shake his head as much as he wants. This is certainly something that I've heard, and something that some of the people here in Manitoba feel that is happening.

Now until more beds are being made available to these people, we've heard of different ways that we can improve. But we seem to be -- we're talking about the Willard Report, we didn't hear too much about it today -- we're talking about building hospitals. I think that we're behind in certain districts anyway in fulfilling this report and we were supposed to follow this very religiously. Other places were starting to build before the year announced. I think that it might be dangerous to just build acute care hospitals. I think we'll have to think of the other type of hospitals to release beds, and this will make it just as easy. I think that we're probably starting in the wrong end if we're just thinking of building beds. We'll eventually have too many beds at a great cost to the people of Manitoba.

There are different things that we should do. I think that we've talked about this before and we don't hear any more about it. This business of using seven days -- this is a very very costly situation that we have in the hospitals. It is very costly to keep these hospitals open and I see no reason why we can't use the facilities of the hospitals seven days a week. We have talked about this and we've talked about this too long. There's no reason why the operating rooms can't be used. A lot of people now are on waiting lists on this and sometimes you suffer quite a bit and you wouldn't mind going there on a Saturday or on a Sunday.

Now it's not requesting the doctors to work seven days a week. They can't always schedule the operation that they want. There are certain days that they cannot get the operating room and I think that this certainly would help. I think that the weekend in many cases seems to be a wasted period. They will say, well come in Friday and we'll start on Monday or something, and you miss a day there. I think these days can count and that they will add up at the end of the year. I think that also this will add up as many other things to the per diem cost, and I think that this is not an honest cost that we're giving the people of Manitoba. I think that the picture of the cost is exaggerated, because we charge too many things to the hospital. As I say, there's two days right there that we could use, the per diem cost would go down; we could serve more people; we would need less beds and it wouldn't cost much more.

Now I think that there's a lot of things in a lot of hospitals -- we have certain hospitals that are classified as teaching hospitals. This is charged to the Plan, and I think that this is wrong. I think that we should realize that many of these things should not be charged to the people as a cost. It might be the fact that the people of Manitoba will end up paying for it anyway, but that could go to the Department of Education and charged to the universities and so on. I think that this is an important thing. There's many of these charges that are not related to the patient care that are being charged to this Plan, and I certainly think that this per diem cost is not the right one.

And then I doubt if the differential is also the correct one also. It seems that we are trying to pick up a little bit of loose change from the people that are taking advantage of semi-private rooms and private rooms. I think that this is quite a bit higher than they should pay and these are the same people that are taxed now and that are paying large premiums. At least let's be honest about that. If we have to tax these people a little more, let's tell them.

(Mr. Desjardins, Cont'd.) . . . I'm not against the fact that these people will have to pay more, but let's not hide and have hidden taxes here; and let's not pretend that this per diem cost is so high, because it just isn't so. I think that we should try to have an honest per diem cost, and a lot of the things that I mentioned could be done and the cost certainly would be lower.

Then there's another thing that we spend an awful lot of money on. It is research, and I think that this is a terrific idea. But now, after all this research, every day we are looking, trying to find ways to prevent suffering, to prolong life, to help the people in many fields, and this is something that we're all in favour of. But now the Manitoba Hospital Plan, as a result of the lack of funds, are imposing numerous arbitrary maximum allowances and similar limitations on various categories of hospital expenditures. These arbitrary allowances have been established by the government agency without the participation of the hospitals for various professional groups. The government have assured the residents of the province that they are to receive an adequate level of standard ward care and many hospitals, as a result of these arbitrary limitations, are being prevented from providing the standard of care necessary and in keeping with the progress being made by medical science. I think you will understand what I am trying to say here that we are spending an awful lot of money on research. Some of this by the way is also charged against the per diem cost, and this I feel is wrong again.

We find something -- new methods and so on, but no -- the costs have gone so high. The Hospital Plan has to do something about it -- the hospital commission -- and they decide that so much money and that's it. They don't even discuss this many times with administrators and people in different hospitals. Well what's the use of trying and spending money in research if once we find something we can't take advantage of it. We might say, well this is a pretty costly operation, pretty costly treatment, we'll allow seven or eight or nine in this hospital. Well, who are we to say that the ninth, the eighth or the ninth or the tenth case coming in should not have the same care. This is something that we can't play around -- that we can't fool around with, this business of hospitals. We are told often that the Liberals are saying that there's too much money spent. I think that this is once where we will not. We feel that this money has to be spent, especially when the people are paying for it and especially when it's a compulsory plan and they're forced to pay for it. I think that maybe we should forget some of these great monuments to the government here, these pyramids that they're building, and try to help the people where it really means something. Maybe if we were not worrying about being first in this -- and this government shouldn't worry about being first in this, and another first here and another first there -- and take care, start fulfilling the contract that they've made with the people, that they've forced the people to enter into. I think that this is certainly much more important.

Now I think that there is another thing. We're talking about minimum wages. Now we have, I believe, a group of people here that are working very very hard in this hospital. They are getting training mind you, but I think that they are providing quite a bit helping these people, helping the people of Manitoba. They used to -- that is, not too long ago -- they were getting some remuneration anyway; now there's nothing at all for student nurses and they have to go three years. We see there's a shortage of nurses, and I think that these people are subsidizing the Hospital Plan up to a point. Everybody else is being paid on-the-job training. We hear about this, and these student nurses, because it costs so much, because they are working for this Plan, because there's a shortage of money, we're not worrying about minimum wages with them at all. We won't even give them \$5.00 a month as we used to give them before. It's true that they are getting training, but I'm sure that they're certainly giving out an awful lot more than it costs to give them this training.

I think that in all fairness if we want to attract the young girls, the kind of young girls that we want in this field, if we want a remedy to this shortage, I think that we should think of maybe giving them a few dollars. We treat the prisoners better than that. We give them spending money to buy cigarettes anyway. Maybe not cigarettes now -- nobody's smoking -- but maybe a chocolate bar here and there, and I think that these student nurses could buy the odd Coca Cola and a chocolate bar once in awhile; I think maybe a pair of nylons here and there. I think that it's time that we start thinking about this and start giving them their share. Again the former Minister of Health is shaking his head. I don't know, maybe he feels that they should be working for nothing but I certainly don't think so. I think that if there's a minimum

(Mr. Desjardins, Cont'd.) . . . wage for certain people, I think if we have training on the job for other people and we pay them for that -- I read something not too long ago that somebody was working or training on the job and the part of the training was taking a bulldozer and cleaning up streets of the government employees and the bosses around there. They're paid by the government for that, so surely we could give some of these student nurses, or at least think of maybe helping them on in taking this long course.

Now, there is a lack of funds in this plan. There's no doubt about that. Why -- I don't know -- the government have changed policies so often. I remember that they doubled the, I think it was doubled the premium one year. This was projected -- they didn't need all this money right away. This was projected over three years. Then the following year, well of course the government was stuck because they had to approve of something that they didn't really believe in, that Diefenbaker had done, so they had to give a bonus to the people of Manitoba. They tried to -- they had to bring a smoke screen, so they reduced the premium. They had just brought them up the year before. They reduced the premium and that was the way to bring this income tax into this. Now we are told this has gone up so much we forget about the income tax. The First Minister here a few weeks ago was talking about all the difference, all the money that it would cost now, millions of dollars, and he forgot about this income tax. He forgot the fact that he had reduced the premiums and that this income tax was supposed to be earmarked for this hospital plan. I think that this has to be remembered. We'll have to see what are they going to do now.

I remember at the time my leader was saying that we should get more money for Ottawa but the First Minister, the Minister of Health was perfectly satisfied at the time. This was the best deal that we ever received, and that we're getting more money from Ottawa now and they're still going after some more, and we're right behind them and we still feel the same as we did, that the change of government it doesn't matter, but the share of Ottawa in this business of paying for the sick of the country should be the same everywhere, that we should have a better share, a bigger share of this, and we approve them and we're right behind them when they try to get more money from Ottawa. But they told us that this wasn't the only way and they can't just cry now because Diefenbaker is no longer there. They have to find a way to pay the bills also.

Now there is another thing that we've heard an awful lot about. It was the question of home care. We sent people to the States; we made all kinds of surveys on this; this was supposed to be a terrific thing, and I believe that it is, but we're still studying this. We're still studying this. Yes, the government has been too busy naming different boards and different commissions that they haven't had a chance to study too much. But I think that this is something. I know that certain hospitals are all ready to go. They would have, they could provide the doctors and the staff to have home care. This would help the people that I mentioned a while ago that are paying their premiums but that are not receiving enough service. I think this would help. It would release certain beds. It would create more beds and more room for other people, and I think it would certainly be less costly if we could do this without building more hospitals.

Now there's a question that I'm very interested in. It's the question of Grace Hospital in St. James. I certainly think that St. James should have a hospital. I certainly think that the best people to run this hospital are the Salvation Army. They have proven this before. They've given us good service here in Winnipeg for many years. What I want to know now, I want a little more, a little better answer than the Minister, the Honourable Minister, gave my leader a few days ago of yes and no, and so on. We understand that the federal government is ready to turn over some of these veteran hospitals to the province for different groups and so on. We want to know a little more about this. I think we're entitled to know this. And if this is the case I believe that there are 640 beds in Deer Lodge, and if this is the case I think that we want to know, first of all, is there a need for that second hospital? I'm not suggesting that there isn't! I want to know if there is a need for that second hospital. That could be pretty costly to the people of the municipality. It would be pretty costly to the Salvation Army and to the government and therefore to the people of Manitoba. Now I'm not suggesting that we should abandon the veterans. I think this will be taken care of. This is a decision and a responsibility of the federal government and out of 640 beds you can keep a lot of beds for

(Mr. Desjardins, Cont'd.) . . . veterans because this Grace Hospital that's supposed to be going up now I think is only 200 beds or 250 beds, I'm not sure. Now, I'm not giving any ideas on that -- I don't know enough about it. But I think that before these estimates are finished that the Minister should tell us a lot more about this. We have a hospital with new wings at Deer Lodge. This could be turned over to the Salvation Army quite easily, I imagine. Now, maybe the Salvation Army is not ready to accept it, I don't know. This could be done at a big savings, a large saving. I'm not against this hospital in St. James. I want to make sure that the Minister or any members across from me don't try to change what I'm trying to say tonight, what I'm saying tonight. I just want to know if this is the right thing to do, if we should proceed immediately with this. Not just for political reasons, we -- you see, we're talking about politics again, and the people of Manitoba, especially around election time, are told that all these services, all this hospital care, all this is free. This is very popular at election time and politicians from all parties bring this in usually, but I think this is time that we tell the people that this is not free, that they're paying for it, and that we try to give good management to their money in this field. Now, I think that before building all these hospitals for acute need, I think that there's probably a necessity to have a certain policy for nursing homes, and some of these homes where we can take some of the patients out of these hospitals and much cheaper -- we can take care of them much cheaper just as well. I think that this hasn't been done enough in the past.

Now I'm told that, if my information is right, that a new hospital was supposed to be built in St. Boniface, an extended treatment hospital. This has been in the report and on the schedule that we were given a few years ago. Now apparently this hospital will be built near the St. Boniface Sanatorium, and I understand -- I might be mistaken on this -- but I understand that the doctors around St. Boniface hospital, or who I know go into St. Boniface hospital, do not want any part of this, and they feel that an extended treatment hospital should be close by to the acute hospital, the general hospital, and I think that it makes a lot of sense. They could use some of the same equipment as they have in the hospital instead of duplicating this; they could use a lot of the same facilities that are there, and if they have to go for certain care there is nothing to it -- from this hospital or from this wing or so they can be transferred in the proper department, and besides that the doctors are certainly in a better position to assist these people if they are close by, and there is no doubt in my mind that these people would receive much better care if they were just walking distance from the general hospital, from the acute treatment hospital, instead of being miles away, and I don't think -- I'd like to know why the change. This is not what it was supposed to be. This hospital was to be built just next door to St. Boniface Hospital. I'd like to know why. I'd like to know why -- I'd like to know if it's going to mean a saving to the people of Manitoba, if there's going to be any improvement. Am I wrong? Are the doctors satisfied with this? Do they feel that this is the better way? Why is this going to be done? It seems that we're getting a little panic now in this field of building hospitals, and that we might do things that we will regret later on.

Now, as I said, a few years ago the plan, the commission informed the different hospitals that they were allowed only four percent increase, I think it was, last year over the approved figure of 1962. Well I, as well as anybody else, realize that they just haven't got a barrelful of money they can dish it out and dish it out, but I think that they're -- again I repeat what I said last year. We have to have a little more co-operation between the operators of the commission and the different administrators. I think that they have to talk these things over and I think that we have to have enough money to give what the people of Manitoba are promised. I think that this has to be done and -- now, we're not saying that they're going to give four percent and they might have a deficit and they'll get it in a few years. By the way, these hospitals are again subsidizing the people, the province of Manitoba, up to a certain point, because some of those deficits dating back to 1962 have not been paid. Some of these budgets -- apparently this year the budgets have been approved a lot earlier than before, but this is one thing in the past that was very very bad. These people have to know if their budgets will be approved. They have to work on that and it's too late in October telling them that they can't, that this is not approved when they've been operating on that budget for so many years.

There's another thing that I have mentioned in the past that I'd like to know, how we can manage, how we could -- we think this is right to charge the interest on the overdraft on these

(Mr. Desjardins, Cont'd.) . . . deficits. This has not been -- we've never allowed the hospitals to charge this and they have to pay it themselves.

Now again I think that I could make a certain point here. I can ask the Minister -- I know that I won't get an answer -- I can ask the Minister if there is -- I can tell him that there's a lot of people in Manitoba that are a little afraid. They think that the St. Boniface Hospital will be closed and maybe the Grace Hospital and Victoria Hospital, because of this great principle of separation of church and state as we see it in Manitoba, and I think that the Minister would be well advised to tell the people of Manitoba if there's a danger of this, because right now many of them are very disturbed and they feel that this thing of separation of church and state can go pretty far. I think that the people of Grace Hospital and the people at Misericordia Hospital and St. Boniface are entitled to know, or should they get ready to pack and go in another province or maybe another country? I think this is an important thing also.

The Honourable Minister has been talking about -- Oh, this is a big joke to the, what is it, Caesar or something. It's a big joke, but it's not a big joke for a lot of people of Manitoba. A lot of people like to laugh and giggle, make a big show, but I can assure you that there's people of Manitoba that feel certain things, so I think that you should try to at least be a little more careful with your laughing and don't try to laugh too loud anyway, because you might be laughing from the other side of your face one of these days.

Now Mr. Chairman, the Honourable Minister, as I said, gave us a good statement. He didn't say too much about the hospital plan. I've done the opposite. I think that this is the most important thing now, talking about this hospital plan, and I'd like to know more about this. There is no doubt that we're facing a crisis here in Manitoba on this plan. I'm not trying to scare the people of Manitoba but I think we're entitled and they're entitled to know, and I think that there is no reason why we should try to hide this any more. All of a sudden we'll have a big premium or a sales tax or something to pay for this. We're building dikes, floodways, and all these things. They might be very important but I think this is one of the most important things there is. I certainly don't blame the Minister or the government for all the situation that we're in. I think that they can take their share of the blame but I think that they have to be honest and fact this squarely and maybe enlist the help of the people of Manitoba to provide hospitals and beds and maybe go in in a new field, try something else -- maybe try, as I mentioned before, this operating Saturdays and Sundays. I think that we would save an awful lot of money there. I think that this is a good thing. It would be easier on the patients also, and also that this home care that we studied so much, I think that has to be looked in -- not only looked in, in fact we have to take a decision fairly soon. We have to be careful on this new hospital in St. James. If there's a chance that we're going to -- if there's a good chance and the Minister and the government are the only people that know -- if there's a good chance of obtaining this hospital, let's not have a white elephant there just for political reasons. It would be a lot easier for me not to mention this, because I know that some of my words will be twisted around, but I think this is a very important thing and I think the Minister should look into this. Now, he might have some reasons for wanting to go ahead with both hospitals, I don't know, but I think that we're entitled to know.

There's another thing before I sit down, Mr. Chairman. I think that we'll have to take another look at this -- in this new construction -- of this 20 percent that we ask the different hospitals to raise. There is no doubt that since this is supposed to be -- especially a compulsory plan and especially since the taxes have been changed, the premiums have been dropped, and if it's the same people that are paying all the taxes, there is no doubt that you will not get as many donations, and there is no doubt that it will be extremely difficult, if not impossible, to raise this 20 percent. I think that we've seen that in Victoria Hospital. We might be in danger of losing a good hospital. People have been working very hard, and I think this is a very difficult thing again. I think that we should all co-operate in that, but I think this is an important thing and I think that the Honourable Minister should look into this very soon. Now, as I say, I have wanted to stay with the medical plan and there'll be time for other questions and so on a little later on.

MR. PAULLEY: Mr. Chairman, at the offset may I offer my congratulations to the new Minister of Health and wish him well in his new venture. I can appreciate and realize, as I am sure indeed that he does, that in accepting the portfolio as Minister of Health in the Province



(Mr. Paulley, Cont'd.) . . . of Manitoba that he surely has a task ahead of him. Having had the opportunity of watching my honourable young friend over a few years, I know that he will give all of his energy to his new task and will acquit himself well in his venture. Now having said this, Mr. Chairman, I regret very much that I have to say a few words in connection with the Department of Health that he may not find too great favour with. I know that my honourable friend will realize the sincerity of my opening statements, notwithstanding what I may say henceforth in respect of the estimates of the Department of Health.

First of all, Mr. Chairman, I want to say to my honourable friend as he starts out in his new venture that he is following a very progressively-minded individual in the present Minister of Education, and I do say in all sincerity, progressively-minded individual in the Honourable Member for Gimli. Unfortunately, either due to the treasury section of the government opposite, the progressively-minded ideas my friend had, or at least indicated to us that he had have not been put into practice in the Province of Manitoba and that we are still lacking in the field of health many of the desired things that even the previous Minister of Health has suggested that we should have here in the Province of Manitoba.

May I start my criticism, and I trust constructive criticism in general, by referring to a booklet which was placed on our desks the other day titled "Review, 1963. A synopsis of the activities of the Manitoba Department of Health." I want to say to my honourable friend the Minister of Health, this is an interesting document. If the idea behind the publication was to send it to our public schools and other like institutions in order to give a quick synopsis of what is happening in the Department of Health in the Province of Manitoba -- I note that the booklet, Mr. Chairman, as possibly you have too, is well illustrated by very interesting pictures which will attract, I am sure, many readers. But may I respectfully suggest to my honourable friend that as a member of this House and as one of those particularly in opposition, that I'm more interested in the factual data of the Department of Health than I am in looking at a beautiful lot of pictures which take up at least half of the booklet that is put before us.

In previous years, it was our privilege as members of the House, to receive statistical information as to what was happening in the various sections of the department. We haven't received that this year. I don't know if the document that my honourable friend was reading from this evening was the un-proofread edition of what we eventually are going to get from my honourable friend in his department. It seemed as though it might be, Mr. Chairman, and I ask my honourable friend to give us copies of the statistical information that he read from this evening in order that we might properly analyze the situation insofar as the Department of Health is concerned at first hand.

This, I again suggest, Mr. Chairman, is a beautiful looking document printed on good paper, but reveals little to us as members of this House that we can actually give consideration to what the department is doing. What I mean, Mr. Chairman, even we start out on page 7 -- there's a picture of two lovely young ladies at the bottom of page 7 with two darling looking babies talking about -- "following participation in the department's recent maternal child health television series, these young mothers presented a personal testimony to the value of prenatal and post-natal education." Beautiful, but what value is it to us in this House in an analysis of what the department is doing in respect of this matter?

Then as we go through the pages of this book we do find here and there brief references to statistics which really don't mean very very very much to us on this side of the House. Or we can read: "Ex-mental Patients Perform Well." All right. Sounds good. There's no picture incidentally -- oh yes there is, there is a picture here in connection with one aspect of this. But the headline on the paragraph I now am referring to on Page 13: "Ex-mental Patients Perform Well." And then there's a brief outline concerning with a few mental patients who are having some training. It's very fine, Mr. Chairman, but we want to know more than this. We want to have full information as to the operation of the department laid before us in this House. "Physically Disabled Potential Wage Earners. Through government and volunteer agencies, over 3,000 disabled children or adults are provided assistance ranging from single counselling sessions to comprehensive medical treatments." Not enough, Mr. Chairman. If we're going to be concerned, as we are going to be concerned here with the estimates for the Department of Health totalling 21 millions of dollars of the taxpayers' money of the Province of Manitoba, we want more information than we're getting here from our honourable friend the Minister of

(Mr. Paulley, Cont'd.) . . . Health in this booklet.

So I say, Mr. Chairman, one can go through the various pages of this book seeking information that is not forthcoming. I turn to Page 24 where my honourable friend -- and I might say that in this booklet he's attempting to cover the waterfront, but only the front and not the back of the water. He deals here with a question of fluoride parks and resorts. It mentions here the fact that "regulations concerning bathing premises call for approval of all public bathing facilities prior to construction, and an annual operating permit from the local health authorities." The report then in this section goes on to say: "During 1963, 11 bathing premises were approved, bringing the total under review since August, 1959, to 45."

I'm sure, Mr. Chairman, the people of the Province of Manitoba who go to our health resorts, and I'm thinking particularly of some around the orbit of the Greater Winnipeg area, are just as much concerned with how many continuing inspections are being made by the Department of Health in respect of these resorts. How many inspections were made by the Department of Health to make sure that after the initial resort has been inspected that the waters in these swimming pool and summer resorts, and I'm thinking right now of those in the Birds Hill area, have been inspected to make sure that the waters in them are sanitary and fit for bathing and the likes of that. This is the type of information, I would suggest, Mr. Chairman, that should be contained in a report of the department. We can well understand, as the minister says here, during '63 eleven bathing premises were approved. Well, what does he mean by approved? Did one member of the department go out and take a look at the facilities at the start of the season and did he say that they were all right? Was there any follow-up on this? These are the questions that I pose to my honourable friend the Minister and these are the answers I suggest that I shouldn't have to be asking my friend across the floor of this House tonight, that they should be contained in the report of the department as to exactly what they did.

It mentions here also -- and I'm sure that my honourable colleague from Elmwood will be developing this further -- on page 26, it mentions the fact that "a policy demanded rigid standards for all slaughterhouses and other meat-processing establishments has proved an effective health safeguard." I'm sure my honourable friend from Elmwood will be asking the Minister in due course: "How many meat-processing establishments were inspected by the Department of Health? How many establishments in the Province of Manitoba are obtaining permission to use the Canada Approved label?" -- and the likes of that. But I leave that to my colleague for Elmwood to develop further a little later on in the consideration of the department.

And here's a real honey, Mr. Chairman, on page 30, showing a picture here of an aerator integrated into the sugarbeet plant waste disposal system which eliminates sulphates and re-juvenates waste water. I would suggest, Mr. Chairman, that for the purpose of we in this Assembly, far better to use the space that's taken up by this picture in telling us exactly what this all means and how many inspections have been made, and further details as to the sanitation and inspection of the various aspects of dealing with the matter that the picture refers to.

Lovely pictures in this book, showing of the nursing services that are performed in the Province of Manitoba. "Established within the health department since 1916, the public health nursing services involved in a major way in practically every form of activity undertaken by the department in the broad field of disease prevention and control." Lovely, and it sounds very good, Mr. Chairman, and it's very true, but we don't want this information by way of pictures. We want to know in the expenditures of our nursing services exactly what is transpiring within that section of the department.

And so, Mr. Chairman, I could go on page after page in this beautiful looking booklet the Minister gave us the other day. It mentions here on page 49 "a new dental plan conceived, staunchly supported, and implemented by the Manitoba Dental Association. A novel dental care program was started in 1963, designed to provide dental care on a private practice basis in areas where there are no dentists. This plan calls for practicing dentists to staff clinics on a periodic temporary basis in a pre-designated area. Mobile equipment and assistance in the implementation of this plan was provided by the health department." It does mention that a few pamphlets were issued, some 22,600 children were examined in 1963, but I'm sure, Mr. Chairman, the members of this committee would like to know where the clinic operated in more

(Mr. Pauley, Cont'd.) . . . detail than is contained in this very beautifully illustrated booklet that I am referring to. It's really a gem of artistry. It is a tribute -- it is a tribute to the printing profession; it is a tribute to the pulp and paper industry of Canada that they produced this, but I'm certainly sure, Mr. Chairman, it's no tribute to the Department of Health and it reflects on the -- I suggest it reflects on the opinion that the Department of Health and the Minister must have on the intellect of the members of this committee when they produce a thing like this to give us the information. Surely my honourable friend must think that we on this side of the House -- or the members indeed on every part, on all sides of this House -- are entitled to more factual information than what is contained in this book. It might be that my honourable friend is of the opinion, or that some, if not all, of us in this House are incapable of absorbing detailed knowledge, but let me assure him that if we can't absorb it ourselves, we at least can find some who will read it and interpret it for us so that we have a more intelligible understanding of what is happening, so I beseech him to not, at least, insult the intelligence of the House in all due respects to the beautiful appearance of this book, don't insult the intelligence of the House again by asking us to accept the guff that's contained in here unless you're going to accompany it by full detailed information on the basis of which it was done before.

Now Mr. Chairman, I want to make another observation insofar as the Department of Health is concerned. I mentioned a moment or two ago that we are going to spend 22 million nine hundred -- almost 23 millions of dollars of taxpayers' money in the Department of Health this year. This is an increase of about one and a half millions of dollars over the estimates of a year ago. It's one of the smallest increases in the whole of the provincial budget of this year, and I think this is -- I almost was going to say disgusting, when one realizes that the number of people who are still being deprived because of financial inability to pay proper medicare services in the Province of Manitoba. We of the New Democratic Party have for a number of years suggested to the government of Manitoba that they should undertake a thorough investigation and the adoption of a truly comprehensive compulsory medicare scheme for the province. We had hoped in the past that we might have been able to convince the gentleman that I referred to as a progressively-minded Minister of Health, thought that we might have been able to convince him that one of the novel introductions that he might have made, or improvements to the well-being and the health of the people of Manitoba, would have been the introduction of a medicare scheme of universal coverage in the province. And my honourable friend disappointed me. He didn't do it -- maybe because of some fears of organizations in the province who are vigorous opponents to a medicare scheme. But I recall, Mr. Chairman, a few years ago, hearing from the predecessor in this House of my honourable friend who is also a medical man -- and I'm referring to Dr. Thompson who represented Gimli prior to my honourable friend Dr. Johnson today. I recall Dr. Thompson just sitting I believe it was where the Honourable Minister for Public Utilities, if I recall correctly, sat, and I had made a few remarks in connection with advancing areas in health care, and mentioned the fact of medicare, and I remember him standing up with his bushy eyes, and pointing his finger at me, and he says, "Well, young fella," it was just a few years ago -- "young fella, I don't agree with what you are saying, but I know that just as sure as you are saying it, medicare on the basis on which you are talking about will come in the Province of Manitoba."

I sometimes wonder whether it's too bad that there was a change in the representation from the beautiful constituency of Gimli, and maybe I had started as a back-bencher in the CCF Party at that time to convince the member of the medical profession of the fact that medicare was coming. Now my friend the other medical representative from the constituency of Gimli is no longer the head of the Health Department, I -- (Interjection) -- Yes, I have to start now all over again, this time, this time with a non-medical man. Now maybe Mr. Chairman, just maybe, just maybe I'll be able to impress upon a non-medical man the desirability of providing medicare services to all of the people of Manitoba on a comprehensive basis. I haven't been able to fully convince -- I wasn't able to fully convince the Honourable Member for Gimli, who was a Liberal representative, although he was agreeing with me that this was coming. I've tried my hardest with the previous Minister of Health and I believe if he'd stayed in that portfolio, Mr. Chairman, and maybe I'm hazarding too wide a guess on this, but I believe that if he had stayed in there for another year or two I might have weakened him to accepting our proposition, and I sometimes wonder quite frankly, Mr. Chairman, as to whether this

(Mr. Paulley, Cont'd.) . . . was one of the reasons that the First Minister used his prerogative and shuffled up the Cabinet because he feared that my honourable friend was weakening -- because he has been progressive in the field of health in many instances.

HON. GEORGE JOHNSON (Minister of Education)(Gimli): Could I ask the Honourable Leader of the NDP a question? Was it not my honoured predecessor, whose honour I'm defending on this occasion, who said in this House, "Let us not deliver the last bastion of humanitarian endeavour, the medical profession, into the jaws of the voracious socialistic monster."? He may have said that and I don't recall it. Unfortunately, Mr. Chairman, unfortunately we didn't have Hansard in those days because it too was too costly, and I wouldn't be able to go back and revert and find out what my honourable friend said.

MR. CAMPBELL: I beg to correct my honourable friend, because we did have a recording device and that particular speech was taken off, and it was well worthwhile.

MR. PAULLEY: Now my honourable friend, the Member for Lakeside, has entered into the question and it seems to me an indication of support for the contention of the previous member and the present member from Gimli. May I suggest respectfully to my honourable friend, the Liberal Member for Lakeside, that this was the attitude of the Liberals in Saskatchewan not so long ago in respect of medicare, but I have before me a speech which was made and taken from the recording, made on the 7th day of February of this year by one of those that left the CCF Party in Saskatchewan over the medicare scheme, a fellow by the name of Erb. You may have heard him; he was previously a Minister of Health in Saskatchewan. He left the CCF Party in Saskatchewan, joined the Liberal Party because he didn't agree, he didn't agree with the CCF Party of a medicare scheme in the Province of Saskatchewan, so he left them and what has the poor errant soul adopted now as the philosophy in his plan? "Every Liberal member on this side of the House voted in favour of every amendment; having voted for the Act as amended it follows, we are in favour of the present plan because the Liberal Party believes in universal comprehensive health insurance." Amen.

MR. CAMPBELL: One bad apple can spoil a whole barrel.

MR. PAULLEY: Yes, Mr. Chairman, one bad apple spoiling the whole barrel. I want to say to my honourable friend, the Liberal Member for Lakeside, it isn't a question of one bad apple at all. The Leader of the Liberal Party in the Province of Saskatchewan, if you remember the door-knocker-downer, . . . . also a renegade from the CCF. That's two bad apples, but thank goodness the bad apples left our barrel and went into theirs, and I'm darn sure, I'm sure, Mr. Chairman, that they are going to contaminate them with progressive-minded ideas, and Lord love a duck, that's one thing the Liberal Party has lacked ever since 1919 when they first proposed a comprehensive health scheme in the Dominion of Canada. But there is a bright light on the horizon today. Judy LaMarsh. She's a bright light, and I wish that young lady every success. I hope she has more success with her health plan than she talked about during the last federal election than she's having with the pension plan because it's been changed three or four times. Maybe some of the bad apples that my honourable friend from Lakeside has referred to will even get to Judy. However, Mr. Chairman, . . .

A MEMBER: Let's get back to the point.

MR. PAULLEY: Yes, let's get back to the point. -- (Interjection) -- Yes. But not only -- not only Mr. Chairman are the Liberals in Saskatchewan now saying that they fully support the medicare scheme in that province, lo and behold the reactionary Conservatives and their Leader Peterson in Saskatchewan has declared that insofar as his group there is concerned, that they support the medicare scheme of the CCF New Democratic Party government of Saskatchewan. Something rotten in the state of Saskatchewan? Uh, uh. Had an opportunity this summer of visiting into Saskatchewan and Regina. You recall, Mr. Chairman, the fight that went on there a year ago when a few doctors left the province and it did seem that there was going to be a breakdown of the whole health scheme, the whole health system in the Province of Saskatchewan? And it did seem, it did seem that the people of Saskatchewan were going to be deprived of medical services to a considerable degree. So when I was in Regina in August this year I made it my business to ask many people on the street as to what they now thought of the scheme. I particularly recall asking a few taxi drivers because ask a taxi driver, he'll take you anywhere or he'll tell you anything, and give you a lot of information, and I recall one of them saying to me "Well chum", he said, "I want to tell you this." Because I asked

(Mr. Pauley, Cont'd.) . . . him, I asked him what he thought of the medicare scheme that they had in Saskatchewan. He said to me "If you'd asked me that a year ago", which would have been July, '62, "my answer to you would have been 'You can take Premier Lloyd and all the CCF'ers in the Province of Saskatchewan out and hang them!' I had a youngster who was sick, my doctor left, and I was worried." As indeed he would be, Mr. Chairman, but he said "I found another doctor who treated my youngster," and he said, "You've asked me that same question today and I want to say to you that if Premier Lloyd and the CCF New Democratic government were to call an election tomorrow, not only would I go out and give them my full support, I'd work constantly for their re-election because, gee, it's nice to be able to know that you are entitled by right to have proper medicare services instead of having it by sufferance as so many of us had before."

And I suggest, Mr. Chairman, to the Honourable the Minister of Health, that he investigate fully into the scheme that they have in Saskatchewan and consider the implementation of such a scheme here in the Province of Manitoba. Nobody would suggest that the scheme is perfect, and nobody would suggest that such a scheme would have to be adopted identically here in the Province of Manitoba, but I don't think, Mr. Chairman, that anyone will deny that there are a considerable number of people here in the Province of Manitoba who can be considered as medically indigent. My Honourable Friend the Minister of Welfare, I know, is thinking as I say this, that if anyone is indigent then let them come and see me and I'll give them a medicare card or see that they get medicare service. But, Mr. Chairman, there's an area of individuals in this province who are not covered by Welfare, and are entitled to medicare cards under a welfare scheme of my Honourable Friend the Minister of Welfare. There are a number of people in the Province of Manitoba who find medicare as it is at the present time under the Medical Services Association far too costly. Consider, Mr. Chairman, a family who has two or three children of over the ages of 19, attending University. They're finding it very difficult to having coverage under the Manitoba Services Plan - \$13.30 a quarter for coverage for one individual. This is what it's costing me for my daughter and I'm fortunate that I happen to be in a position, though while not wealthy, that I'm able to pay, but here is \$52 approximately a year and I know of families who are in less fortunate circumstances than I am, Mr. Chairman, who have two or three children in this category over the age of 19, and still going to school, that they have to pay out or can't afford to take medicare under the Manitoba Services Plan. I know many people, Mr. Chairman, who can't afford to take Medicare Services Plan and do become medically indigent. There are many in the Province of Manitoba who, as the result of long prolonged illnesses, who have almost reached the stage where they do have to apply to the Honourable the Minister of Welfare for aid. Some that I do know, Mr. Chairman, have been in the so-called middle brackets of income who as a result of prolonged and successive illnesses and extra care necessities have been brought down to medical indigency, and I suggest Mr. Chairman that it would only be fitting and proper for the Honourable the Minister of Health to make a survey -- he's a young man, he's a new man -- in the position as Minister of Health.

As I said at the -- my opening remarks, Mr. Chairman, didn't have too much success with the previous Minister of Health but I issue a challenge -- I issue a challenge to the new Minister of Health to investigate, thoroughly investigate, the way in which the scheme is operating in the Province of Saskatchewan, the way the health scheme is operating in the British Isles, and other jurisdictions, and also to conduct a survey as to what the opinions are of many groups here in the Province of Manitoba, and indeed across Canada, as to the desirability -- not only the desirability, Mr. Chairman, but indeed the necessity of making sure that by right every man, woman, and child in our province is entitled to all of the advancements that are being made constantly in the field of medicine. We hear from time to time some of our doctors suggesting that they render the services if anybody needs it. I suggest, Mr. Chairman that this is not so, and I do pay a tribute to the medical profession and know that many of them in the past have given of their services voluntary and freely and I appreciate it and I'm sure that we in this Legislature and the people of Manitoba do. I just want to refer Mr. Chairman, to a statement made recently by the new President of the Manitoba Medical Society, Dr. Rabson I believe, I'm sorry I haven't got the date of this, Mr. Chairman, it was just after Dr. Rabson was named as the new president of the Society. "He states that an excessive

(Mr. Paulley, Cont'd.) . . . demand for medical care in Manitoba has more than doubled the load on doctors, and could lead to a deterioration in quality of care. Dr. Rabson said that the average person here now sees his doctor at least six times a year, more than twice as often as ten years ago. According to the doctor, the Manitoba Medical Service records show that 97 percent of the subscribers use the service regularly every year. The result," he goes on to say, according to this article, "the result is that the doctor is on a treadmill, and he has to do much more now to earn the same income. The new Association president said that often the demand for medical service has no real relationship to the need. He pointed out that there are a certain amount of frivolous visits to doctors where the patient is not really in need of medical care. This does not mean to say a person shouldn't see a doctor, but there is no doubt that many visits are unnecessary and just add to the load." Well, Mr. Chairman, I suggest that this has been a philosophy of too many people. I, for the life of me, cannot see any justification in statements of this because I do not believe that people will go to a doctor simply for the fact of going to a doctor and if they do I say there is an onus of responsibility on the practitioner to see that this is curtailed.

But when one talks about the increased number of people taking advantage of the service, I suggest, Mr. Chairman, that it is an indicator that more and more people are finding it necessary to have medical services these days, and I would suggest that if we did have a medicare scheme in the province there would be a considerable influx of new individuals going to doctors to see what's the matter with them because they haven't had the services before and this would be a natural consequence, and I say to the Minister of Health that one of the truisms in the Province of Manitoba is that many people are being deprived, because of medical and other reasons, from having the advantage of the advancements of medical science and I respectfully suggest to him to fulfill his job, indeed to fulfill his obligation as Minister of Health in the Province of Manitoba and to the people of Manitoba. It is his duty and his obligation to those people to fully investigate and inaugurate in the Province of Manitoba a fully comprehensive compulsory medical care scheme so that all of the citizens of Manitoba can be treated equally and alike in the field of preventive medicine and medicare itself.

MR. FROESE: Mr. Chairman, I certainly have no intention of taking any length of time in what I have to say. I feel that this report as stated by the Leader of the NDP group, that there's no meat in the report. It seems to me it's just written for people who are interested in reading to read -- something that's glossed over. The whole report does not indicate any areas where we might detect problems at all. I think even the lagoons mentioned almost smelled sweet, and I for one certainly would like to see another report which would give us something more to delve into. I notice on the last page of the report, Page 58, there's one paragraph on the Manitoba Hospital Commission, and it mentions here that a further report is to be prepared by the Commission and a copy of it goes to the Minister. I wonder -- is that report going to be tabled? And when can we secure it? I wish to discuss the Hospital Commission under the Minister's salary, because I think that is where it belongs, although there is one item of over 11 million in the estimates for the Hospital Commission -- I noticed that -- but I feel that we have wider scope in discussing the Hospital Commission report under the Minister's salary. I would also like to ask the Honourable Minister whether he intends that the Public Utilities Committee might also have a session with the Hospital Commission as we have with other utilities, where we have the people of the Commission present. So, this is all I have to say at this particular time. I feel that we have to have more information in order to discuss this properly.

MR. CHAIRMAN: 1 (a) passed.

MR. CHERNIACK: Mr. Chairman, I'm sure that the Honourable Minister is preparing to deal with the various matters that have been discussed this evening, and I am sure he will not want to deal with them this evening; and I don't intend to talk for ten minutes just to relieve him of that concern. I have two specific matters which I would like to raise in the hope that he will be able to deal with them a little later on. The Honourable Member from St. Boniface mentioned home care service, and it reminded me of the fact that the former minister last year spoke with a certain amount of restrained enthusiasm about the benefits that will derive to the people of this province from the extension of home care services. He also spoke of day care services as being another facet of service which would be beneficial in terms of reduced cost

(Mr. Cherniack, Cont'd.) . . . and in terms of greater service to the people, and I have been looking through some of the recent publications for some report on what progress was made from the studies referred to a year ago on both of these problems of home care and day care. I noted that the Honourable Minister last year spoke of the day care program of the -- I think it's the Allen Memorial Hospital in Montreal -- I may have the name wrong, but it's -- I'm sure there was reference to it last year. Therefore, I noted with surprise -- at least I learned with surprise last year that -- I'm sorry -- I learned with surprise yesterday that the Hospital Commission has not yet become aware sufficiently of the day care program to know whether or not it was or would be covered under its present organization. If this is so, it's rather surprising, because the matter of day care services is not new and the Minister did express a great deal of interest in this last year -- I mean the former minister -- so that assuming that something more is known about it this year than was known last year, I would have liked to have heard that we have now an attitude towards day care services as well as home care services, so that we could be providing this broader service to the people who can best use it at a minimal cost.

MR. WITNEY: In trying to answer all of the questions that have been put to me tonight, I will not be able to answer all of them tonight, but I will answer some of them that are here. Some of the matters that have been referred to by the Honourable the Leader of the NDP and also the Honourable Member for Rhineland, on the report -- while I take responsibility for approving this report, I think that their comments are well taken on this matter, and there will be an improvement in this particular report next year. It's been my understanding that because of the size of the reports that are published by the Department of Health, that this is put out as a summary and it's distributed quite widely, and that when I tabled the reports here just the other day -- oh, I'm sorry -- there will be reports laid in the legislative library, but the former Minister advises me that he, too, felt that there should be more statistical information in here, and there will be statistical information provided last year. I'm very pleased that he made no reference to the pictures that prefaced the beginning of the report.

MR. PAULLEY: Mr. Chairman, I was going to make one. I noticed particularly the absence of a union label on the pictures which I think the Minister of Labour certainly should take up with the Minister of Health.

MR. WITNEY: Mr. Chairman, in answering another question of the Honourable Member for Rhineland. The Hospital Commission report is by statute supposed to be tabled, I believe it is by the end of March; and when I tabled the report of the Hospital Commission the other day, I tabled about three copies, but I will undertake to have a copy of the report that was tabled, in his hands sometime tomorrow so that he will be able to study it and peruse it. I am quite sure that I will be able to get one at that time.

In relation to the medical scheme that the Honourable the Leader of the NDP spoke about so eloquently, I might say to him that as he knows, the government made a submission to the Royal Commission some two years ago, and I'm still waiting to hear what that report has to say. It is my understanding from what I have learned since I have been in the department that the report is going to come down from Ottawa in the very near future, and when it does, I can assure him that not only will it be studied, but all of the other schemes will be studied not only available in the Province of Saskatchewan, but also the other administrations such as the Province of Alberta, the Province of B. C. , and the comments that have been made before a special committee which I understand has been looking into this matter in the Province of Ontario.

There is also on my desk for study when I can get at it, a complete summary and synopsis of all the medical care schemes that are available pretty well throughout what might be termed the western world. It is a synopsis of the schemes that are here in Canada at the present time; a synopsis of the scheme in the British Empire, or in Great Britain, and of those that are prevalent at the present time in other countries. So I can show him that when the report comes down from Ottawa, that all of these schemes will be taken into due consideration. He might be interested to know that when I was in Regina on the famous dental technician and denturist question, I was taken by these people on a very brief excursion of their scheme in Saskatchewan at that time, but I only had an hour or two to be with them.

In relation to what do we do when we license the swimming pools. All of the necessary

(Mr. Witney, Cont'd.) . . . sanitation requirements in these pools for the safety of health of people who use them are taken into consideration. The plan has to be presented to the Department of Environmental Sanitation and the Public Health engineers that they have in that department study them, and after making sure that there will be adequate protection for the public, they are then given a license; and these swimming pools, once they are given a license, are inspected on a very regular basis. As a matter of fact, I understand that they are inspected about once a week by the Department of Health.

As for the statistics on the slaughterhouses, I do have a complete list of the slaughterhouses that are here, if the Honourable Member for Elmwood wishes to peruse them.

The day care that was referred to by the Honourable Member for St. John's, I can give him more detail on that when we next meet in this committee to discuss the health estimates. We do have day care services at the present time, mainly through the Department of Psychiatry, but we're also engaged in day care programs through the care services and through the home care program which is developed at the present time by the Winnipeg General Hospital, and it is, again in referring to the Honourable Member for St. Boniface, it is my hope that before the beginning of summer that we will be able to institute the day care program in the St. Boniface Hospital and in the Children's Hospital, and I think that there is one more that is under consideration at the present time.

The Commission did make the trip into the United States as has been referred, and the Commission met again in November with all of the interested groups, the associated hospitals and the hospitals in particular where they want to have the home care programs operating, and that report I am advised by the Hospital Commission is -- it's being studied further by the Director of Rehabilitation Services, and I trust that we will be able to have the home care operating in the other hospitals in the very near future.

MR. PAULLEY: Before the committee rises, if you don't mind, Mr. Minister. You mentioned, sir, that you were going to put copies of the report in the library -- the full report. I wonder if that could be extended slightly in that at least the caucus rooms might obtain copies of that, if not during the session, afterwards, because I'm sure that my honourable friend the Leader of the Opposition and myself at least would like to study them in detail.

MR. WITNEY: I'll look into that matter for you.

MR. EVANS: Would the Committee rise.

MR. CHAIRMAN: Madam Speaker, the Committee of Supply have adopted certain resolutions, directed me to report the same and ask leave to sit again.

MR. MARTIN: Madam Speaker, I beg to move, seconded by the Honourable Member for Dufferin, that the report of the committee be received.

Madam Speaker presented the motion and after a voice vote declared the motion carried.

MR. EVANS: Madam Speaker, I beg to move, seconded by the Honourable the Minister for Health, that the House do now adjourn.

Madam Speaker presented the motion and after a voice vote declared the motion carried, and the House adjourned until 2:30 Friday afternoon.