

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Monday, April 5th, 1965.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: The Honourable Minister of Health.

MR. WITNEY: Mr. Chairman, when we rose tonight at 5:30 I was busy expounding to the House in a rather loud voice about the rehabilitation services and I think that I got to the point where I was about to announce that through the rehabilitation services during the year we had been able to do the necessary liaison with the Manitoba Hospital Commission, the hospitals and the medical profession to establish three new home-care programs in the hospitals during 1964. In October of 1964 we established a new home-care program at St. Boniface Hospital, one at the Children's Hospital and we will be having one starting soon with the Municipal Hospitals, to make in the City of Winnipeg now four, whereas just prior to that we only had one in the City of Winnipeg. That was in the Winnipeg General.

In psychiatry, I think that we can report that during the year we were able to continue to make progress in psychiatry and perhaps some of these statistics will be of interest to the House, and I say perhaps will be of interest to the House. The transfers to the Mental Hospitals from the Psychiatric Institute declined by another 7 percent. Hospital stay in the Psychiatric Institute in Winnipeg declined again to an average length of stay of under 20 days. There were 335 new adult patients added to the case-load of the out-patient department of the Mental Health Clinic at the Psychiatric Institute. There was an increase of 25 percent in examinations and interviews recorded for 1964 at the Psychiatric Institute alone, for a total of 6,800. The forensic services provided by the Psychiatric Institute in Winnipeg reached a total of 175, referrals from the court and in Brandon, the Brandon Hospital received some 43 referrals from the court. The Brandon Mental Hospital received 1,626 new cases with 531 of them coming from the travelling clinics and at Brandon the patients remaining under treatment declined from 1,339 in 1963 to 1,284 in 1964, and the average daily population has declined from 1,620 in 1960 by some 300 to 1,319 in 1964. The discharge rate at Selkirk matches the admission, despite the increase in direct admissions of 450 from 409 in 1963, and the discharge rate at Selkirk is now the highest in the history of the hospital.

The voluntary admissions at Selkirk rose from 30% in 1963 to 62% in 1964, which indicates that more people are accepting the therapy that the Mental Hospitals can offer, and with the new legislation that has been passed by the House we anticipate that the numbers of people who will be seeking aid voluntarily at the Mental Hospitals will increase rather substantially. The number of patients in the Hospital at Selkirk at the end of the year was 66 less than the year before and that has been another year of constant decline. In order to keep the rate declining in the Mental Hospitals, one of the interesting events that happened during 1964 was the opening of the Selkirk Psychiatric Institute which, since it opened, has now been handling an average of some two new patients a day and been able to discharge some two new patients a day with an average length of stay of some 40 days in the new facilities at the Psychiatric Unit at Selkirk.

At Portage la Prairie we were very pleased in the fall to be able to open the three new cottages which provide new accommodation for some 90 of the mentally retarded at Portage la Prairie. The renovations that have taken place at Portage now include some soundproofing in the halls, which has proven to be a success and we are continuing the soundproofing in the play areas, plus improvements in the plumbing and some simple things in order to soften the atmosphere at Portage, as having curtains; they are not up yet, but they have been ordered. They are being manufactured and inside of a month or so curtains will be on all the windows at the Portage Institute. It seems like a simple thing, but it has an important bearing upon the patients and upon the staff as does the activity in cutting down the noise level in the halls and the play areas. Renovations have continued at Brandon in the colony building where we are doing our rehabilitation and part of the rehabilitation of the patients at Brandon was the activity in doing the renovation itself.

St. Amant ward is being increased in 1965 from 134 to 175. St. Amant ward operated at full capacity of 135 or 134 during 1964 and it will, during 1965, expand to the 175 figure. As the new extended treatment care facilities at the St. Boniface Hospital are put in operation, St. Boniface or St. Amant ward will expand to a full 350 for severely retarded children and will be operated entirely by the Sisters at St. Amant ward for the severely retarded children. We were able this year also to provide for a full-time pediatrician at St. Amant ward to aid in treatment and to do research into the type of problems that these children face.

(MR. WITNEY cont'd).....

We have now preventive psychiatry taking place in Manitoba through the pre-school clinic which is operating at the Children's Hospital and began in 1964 and then working through the Child Guidance Clinic here in Winnipeg operated by the Winnipeg School System with the government, and then the community mental health teams which are fanning out into the country and producing more results as their effect begins to take hold, and with them we have geared in closer than we had ever done before, the health units and the general practitioners. We are finding that doctors are referring more patients to our community mental health teams as are the local health units, and as a result we are able to treat more people earlier and to offset deterioration of their condition; and so with the pre-school clinic -- the child guidance clinic in Brandon is operating as a pre-school clinic under the child guidance clinic -- with pre-school clinics, with child guidance, with the community mental health teams working through such facilities as the Portage la Prairie Home, Training School, as the Broadway Home and then St. Amant ward into foster homes, and into sheltered workshops, such as those now being operated by the occupational -- or the one on Notre Dame -- and the ones that are being developed by Skills Unlimited, we are now able to provide a quite comprehensive service for the mentally ill and the mentally retarded.

We hope to continue this program for we are finding that it pays in many ways. It not only releases the cost burden to the taxpayer but, more important still, it provides a means whereby these people can become self-supporting or wholly supporting and they are happier people as a result of it.

In the preventive medical services I might mention the new staff that we have in our psychiatric services which will be operating not only in the different hospitals that I mention but in the community mental health teams also. These new staff include some 27 I believe it is, at Brandon with 12 pupil nurses and I believe it is some 21 at Selkirk, with 12 pupil nurses, and at Portage la Prairie 9 new staff with some more pupil nurses operating in that area. Those figures will stand correction because I seem to have mislaid the sheet that I had that gave them in detail.

In the preventive medical services we can report that the communicable diseases such as diphtheria and typhoid and polio and brucellosis and hepatitis infections dropped during the year 1964 and TB again reached a new low as a killer of people, but it is still a threat as a disease that causes sickness. During 1964 we were able to remove some patients from Ninette on drug therapy back to their place of residence up the Hudson Bay line and, through a system of using the lay dispensers that we have in the north country, followed very closely by the medical officers of health at The Pas and the Sanatorium Board Director, the former superintendent of the TB hospital at Clearwater Lake, that we have these people at home now, in their home environment, rather than at Ninette in a bed. I think at this moment, while I would like to pay compliment to all of the various voluntary organizations that work with the Department of Health, those that I mentioned in rehabilitation, such as the Society for Crippled Children and the Association for Retarded Children, the Alcoholism Foundation, Salvation Army, etcetera, without these people we would not be able to house the co-ordinated and comprehensive rehabilitation program and in turn, without us these organizations would neither be able to have a co-ordinated or a comprehensive program.

The Sanatorium Board in Manitoba has been responsible for the treatment and for the prevention, for the diagnosis of TB, and since their operation they have had remarkable success to the point where during 1964 we came and closed a hospital that had been operating for many years for TB patients. The hospital at the Clearwater Lake just north of The Pas was closed down. In August of 1964 we had some 150 TB patients and by the end of December in 1964 we had some 50 but most of those were ready to go home and by the time that we closed the hospital we had only 20 to move down to Ninette, only 4 or 5 extended treatment care patients, and so we were able to close the hospital at Clearwater Lake as a result of the drop that had taken place in TB as a killing disease and as a sickness disease.

We are quite pleased with the fact that during 1964 we were able to cover 611,000 people with the polio booster shot, and to report again -- and I'm sorry that the former Minister of Health is not in his seat because with the Sabin vaccine program that he started this is another year that we have been able to report that there have been no paralytic cases as a result of polio.

VD has continued to rise in the same manner as it has in Canada, in North America, and for that matter it is also in the reporting countries of the world on the rise. In Manitoba, in

(MR. WITNEY cont'd).....order to cope with it, we have in '64 made provision for a full-time medical director who is now operating. We have intensified our education campaign and we have increased our contact tracing and are providing, as we had done before but at a greater frequency, free drugs and free clinics. It is interesting to note that the Dominion Council of Health has had concern about this problem and have set up an Advisory Committee on VD control which is beginning to operate at the present time.

Care Services was begun on June 1st of 1963 and at the end of 1964 it was handling 1,184 patients in institutions and 592 patients in foster home-care placement. Just about approximately 65 percent of these were public patients. Care Services, in order to ease the load that is coming to them, apart from operating with the various nursing homes, proprietary and non-proprietary, have expanded their foster home campaign to the point that we now have 600 in foster homes in relation to some 400 in 1963. The Care Services have been able to provide full utilization of the out-patients departments of the hospitals which has meant that these people, rather than being in a hospital bed, are now either in their own home or in a foster home or in a nursing home, proprietary or non-proprietary, being serviced by out-patients departments.

They have also gone into the area of arts and crafts and diversional activities, occupational therapy, and physiotherapy in several of the homes and are experimenting now with a comprehensive program that involves psychiatry, dental services, optomology, occupational therapy, physiotherapy, etc. The work that Care Services has done during the year and a half that it has been in operation has increased the knowledge in the field of geriatrics, which is really an intensifying field in health in the Province of Manitoba, and is becoming more so as our people live longer. It's interesting to note that people over 85 have trebled--the numbers of people have trebled-- within the past ten years, I believe it is; the numbers of people over 75 have doubled, within about the same period; and the numbers of people over 65 are even more so, in that same period; which means that our people are living longer and we must now pay more attention to the problems with respect to our older people.

Our health units were expanded by one new one that was announced during 1964 in the estimates, and the other evening I had the privilege of being down at Killarney for the first meeting of the advisory board of the Southwest Health Unit and Lab and X-Ray Unit. It will be now in full operation; a medical officer of health has been appointed; public health nurses have been appointed; a sanitary inspector has been appointed; and the necessary renovations in the hospitals are underway.

We have provided in our estimates, and I should mention that we have provided two new staff under Care Services to continue their activities. We are providing in the division with respect to public health nurses, we are providing for two new nurses in order to expand the number of licenses practical nurses' courses to three from the two that we have at the present time. And so, effective immediately, or starting with September at any rate, we will be operating three licensed practical nurses' courses and will be graduating more of these people for utilization by the hospitals. It now means that about 83 percent of the people of Manitoba are receiving full-time health services, and the remainder are receiving services through the utilization of part-time medical officers of health.

In the section under Health Units, we are providing for 17 new staff, most of them, but not all of them, are for the Southwest Unit. The role of the health unit is expanding as the years go by. It is now expanding considerably in the field of mental health, and it is also expanding into the field of geriatrics. Both the community mental health teams and Care Services are making more use of the medical officers of health and the public health nurses in the health units to aid them with their particular problems. And we have geared to a more intensive degree the courses for re-orientation into the problems of mental health and into the problems of geriatric patients. And as I see across the road, the Honourable Member for St. Boniface, I would not want to make these remarks of mine without paying due recognition to the Canadian Mental Health Association whom I have not mentioned in dealing with these volunteer organizations, and who have done so much for us in Selkirk, and in Brandon, and here in Winnipeg in aiding the people who are discharged from the mental hospitals in those areas.

Northern Health Services had a very active year and I'd like to just read into the record some of the statistics with respect to them. The number of children seen at the Child Health Clinics in 1963 were 1,077; in 1964, 2,475. The number of inoculations and vaccinations in 1963 were 304; and in 1964 were 996. The number of school visits in 1963 were 138; and in 1964 were 300. And the number of x-rays were 3,236 in 1963 to 4,484 in 1964. And the

(MR. WITNEY cont'd).....Sabin program in the northern parts of the province reached some 13,835 people, which we felt was quite good.

We are providing in the Northern Health Services for two new staff, a new public health nurse and a deputy medical officer of health for the Churchill area. And we had already provided for a public health nurse in Churchill. We will have two operating in that area. We have our nursing stations now completed and in operation along the Hudson Bay railway line. We have our complete complement of lay dispensers and nurses' aides, and we will have new facilities at Grand Rapids, and at Easterville which will be modern, housed and staffed by a public health nurse and a nurses' aide.

Now I think finally, Mr. Chairman, I would like to deal with some matters with respect to the Manitoba Hospital Commission and that report has been tabled, and I was able to announce before we rose for the dinner hour that Gordon Holland had been appointed the Chairman of the Manitoba Hospital Commission.

During the year 1964 construction was completed on four hospital projects at Altona, Carberry, Pinawa and Pine Falls, as well as on six minor projects. And this makes a total of 42 construction and renovation projects completed since July 1, 1958, at an over-all cost of 23.3 million. Together with the cost of the active treatment phase of the Steinbach project, the beds for which were opened in 1964, this means that there has been a total investment of 24.4 millions during a period of six and one-half years for the provision of 1,018 additional hospital beds, as well as the replacement of obsolete beds and the improvement of essential hospital service areas. At the end of 1964, there was a total of 6,525 hospital beds in Manitoba, or a ratio of 6.9 beds for each 1,000 population. In addition, seven major projects were underway at the end of 1964; five of these will be completed in 1965, while two projects, the Grace Hospital in St. James and the Swan River Hospital will come into service in 1966. A further 15 major projects, as well as a number of minor projects, are now in the detailed planning stages and construction will start as soon as planning can be completed. When these projects are completed, a further amount estimated at 17.3 million will have been invested in hospital facilities in the province.

The completion of projects underway or to start in 1965 will provide a net addition of a further 523 beds, 190 of which are expected to come into service in 1965. With the completion of these projects, a grand total of 54.6 million will have been expended on hospital construction and renovation to provide 1,500 additional hospital beds, replacement of obsolete beds, and the modernization of hospital service, training and resident facilities.

The Greater Winnipeg area has taken another step forward. In December, 1964, it was announced that the existing Victoria Hospital will be replaced by a new hospital in Fort Garry to serve the expanding population there. The Grace Hospital to serve the St. James area is now under construction. In rural Manitoba, planning for new and modern facilities includes the formation of two new hospital districts. Initial steps were taken in 1964 to form a district in the Gimli-Winnipeg Beach area, and a similar program is now underway in the Russell area; and it is expected that the creation of these two new districts in 1965 will permit the start of planning for new facilities to serve the residents of these areas.

Also announced during 1964, there were extensions to the Children's Hospital in Winnipeg, and to the St. Boniface Hospital. With the St. Boniface Hospital, it was announced there that we were going to build 200 extended treatment care beds adjacent to the St. Boniface Hospital. And perhaps you will recall that an initial announcement had been made earlier in 1964 announcing that there would be new extended treatment care facilities being built at the St. Amant Ward or the St. Boniface Sanatorium. The doctors of the St. Boniface Hospital felt that this was a wrong move and negotiated with the Sisters of the St. Boniface Hospital and in turn they negotiated with the Hospital Commission, with the result that the decision was changed and we decided upon, apart from expansion of acute beds and psychiatric beds, and some children's beds at the St. Boniface Hospital, to build onto St. Boniface 200 beds of an extended treatment care type. This caused the Manitoba Hospital Commission to make a broad over-all study of the problems with respect to extended treatment care. And if I might mention to the committee that your acute beds are in your general hospital beds and the extended treatment care beds are beds provided for patients who do not need the same intensity of care as is needed for acute operation. They may need a slightly lesser degree of intensity of nursing care. They may need the doctor to call upon them only two or three times a week whereas in the acute hospitals they require the doctor's attendance daily and they require a more intense nursing care.

(MR. WITNEY cont'd).....

As a result of those studies which embodied the considerations that were given to the Hospital Commission by such bodies as the Manitoba Medical Association, the College of Physicians and Surgeons, The Associated Hospitals of Manitoba, the Faculty of Medicine of the University of Manitoba, and the Catholic Hospital Conference, the Manitoba Hospital Commission came down with some principles with respect to extended treatment care facilities. And I would like to detail these to the House at the present time for there will be extended treatment care activity on an expanding basis during the next five years, and to point out to them that this has been more or less under an experiment at Dauphin where in the Dauphin General Hospital there have been some beds which have been set aside for extended treatment care. The cost of the acute beds in the Dauphin Hospital are approximately \$21.00 per day whereas the costs for the extended treatment care beds are roughly about \$17.00 a day which indicates the lesser costs that can be obtained by utilizing the extended treatment care beds.

Care services have devised new regulations for personal care homes, and we're hoping now to be able to set up a series where the patient will go into the acute hospitals and then, particularly with your older people, they will go from the acute hospital to the extended treatment care hospital, to the personal care home and from there they will fan out to a series of their own home, foster home, elderly persons' housing or elderly persons' hostels, and operating in that complex will be such modifications as home care. The principles that are set down with respect to extended treatment care -- and I ask that you'll forgive me if I read them, but these are of particular interest to hospitals throughout the country and I think that they should go down on the record fairly accurately so that these people will know exactly what these principles are.

There are first of all the general principles, applicable on a province-wide basis and then there are the additional specific principles which are applicable to extended treatment hospital units outside the Metropolitan Winnipeg area and outside of Brandon, and the general principles are as follows: that any new extended treatment facility should be built adjacent to general hospitals, and by "adjacent" they mean physically adjacent. Each extended treatment facility should preferably not exceed a size of 200 beds. Additional extended treatment beds needed in the Metropolitan Winnipeg area should in the first instance be provided through the construction of such extended treatment care facilities adjacent to the teaching hospitals. Each hospital individually, in consultation with its medical staff, should decide on the best method and system whereby assistance might be made available to attending physicians in making suitable arrangements for chronically ill patients, including their disposition and provisions for continuity of care. Any such arrangement should emphasize the provisions for the continuance of medical services by the patient's private physician.

The active treatment hospital and the adjacent extended treatment hospital should be under the control of the same board but the extended treatment hospital should have its own medical director and its own admission-discharge committee. Admissions should be approved by the medical director of the extended treatment hospital. The admission-discharge committee should have the right to review admissions and to make recommendations through the medical staff to the hospital administration regarding admitting and discharge policy. The administrative structure for the total hospital complex should provide a degree of separation between the two types of facility at an expedient level of authority to ensure that the extended treatment hospital can achieve its independent objective and standard of patient care without having to compete with the active treatment facility for staff and other resources in its day-to-day operations.

The granting of medical staff privileges in the extended treatment service should follow the same general principles as apply in the case of other hospital services. Every effort should be made to develop criteria governing the type of patient eligible for admission to the extended treatment hospital. These criteria must apply equally to all extended treatment hospitals including those affiliated with the teaching hospitals. Application of the proper criteria for admission should ensure proper utilization of the extended treatment hospitals. Full advantage should be taken of educational opportunities provided by the extended treatment hospital and ideally the medical director should be on the Faculty of Medicine of the University of Manitoba.

And I might say, Mr. Chairman, that these principles, if one reads the briefs that were forwarded by the Manitoba Medical Association, which in turn reflected the opinion of the Canadian Medical Association, and particularly reflected the views of the Faculty of Medicine of the University of Manitoba, that these principles are backed up by these bodies pretty well

(MR. WITNEY cont'd).....to the full extent. With the Associated Hospitals in Manitoba, I believe that they come along to a degree with the principles that are outlined here as does the Catholic Hospital Conference. But the persons who really influence you in making a decision such as this are the Faculty of Medicine of the University of Manitoba who know the problems that the students are going to have to encounter when they go into the field of medical practice. And we have requested of the Faculty of Medicine of the University of Manitoba that they establish a Chair of Geriatrics and that is being considered at the present time.

This dialogue which I'm giving you with respect to extended treatment care facilities basically deals with the people of older age. The specific principles that we have are that extended treatment hospital units -- these are the small units -- should be established at selected rural points, the number and the location being determined by the pertinent geographic, demographic and other factors basically where the old people are. Each unit should be adjacent to a general hospital, under the jurisdiction of the governing board of the general hospital and should preferably be not less than 25 beds in size. Each unit should be clinically associated with an extended treatment hospital, in the Metropolitan Winnipeg area or Brandon, with regular medical consulting services being provided by the extended treatment hospital and, if indicated, specialized rehabilitation treatment services should be provided through transfer of the patient to the extended treatment hospital or to such other hospital facility as the attending physician may designate. Medical staff privileges in the unit should be granted by the governing board of the hospital, subject to the advice of the entire group of physicians practising within the designated service area of the unit, to any qualified medical practitioner who provides medical services to residents of the general area. The designated service area with respect to any unit would be an area determined by the Commission in consultation with the hospitals located within the proposed areas. And physicians that are located some distance from the unit would make such arrangements with local doctors as are necessary to ensure that medical services are available to their patients at all times. The medical staff of the unit should agree to regular consultations to be provided by members of the medical staff of the extended treatment hospital with which the unit is associated. And these consultation services should include review with the attending physician of all patients under care, review of the regime of treatment, consideration of the services and facilities best suited to meet the needs of each individual patient.

Provision should be made in the community for such social and health facilities and services as are necessary to facilitate the movement of patients to other levels of accommodation when the continuing services of the extended treatment hospital unit are no longer necessary. This would include services in the patient's own home if the patient can be maintained in a home setting with assistance, and arrangements should be made whereunder the extended treatment hospital would supply the extended treatment unit with personnel to provide such services as may be necessary and which are not available in the area or which are not required by the unit on a full-time basis.

Now we provide in the next -- we plan in the next five years to provide for a total number of beds in the current program of 1,197 extended treatment care beds. The total new beds to be provided will be 762 and beds to be retained will be 435. Perhaps as I have been reading this in order that hospital authorities will have it accurately transcribed on the record, that perhaps if I were to explain the Dauphin situation you will understand what is meant by extended treatment hospitals and extended treatment care units.

In the Dauphin General Hospital, as part of the Dauphin General Hospital, we have -- I forget the exact number of beds -- but some of the beds in that hospital are extended treatment care beds and the local doctors admit patients from the acute section into the extended treatment care section. They have as consulting the consultants in physical medicine, physiotherapy, occupational therapy, etcetera, from the Rehabilitation Hospital here in the Metropolitan area, and once a month the Rehabilitation Hospital consultants go out to Dauphin and they talk to the doctors about each individual patient in the extended treatment care unit at Dauphin; and from that they set up the regime, and the general practitioner does not have to follow it, but they are doing so and this regime is set up for these patients so that they are kept active and that they are brought to good health faster and then they move from the extended treatment care unit outside of the hospital into other facilities such as the elderly persons' home, their own home, foster care home or the elderly persons' housing, and now being developed under Care Services, the personal care homes. When we speak of units, extended treatment care units of 25 beds in size, we are really thinking of the unit attached to the Dauphin General Hospital;

(MR. WITNEY cont'd).....when we're speaking of extended treatment care hospitals we are thinking in terms of the Rehabilitation Hospital, the St. Boniface Hospital, the Winnipeg General Hospital and the Municipal Hospitals here in Winnipeg, and the Brandon General Hospital in Brandon.

I think that I have spoken much longer than I usually do in dealing with estimates of a department and before I sit down I would like to extend the thanks to the staff of the Department of Health and the Manitoba Hospital Commission. I have the privilege of being the Minister of Health and I have had the privilege of working with people who have been very sincerely active in the sphere of work that they're engaged in and some of them who have spent much more than the normal working hours from 8:30 up until 5:00, Saturdays and Sundays and holidays, and people who have as far as I am concerned as the Minister, done everything they can, not only to help me, but to further the health of the people of this province.

I would like also to just pay a word of tribute to the Chairman of the Hospital Commission who is resigning and who is going to Toronto to set up a new hospital. He was the man who really set up the Manitoba Hospital Services Plan in 1958 and who has worked with it, despite all of the difficulties that such a plan can present and he has been a man who has been in a position where quite often he has had to say "No" but it is interesting to note that since his resignation has been announced the numbers of hospital boards and the numbers of people in the hospital field who have written to him wishing him well and thanking him for what he has done for them; and I wish him well too and I think that I can have the liberty of extending the best wishes from this House and then also to extend to the new Chairman of the Hospital Commission, Mr. Holland, the best wishes for the future. So with the very warm thanks to the staff of the Department of Health I will now sit down and let you people go at me. Thank you.

MR. CHAIRMAN: The Honourable Member for Inkster.

MR. GRAY: I am not the official spokesman in connection with the Estimates of the Budget. This no doubt will be taken care of by our Leaders, who could handle heavy ammunition better than I can. At the outset, I want to join the Honourable Minister in paying respect to Mr. Pickering. I had the pleasure to know him during the time he was Chairman of the Hospital Commission. My only regret is that if the pay in Manitoba would have been better perhaps we could have still had him and the public and the government would benefit considerably.

I already mentioned here that some member who is now retired, of the opposition, once said and he repeated it many times, "that the duty of the opposition is to oppose". In other words, if the government would provide for me a pension or raise my salary, if I retire, I should oppose it whether it's good or bad. I will leave the criticism most of it later on when we discuss each item separately. Tonight I want to pay a compliment to the Health Department of this province for what they have done with the hope that they will not try harder to improve the health situation when the next budget comes in. I was quite impressed to read in the Gazette today all the proclamations, particularly the youth week commencing April 18th - 24th to deal with temperance education. This is something that I have urged year after year and I have told the House, I'm going to repeat the same statement, they cannot reform me now at my age but they could, by harder work, by proclamations of this kind, help the youth and educate them and see whether they would decrease the consumption of alcohol in this province. I think at the present time they spend \$60 million of a population of 1,000 including all the babies in the cradles. It's a terrific amount of money, terrific amount of money. I would say wasted. And they have a profit, the government has a profit, I think of over \$20 million. I think they could get along with less and spend a little bit more money to educate the children and the youth, to point out the danger to their health, the danger to the expense which they may have to pay, and the danger of the future because once you start drinking it's very difficult sometimes to stop, as shown by the figures of those volunteer organizations who have been doing so much for them, but not enough. How can they do enough?

In your estimates on the grants you leave a little over \$30,000 for rehabilitation. I think Alcohol Education Service is \$36,000 out of a profit of \$20 million. I think it's just peanuts and this item should not have appeared in the estimates at all because it's a shame with so much profit and neglect the education of the young people. Now let me tell you if it will take 25 years to educate the young men in temperance, it will be worthwhile and the money will be well spent, and the taxpayers will save considerable.

I'm also very happy to notice in the Gazette that you have a hospital week from May 9th

(MR. GRAY cont'd)..... to 15th. This is education -- this is progress, profitable progress. A sick person, a society or the taxpayers lose a lot of money and somebody has to pay for it; if a man is ill, pay for the hospitals, he is losing his time and work, the family suffers and I think this is a good proclamation providing you supplement this week -- hospital week -- with something very very tangible. I realize that your department has done a lot. For instance, particularly in the mental situation, mental hospitals. I still remember the years when it was called -- it was a disgrace just like going to the penitentiary for anyone being assigned by the doctor or ordered by the police to go either to Selkirk, Brandon or any other institution. Later years, they opened the psychopathic ward in General Hospital where they have taken away a certain amount of the stigma of someone going to the crazy home which they called it, disgracing -- and I realize, according to the figures, that a large number of patients who are kept in the psychopathic ward of the General Hospital are being cured and the stigma of being in a mental hospital is removed from them. This means rehabilitation may not be enough. I asked the Minister how many patients were released from the mental hospital and placed on trial leave or boarded during any recent calendar year, and I am very very pleased to note that Brandon Hospital released 87 and patients on probation, 85; that means over 160 sufferers, and twenty years ago they probably would have stayed there all their life. Now some of them are rehabilitated, others are not in the institution -- it costs less, and others are sent home to their families and under proper care they could look after a family and..... in other ways. Selkirk Hospital: patients transferred to foster homes, 96; patients on probation as at December 1, 1964, 120. We did not have these figures years ago, definitely not and I'm not blaming anybody but I give a bouquet to those who made it possible, but that bouquet should not poison your mind and say I have done enough. Carry on. I hope to get out next year when the estimates of the Health Department are being discussed, and bring better figures than you have now. In this stage you have done a wonderful job. Psychiatric institutes have referred to nursing homes and welfare agencies, 46; they left room for others to come in and at the same time they have hopes of getting rehabilitated and come back to society because after all they are not crazy -- they are mentally disturbed. And here I would like to suggest something else, that you advise your social workers or the doctors who look after them to find out what was the cause of the patient that he had to go to a mental hospital. This is extremely important too and we could perhaps prevent many from going down there. Get statistics, find out, interview some of the families, find out why did they have to -- was it trouble in business or family trouble or world problems or they don't like the present government in the Legislature?

Then I have another return, I asked what was the patients population in each of the Mental Hospitals in the last two calendar or fiscal years -- psychopathic institute, 51 or 53; that's a low figure compared to the figures at the beginning; I know that, because I was on the General Hospital Board and we had reports there. Hospital for Mental Disease in Brandon, 1,300, and I did not look up the population years ago but I am sure the population was very much larger. Hospital for Mental Diseases at Selkirk, 923; quite a reduction from '63. And Manitoba's School at Portage la Prairie is about the same, but I realize that many more boys are being sent there.

So I say, and I admit that I'm not always here to oppose. I want to give the credit where the credit is due. At the same time, I appeal to you, Mr. Minister, don't stop now. Carry on, and in the long run the taxpayers will save money and you'll avoid sufferings of the families whose husband or father or mother are being sent to these institutions and the loss of this income, the loss of their wages, and the loss of all this suffering. So while I am throwing bricks, I also send you a bouquet, with a promise that conditions will improve from day to day.

MR. CHAIRMAN: The Honourable Member for St. Boniface.

MR. LAURENT DESJARDINS (St. Boniface): Thank you, Mr. Chairman. Mr. Chairman, I was quite interested in the remarks of the Minister of Health. There are a lot of new programs that he announced that we've been looking for for quite awhile, and I'm very pleased to know that they'll come into effect this year. I would also like to take this occasion to thank the Minister -- I've had occasion the last year to try and get some information from him and to get some advice from him, and I always found him to be very co-operative and I would like to thank him for this.

I would like to join him in wishing Mr. Pickering well in his new position. I think that it's true that this man has worked very hard in the past. I've had harsh words about him a few years ago, but I can assure you that I also recognize the good work that he has done and I hope that he'll be very successful. I would also like to congratulate his successor, Mr. Gordon

(MR. DESJARDINS cont'd)..... Holland. I am sure that he is aware that he's stepping into a difficult position. I hope that he will maybe try to improve the liaison between the Commission and the hospitals. I think that this is coming along a little bit. I say a little bit because there's a letter that I would like to discuss a little later, a letter coming from the board to Metro that I consider that this is not too good liaison between the hospitals and the Commission.

I would like to ask the Honourable Minister while we're speaking about Mr. Holland if Mr. Holland will take over the dual role of Chairman and Executive Director, that is keep the Executive Director, or will there be a new Executive Director named. I think that while we're recognizing these people that have worked in this department, I certainly agree that the staff of the Minister and especially the Deputy Minister who has been faithful for so many years should be recognized as well as all the volunteers in the different fields of this department. I'm sure that probably this is, and probably the Department of Welfare, where we count so heavily on the work of the volunteers. I'd like again to thank the Minister for his kind words in regard to the Canadian Mental Health Association and I'll assure him that I'll pass these words along to the responsible people.

The new program that I was particularly interested in was the system where there will be better liaison and understanding between the patient going from the acute care hospital to a sanatorium and so on. I think that this is something that we should have had for awhile. Where as we're going to get it now, it'll take a while to get it to work perfectly I'm sure, but we're certainly on the right track and I would like to read again -- I'm very pleased that the Minister was so thorough in his explanation -- and I would like to read again his words that'll be recorded in Hansard because I think that this is certainly a step in the right direction as well as the home care program. This is something that I've talked about and I was quite concerned that there wasn't more done in this for the last few years. I'm glad to see now that we're going ahead with this.

Another thing that pleased me very much was the St. Amant Ward which will be extended for retarded children. This is something that was greatly needed and this is something that all the citizens of the province I'm sure are very pleased to see. While I'm talking about the improvements, I think I've mentioned this in the past, that this new Act regulating admission and so on of the mental patient was something that should help also.

While I was talking about this system of acute -- this system of having the patient be in their proper place. In other words, if they need the acute care they should be in those kind of hospitals and so on, and then they will go down to the extended care. I think that I would like to leave this suggestion with the Minister that -- or this would be with the Cabinet I guess or the government, because this includes another department also -- but it seems now that the proper liaison is not there because some of these hospitals like Tache Hospital which is extended care comes under the Department of Welfare, and it seems to me -- I've had occasion to hear from different problems of the people. All of a sudden they are told that they can no longer stay in this hospital; they'll have to find space in another hospital; they don't qualify any more and this is a hardship on them. This comes kind of suddenly and I wonder if the Minister, as well as the Minister of Welfare, could maybe get their heads together and see if this could be improved. When this announced program is implemented, they might find that something should be done there.

There's another thing also. The Minister stated that probably there'll be a saving, and I'm sure there will be with this more beds for extended care. I think that he mentioned the cost of \$22.50 or \$22.00 per day in acute care hospitals and seventeen in the other hospitals. There's one thing though that I mentioned last year and I still feel the same. I feel that this is not the true cost because research is included in there, research done in certain hospitals, in the cost per day, and also education, education for some interns and so on and especially for nurses. Now I am aware that nobody wants to play with this, to try and do anything about this because you would no longer qualify for the grants from the Federal Government if the nurses would go let's say in the Department of Education and so on. But I think that this is something -- if the Minister has an occasion to discuss this with the Federal Government and other provinces, I think that they should arrive at something. I don't think it's quite fair to have the people that need hospitals pay for this education. I think that we should study this, find out what the education costs.

And while we're talking about the education of nurses, I think something should be done to try to keep our nurses here. We are spending money to educate these girls, mind you they are putting in long hours also, but I think that they are paying up to a point because they are

(MR. DESJARDINS cont'd).....giving cheap labour or cheap help to the Commission. Nevertheless, I understand that we lose quite a few of them when they graduate. I know that they have a very good course here in Manitoba in the Misericordia, the General, the St. Boniface Hospital, and Grace, and I understand that they have no trouble at all in finding a position in the United States or in other places. I'm sure that the Minister is aware of this and he's doing everything possible to keep them here; nevertheless, I think that this should be discussed with the Federal Government in view of finding out the real cost of a bed here in Manitoba and the real cost of educating these young girls that are studying to get their R.N.

While we're talking about hospitals I would like to get the answer from the Minister before making a statement on this, but I understand that there is no segregation of children in the Selkirk Mental Hospital. I would want him to verify this. If this isn't done, I think that this is wrong, and this is a bit like putting the young prisoners with hardened criminals. This is something that could be difficult. There's some bad habits that these young people can develop when they're with older mental patients. Now I would like to, as I say, have the Minister answer to make sure that this is the case, that there's no proper segregation there, and if this is the case I hope that he'll look into it and that something will be done in the near future.

Now there is something that I can't compliment the Minister on and it's this question -- there's a lot of things that were mentioned by this side of the House in previous sessions and this was taken under advisement by the Minister and I can see that a lot of these, I think that we can call it constructive criticism, that this was taken in consideration and something was done on a lot of these cases. Now I would appeal again to the Minister to look at this 20 percent capital cost of new construction. Now last year the Minister went to great pains, and the former Minister of Education, to inform us that the reason why this 20 percent was kept was to keep the independence of the different hospitals. Now this was protested very strongly, too strongly for the former Minister of Health I might say, and we felt that this was just bringing another level of government into it. I think that it should be clear to the Minister now that this is wrong, that the way this is done, that Metro doing this is wrong, and that we should follow the Willard Report and that this 20 percent should come from the Provincial Government. The Minister was warned last year what would happen and we can see that it didn't take too long. Mind you I know that the Minister earlier in the session answered me that this policy wasn't changed, but I can't see how he can seriously say that.

Now this is what he said last year in one of his debates, and I quote from Hansard of August 19, 1964, Page 67, "And surely he should realize that all that we are doing at the present time in this amendment is allowing the people of Metropolitan Winnipeg to have the same privileges as those in the rural parts of the country. We allow them out there to raise the 20 percent equity through a levy and we are allowing that to take place here in the Metropolitan area, and if he will read that clause it says, 'Toward the capital cost of hospitals to be constructed within the Metropolitan area, that any such grants shall not exceed 20 percent' -- so it can be up to 20 percent."

Now we did state at the time -- this is something in quotes from something that I said on August 26th, on Page 295, "Now we are told that it is a privilege. It's a privilege that the people can do without. They are not interested in this and the Minister told us not long ago that he's tired of being accused of having dictatorial ways and so on. Well this is a good example right here. We don't need any more interference now. I don't know where there can be much more interference. The Manitoba Hospital Commission seems to dictate everything now." We felt at the time that it was an unfair tax on the people of Greater Winnipeg area. There are a lot of people that live outside of Greater Winnipeg area that are taking care of these hospitals.

Now there was something that I was looking for today, some words of the Member from St. John's that I can't find now, but he stated the same thing and he felt that this certainly was wrong. Why I feel so strongly and I think something should be done this year is this letter that was tabled by the Minister earlier in the session, a letter written to Mr. Bomycastle, Chairman of the Metropolitan Corporation of Greater Winnipeg, on February 8, 1965. Every one of us has had a chance to see this and it's tabled so there's no point in me reading the whole letter again, but I'd like to quote from this letter though, and on Page 3, "The Commission assumes that it would be undesirable for the Metropolitan Council to base its yearly contribution on the irregular annual cost set out above because of the impact of such expenditures both on your annual cost and on the rate of taxation which would result in the

(MR. DESJARDINS cont'd), various municipalities making up the metropolitan area. Accordingly, there would appear to be merit in averaging the figures for the period 1966 to 1970 inclusive, that is five years, and on the basis of such an average figure to determine the annual metropolitan contribution. On the basis of five years, the average annual expenditures would be approximately \$400,000."

Now I can't see where this is giving everybody a chance to be independent. You're lumping all the hospitals in Greater Winnipeg and then you go to Metro and you say this is what you owe. Now this letter was written without any consideration of the hospitals. This was never discussed I understand with any of the hospitals in Greater Winnipeg and this is a letter that the Chairman himself wrote to Metro. Now I don't think this is what the Minister meant last year. In fact, I am sure. Was it his intention then that Metro should make a blank contribution and the hospital should not be advised, that this should not be discussed with the hospital? I am very sorry -- I'd be very surprised if the answer would be that this is what he contemplated.

Now there is something else that was brought in. The Chairman of the Commission apparently felt that the hospitals could pay part of this. They could pay part of this by certain money they were getting such as the ancillary operation and from other sources. It was suggested that the hospitals should utilize their own resources before calling upon the Metropolitan Corporation to make a contribution in respect of the 20 percent. "The Commission agrees that such a policy is proper and reasonable." The Commission agrees that such a policy -- and this was never discussed with the hospitals. You can see that certainly it has nothing to do with keeping a little independence for the hospitals. This is the government; they are running everything through the Commission.

Now this extra money, the fund that this hospital would have to use for this I imagine would be from parking lots, revenue from parking lots and such a thing. Now if this is the case, is it the intention of the department to pay for these parking lots? When new parking lots are needed, to buy the property for this and to see that there is hard surface? In other words, to pay all the expenses? I'm sure that this was just a little bit of money that was given to this hospital and they have many ways, many places to use it, and now just a few years after they receive this the Commission is going to take it over, take it away from them without even any discussion at all. Was this the intention of the Minister? I doubt it very much.

Now this is why sometimes we use the words dictatorial and lack of liaison while speaking about the Commission. I think that this is a very good example if the members have taken the trouble to read this letter here. This is another, and on Page 4, this is the words of the Chairman, "In order to provide the Metropolitan Corporation with all the assistance necessary to enable it to reach a decision and to eliminate the need for the Metropolitan Corporation to undertake studies on its own in respect of the financing of hospital projects, it is suggested that the Commission continue to deal with the hospital projects in the Metropolitan area as it now does, except that in future the Commission would fully investigate and determine the extent to which the hospital can contribute from its own resources in respect to the 20 percent. The Commission would be most pleased to have a finance officer or other appointee of the Metropolitan Corporation participate." The Minister stated that he wanted the hospital to be independent, to have more say. Now this will bring instead of just the Provincial Government and the Commission, it now brings Metro into the picture and Metro will go and investigate the hospitals. I don't think that the hospital can be too pleased with this type of suggestion.

Now the Manitoba Urban Association unanimously adopted a resolution placing the cost of hospital construction where it rightfully belongs, that is with the Provincial Government. This is the way this letter came about. We have here a report from the Tribune of February 3, 1965. The heading is "Metro Hospital Money Doubtful". And if I might read part of it, "Two Winnipeg hospitals are going ahead full steam with major building projects under the assumption that Metro will pay part of the cost, but Metro says it has not committed any monies to the two institutions and may never decide to go into the hospital financing business. The hospitals, Victoria General Hospital and the Winnipeg Children's Hospital, are building space for a total of 318 beds, out-patient departments, operating theatres, and laboratories, all valued at a total of \$11.2 million. They must raise 20 percent of the money themselves in order to qualify for federal and provincial grants and guarantee loans covering the remaining 80 percent. Both Victoria and Children's Hospital have come to the conclusion that it is

(MR. DESJARDINS cont'd)..... impossible to ask the public for \$1.2 million on the new Victoria Hospital in Fort Garry and forChildren's 68 new beds. To overcome the financial difficulties the Manitoba Hospital Commission has told the hospitals not to worry about the needed funds and to go ahead with their plans as far as the Commission has approved them. The cash, the hospitals have been given to understand, will come from Metro, " -- and so on. Now is this what the Honourable Minister meant last year when he felt that this 20 percent should be left on and should not be paid by the Provincial Government because he wanted to keep the hospitals -- let them keep a little more independent?

This is from the Tribune of March 3, '65. "Bonnycastle Urges Metro Must Aid Hospitals. 'Metro is virtually obligated to get into the hospital financing field,' Metro Chairman Dick Bonnycastle said Tuesday. Legislation passed at the summer special session of the Legislature has allowed Metro to contribute up to 20 percent of the new hospital construction cost, " and so on. I'm not going to read this again. I think that the Minister would understand what I have in mind.

Now going to the Annual Report of the Manitoba Hospital Commission if I may, on Page 30 -- I would like to ask the Minister a few questions here. We have on Page 30 the Government of the Province of Manitoba -- that's grants -- \$10, 834, 943. I wonder if the Minister could give us the portion of this that is applicable to the hospital tax revenue, or maybe he could give us this on the figure of \$11, 426, 000 in the estimates when we get there, that's on Page 16 of the Estimates, Hospital Service, the Manitoba Hospital Commission.

Now in the special session that we had in 1961 or '62 -- '61 I think -- there was a change, there was an income tax imposed on the people of Manitoba, an extra six percent and one percent corporation tax in lieu of premium. Now this year the First Minister on a television program wanted to give the impression that there was a reduction of premiums because the government had given a grant, and this we know isn't true.

Now if we go and quote this -- that year of the special session of 1961, on Page 146, October 19, this is what Mr. Roblin, the First Minister had to say. "What we want to do is: we want to dedicate one percent of total taxable incomes earned in Manitoba towards the support of the hospital system in the province, " -- personal income tax and corporate taxes. And on Page 147 of October 19, 1961 he continues, "And here let me say to those members who express some doubts as to whether this money will be spent in reducing the hospital premiums -- let me relieve their anxiety at once -- that's what it will be spent for. And let those members who think that the present contributions to the Consolidated Fund of some \$3 million to the hospital plan will be done away with if this comes in -- let me put their minds at rest because we will still need that money -- in fact in the years to come it is quite likely that we will need a good deal more."

And in March of 1963, March 27, while going through these estimates I asked a question to the then Minister of Health and this is his answer, "But the point is that all of the six percent income tax on taxable income, plus the one percent corporation tax, plus \$3 million" -- that was the grant and the actual amount actually was \$3, 175, 000 -- "is turned right over to the Commission as this is the actual figure for last year of the \$10.2 million." He says it's turned right over to the Commission. I wonder why this is given as a grant if it's turned over to the Commission.

Now I would like the Minister -- if he can give us these answers when he replies this is fine, or if not when we come to this thing in the estimates -- I would like to know that this cost, this \$11 million, how much of that comes -- if this is the total cost of this six percent and the one percent corporation tax, and if it isn't I would like to know that total cost, what money the Treasury received for this and also the grant. We were under the impression that this \$3 million plus would also be given as a grant, so I wonder if the Minister can give us this.

Following here on the same Hansard, my question of the Minister of Health, "Am I correct in taking from this answer that the total amount estimated, the amount raised all over the province by the six percent income tax and the one percent corporation tax amounts to \$7-1/2 million?" Mr. Johnson: 'Seven million, two twenty-five'." So I think it is quite clear that this money was supposed to replace the premium and this money was supposed -- it was the intention to turn it over to the Commission, and these are the questions that I would like to see answered.

There is something that I picked up here, it was in the Free Press of March 22, "Interest Portion only Pay Taxes". This is by C. A. Miller, the Income Tax Department, and I think the Minister might have seen different articles nearly everyday around this time,

(MR. DESJARDINS cont'd).....to help people in their income tax. And I quote here, "I received many letters last year from taxpayers in Manitoba and Saskatchewan, asking why their provincial income tax was six percent higher than in most of the other provinces. This is due to these provinces collecting the hospital services premium by adding it on to the provincial income tax." This seems to be very clear. "In the other provinces, this hospital services premium is either paid by payroll deduction or direct by the taxpayer." And then there is a new paragraph that I had never thought of before that brings an interesting point. I wonder if the Minister could comment on this, also. "Some taxpayers who had moved from another province to Manitoba or Saskatchewan, late in the year, were quite annoyed at having to pay their hospitalization in the other province up to the time of their moving. There is nothing that can be done to alter this as the provincial tax is payable to the province in which the taxpayer resides on December 31 of the taxation year. There is no provision for the dividing of this tax between the provinces." It seems to me that this is quite a load on these people. I think that this should be changed now, after this year, we can see that this is not going to work. All we have had so far is a letter from the Chairman and it's obvious that what the government wanted will not come through, with Metro paying the 20 percent. And then I think it's obvious to the Minister also that this is just another tax to the people of the Greater Winnipeg area. This is something that they will pay. Although I realize that this is a must, and I'm sure that nobody questions the right of the people all over the province to come here, especially in some of these real costly treatments, and so on, this is a must, and the former Minister misunderstood, or pretended to misunderstand me, last year. I am not suggesting this at all; and I'm not suggesting there is anything wrong with the hospitals in the rural points, at all. I'm suggesting that this 20 percent is paid solely by the people of Greater Winnipeg area; and this isn't right because there is a good portion of the people receiving care here in these hospitals, that come from all over Manitoba. And this is the way it should be.

There's another thing that I mentioned last year, and in view of -- so many of these points were looked into by the Minister apparently, after listening to him today, I would like to bring out again. The services are to be provided here under the MHC under uniform terms and conditions to residents of the provinces, yet many such services such as occupational therapy, speech therapy, and so on, can be given under this plan only at the Manitoba Rehabilitation Hospital, and I wonder why this is so, especially when other hospitals have facilities to give this care. I know that in St. Boniface General Hospital and other hospitals they can provide the therapy services to out-patients; and at the Winnipeg General Hospital also. I wonder why this is the case. This is a contract. It's supposed to be covered under this. The means are there; the doctors practise around these hospitals, either Children's or St. Boniface or General, and why can't this care be given at these hospitals.

Now, we're also told about these different shortage of beds. Well, I think it wouldn't serve any purpose to start harping on that. I think that we have to give credit where credit is due, as the Member from Inkster likes to say, and I know that the department and the government are trying to get more beds and do this with all their new buildings. It's true that we're late, according to the schedule that was given to us by the former Minister, but we are progressing. And then there is quite a danger that if we go wild in this, one of these days we'll have a bed for everybody and there won't be anybody in these beds. I think I suggested this last year and I think that this new system announced by the Minister where the people will go to the proper hospital, I think this is the right way. But nevertheless, there is a very large waiting list, more than ever, and what I would like to say at this time is why -- or if something is being done, why are we not informed -- why hasn't the department taken any steps to acquire the Deer Lodge Hospital from the DVA? Now the DVA, I think, assured us that the returned man would be taken care of before anybody else in those hospitals, but we're also told that many beds could be provided. I think that this is something that I would like to know.

Now, the Willard Report did not suggest that the Grace Hospital would remain open -- as such I should say. Now we need many beds for rehabilitation, but this hospital will be kept the way it is now, and under the Salvation Army. I'm sure that they would prefer to keep only the one hospital in St. James. I don't know. I think that they would be. But nevertheless, this is going to be real costly, and I wonder why we are not following the Willard Report on this. I think that the people -- there's a lot of concern on this, people feel that maybe some of the members of the Commission may be interested in some of their clinics where they are directly involved, this is some of the rumors that the people are saying, and I think that it would be advisable for the Minister at this time to give us the reason why this isn't done.

(MR. DESJARDINS cont'd).....

There has been a delay in the building at St. Boniface, but I'm glad to see that this is going through now. Something also that we mentioned last year, we thought that these extended beds should be built closer to the existing St. Boniface Hospital, and not near the Sanatorium; and I see that this thing was on-again, off-again, and now it seems to be decided to everybody's satisfaction. So, there's not too much to say on this.

I see what the -- last year the government has reduced this income tax from 6 to 5 percent. Well if this money was taken for the hospital, what happens now? I thought that we would need more money. Where will this one percent come from? Will the Department of Health get any money from the tax on telephone, the tax on heat, and so on. I wonder if the Minister can give us this information because everything was needed before, the full 6 percent; and now it's 5 percent. So apparently this was done to shift the taxes, and we haven't heard anything about part of this going to the Department of Health, or I should say to the Manitoba Hospital Commission.

In this report of the Commission also I can see the costs now -- the administrative expenses of the hospital I see it's gone up. And I see there's an item here for fifty-five and a half thousand dollars for professional services. I don't know -- excuse me, I've got the wrong place -- for publicity, it's 22,000 -- publicity, newspaper, radio and television. I would like to know what is included in this. I know that in the past it has been suggested that we should undertake a program of public relations to educate the public regarding hospital costs. I don't think this has been done and I wonder what this amount is for. And this item that I mentioned before, professional services of \$55,000, I wonder if the Minister would elaborate a little more on this.

Now on the revenues, last year I asked a question and the Minister could not give me the proper answer -- and I think his estimates went by and I didn't get the proper answer -- and then he did send me a note, I must say, but I wanted to get more information on this. I hope that this year he'll be ready with the answer to the cost of premiums collected; and also this question that I have asked him about this money coming in from this income tax and the grant from the province, and so on. I wanted to know the cost of collecting such premiums. And then also, what money was collected from third party recoveries, and the cost of such recovery. The first information that the Minister gave me was wrong, and then later on he corrected it, and this year I would like to go into this a little more. I think that he told me it cost about 15 percent, and some information that I get that this is not needed, that a lot of the different insurance companies are just ready, they're just waiting to send a cheque to the Hospital Commission. They don't know where to send it, and apparently there's a commission that's given on this, that shouldn't be paid when it's a cut and dried case like this. I think that these are..... Oh, there's another thing that the different hospitals while they're preparing their budget they were told that they'd have to be careful, they have to stay within the formula and policies and standards, utilized by the Board. Being on the Board of the St. Boniface Hospital, I know that the board passed a motion that a letter be sent to the Commission asking them what these standards were. We didn't receive a satisfactory answer, and apparently this has to be kept by the Commission. Now, I'd like to ask the Minister how can we be told to, or how can the hospitals be told when you're preparing your budget you have to stay within your standard and your policies and so on and then you ask him what are those policies, what are these standards and they say we can't tell you. Now this is quite difficult and I think that the Minister should try to find out and that these different hospitals should be told what standards they have to follow and what policies they have to follow.

I think this is all that I have at this time and while we're going through the estimates well we might be able to stay a little longer on some of these points. I wanted to bring some of these questions now because the Minister might be ready for this when we look at this special item. Thanks very much.

MR. PAULLEY: Mr. Chairman, I would just like to say a few words on the Minister's salary. And may I at the offset join with him in a tribute to Mr. Pickering. I too on one or two occasions had little differences with Mr. Pickering but I'm happy to be able to say Mr. Chairman that they were ironed out to the satisfaction of myself and I'm sure him too and I join with the Minister in wishing him bon voyage and the very best of luck when he goes into that other country to the east of us. I would also like to join in the general compliment to the staff of the Department of Health. On any occasion that I have had to deal with individual members of the staff I have found them most courteous and obliging with any request.

One of the things, Mr. Chairman, when we're dealing with an important department such as the Department of Health, we always have to consider what is being done in the relationship with what should be done and extensions into the future and I can appreciate that the Minister of Health has quite a task in order to be able to satisfy everyone, particularly his critics. I think however, that generally speaking progress is being made in most of the fields of health services in the Province of Manitoba, of course with the exception of the major items that we in this group particularly draw to the attention of the House, for instance, our present resolution dealing with the provision of adequate medicare to all citizens of Manitoba.

It's not my purpose, Mr. Chairman, at this particular time to go into the debate on medicare. I had an opportunity and took it on Friday last and I'm sure that other members in the Assembly will be taking part in the general debate on medicare. But just on that particular point, Mr. Chairman, it's interesting to read in this evening's paper that it appears that the federal authorities now that they've started a new session intend to lay some considerable emphasis on the recommendations of the Hall Commission on Health Services, and I think that it would be proper for us to, in some respects at least, to await the deliberations at Ottawa or any conclusions. In saying this, Mr. Chairman, I certainly hope that the net result of the Hall Commission does not receive the same treatment as the recommendations that were made and which we often refer to, "the recommendations of 1919." Also I have in my library a very good plan that was presented here in the Legislature of Manitoba for coverage of health back in 1945 and there's still many items lacking --of these recommendations many of them were never put into effect.

So I say to the Minister generally speaking our criticisms were, while I would suggest that they are serious, are minimized to some degree with the progress that is being made, not fast enough of course in our opinion, Mr. Chairman, but nonetheless, progress is being made.

Dealing with the question of hospital construction I'm sure no one needs to tell the Minister that we still have people waiting to get into the hospitals due to the lack of beds and I would suggest to my honourable friend that he do all in his power to increase hospital construction in the Province of Manitoba. In dealing with hospital construction, Mr. Chairman, I'm somewhat disturbed. It appears to me that the government and the commission are not following the recommendations of the Willard Report. It seems to me that there's been a considerable amount of deviation from the report. I had the unfortunate privilege of being in Concordia Hospital last fall and I've checked back over the Willard Report and I find that there should have been a new hospital construction started in the fall of last year. This was the recommendation of the Willard Report on the present site of the hospital. I understand from inquiries that I have made that there is some consideration being given at the present time --I am not aware of the stage at which these considerations are at the present time-- to the building of another hospital by the Concordia people somewhere outside of the area that is presently occupied by Concordia Hospital. If this is done, and I sincerely trust and hope that there's not too much delay, because that particular area sorely needs enlarged facilities. I trust though that if a new hospital is built that the present hospital will be utilized for extended care treatment.

One other point I would like to ask my honourable friend in connection with hospitals and dealing with the lack of beds, under the rules dealing with stay in hospital I understand that the medical superintendents of the hospital have the authority to discharge patients if in the opinion of the medical superintendent of the hospital, patients are tarrying too long in the hospitals. I'd like to know from my honourable friend whether there have been any cases that he is aware of where the medical superintendent has decided, rather than the patient's personal physician, that the patient should not stay any longer in hospital. I have had a number of complaints drawn to my attention regarding this question and I would like the Minister if he could inform the committee accordingly.

I have also had some general complaints, Mr. Chairman, that there does appear to be some favoritism shown to some doctors and to some clinics insofar as admissions are concerned

(MR. PAULLEY cont'd).....into our hospitals. It appears from the matters that have been drawn to my attention that some of the larger, more influential clinics should I say, have a preference rating with some of our hospitals. I don't think that this should be so. If it is so, then I would like to hear the comments of the Minister respecting this.

I too would like to know what the present situation is in respect of utilizing any spare beds that there are at the Deer Lodge Military Hospital for civilian population. It's my understanding that some civilians have been granted the privilege of being in Deer Lodge Hospital. I also recall that the present Minister of Veterans Affairs at Ottawa got himself into a little hot water with the Royal Canadian Legion when he expressed in a speech here in Winnipeg that the facilities would be turned over to the Manitoba Hospital Commission or something along that line. I wonder whether any negotiations have taken place between the Minister and the Department of Veterans Affairs and I would be glad to hear from him regarding that.

One other matter, Mr. Chairman, that I thought was of very great importance and I have referred to it once or twice already, was the situation that prevailed last December when the Manitoba Medical Service were going to increase their premium. At that particular time there was complaints, but the point I wish to lay to the Minister tonight is the promise, and I think it was a firm promise, it was given to us in this House two or three years ago, that increases in the rates of the MMS would not be allowed without the information being relayed to the Minister. I appreciate and realize that under the present set-up the Minister has no authority to reject any increase in premiums with MMS but I do think he could use his persuasive power in order to have these offset in a better manner than which was done last December and January. As you will recall Mr. Chairman, that it was only after quite a furor was created that offers were made by the First Minister acting I presume on behalf of the Minister of Health, to call the parties together to defer or delay the suggestions of MMS for increases in their rates, premiums, and also for the imposition of deterrent charges.

I sometimes wonder, Mr. Chairman, if this House and the House of Commons does not accept the suggestion of we of the New Democratic Party for a comprehensive and universal medicare scheme, that we might find ourselves in a position where the question of the premiums should come under the review of a more public body in the future. This might eventually evolve that this will have to happen. So I say to my friend the Honourable Minister of Health, I regret that sufficient action was not taken by the government, either by himself or by the First Minister, before the furor was created in respect of the desire of the increase in the premiums by MMS. I think it would have enhanced the position of MMS and the people of the Province of Manitoba who were to be affected by those increases would not have been in a position of not knowing what was going to happen.

Now it is my intention, Mr. Chairman, to ask a few questions as we go through the estimates of this department rather than make any oration at this particular time. There are numerous fields that I am interested in and so are members of my group, but generally speaking, Mr. Chairman, this is the length of my remarks at this time. I am sure that you will be happy because of that. I've asked these few specific questions of the Minister. I'm fighting, working and praying that before too long anyone who desires a hospital bed because of their illnesses will be reasonably assured of getting one. I'm hoping also that it won't be too long before everyone in the Province of Manitoba will have medicare by right rather than any other method. So I say to the Minister, keep going along the road. All is not black insofar as the Department of Health is concerned. There's lots of gray areas however that require a little lightening, and with these few remarks I say to my honourable friend I appreciate the interest that he is taking. I haven't mentioned anything just right now, Mr. Chairman but one or two of my pets such as the St. Amant ward at the old Sanatorium. I may say however, Mr. Chairman, that I trust and hope that the Honourable the Minister of Health will join me in pouring tea out at the St. Amant ward, I believe it's on May 16th, and it is of course located in my constituency. Not only do I extend an invitation to the Minister, Mr. Chairman, but you too and all the members of this House, because this is one of those endeavours started out by the Sisters of the Grey Nuns, now there's voluntary organizations that are performing invaluable work on behalf of the retarded children in the Province of Manitoba, at St. Amant and also in the other hospitals and when we do get an opportunity such as we will on Sunday May 16 --I'm pretty sure that's the date-- I suggest that we all as members of this House, should join in the efforts of the Knights of Columbus, Sisters of the Grey Nuns and the parents association connected with St. Amant to make our contribution in a very tangible way to their efforts.

MR. WITNEY: Mr. Chairman, to answer some of the questions that have been posed of me --to commence with the Honourable Member for Inkster. The education activities with respect to alcohol are not only represented by that figure of \$36,000 which he sees in the estimates applying to the Alcohol Education Society; there are other areas of education being done in the province of alcohol, being done by the Alcoholism Foundation who have also been joining in speaking to young people in schools about the hazards and the difficulties of alcohol and of course the Alcohol Education Society which has carried on its program as it has in past years. But the Alcoholism Foundation not only reaches into the areas of school children, it also reaches into the area of industry and of fraternal groups and people such as service clubs, to whom the counsellors go and speak very often upon request and the counsellors of Alcoholism Foundation along with the people in the Alcohol Education Services have travelled the province far and wide in lecturing to groups about the problems of alcohol. And of course there is another very good area that we have on the matter of education in alcoholism and that is from people who are ex-alcoholics. The people that are being rehabilitated at Nassau House in increasing numbers and the people that will be rehabilitated from the new facility for women that will be put into operation this year, are some of the best advocates and best educators that we have with respect to the difficulties of alcohol because they are people who have gone through the problem and overcome the difficulty and are successfully living with it. The Alcoholics Anonymous, and I have attended several of their meetings during the period that I have been the Minister of Health --when I say several I should perhaps qualify that to three. The only reason that I was unable to go to others was because of the pressures of the office-- but they themselves have contributed a great deal toward the educational aspects of alcohol and particularly to those people who are suffering from alcohol. They represent quite a vast pool of experience and knowledge who are able to go out and speak to people who are suffering from the problem and talk to them in the language that they understand. While I don't say that we are doing all that we should in the matter of education toward the problems of alcohol, we are doing more than we were, our efforts are increasing and I trust that the next time that I report on the estimates of the Department of Health that I can again report progress in this field.

In the alcohol section in the estimates in rehabilitation there is about \$87,000 provided there for the Alcoholism Foundation and there will be an additional, approximately \$75,000 which will be for the new facility that I mentioned to you in the statement on the estimates; and we are also providing an additional \$20,000, for a total of \$40,000 now to the Salvation Army for the operation of their Salvation Army Harbour Lights facility. Then of course in the health education section of the estimates, there is money in there, I think it is roughly about \$40,000, for the advertising activity that you see on television, you see in the newspapers, hear on radio and see on the billboards. I would like to just advise him that the figure of \$36,000 is not the only figure that is being deployed in that amount of money, toward the educational aspects of the problem of alcohol.

He mentioned about statistics on mental health and we do keep quite an elaborate amount of statistics. The statistics as to where patients suffering from mental illness, where they are referred from, general practitioners, public health nurses and social agencies, etcetera. In all of our hospitals, our mental hospitals, and at Portage la Prairie, we do have social workers who are working with psychiatrists at Brandon and at Selkirk, at the Psychiatric Institute and at Portage; social workers who follow through with the patient from the time that he comes in to the time that he is discharged so that we can assess the type of environment in which the problem was caused and aid them from the social point of view apart from aiding them from the medical point of view. And the social workers in the community mental health teams -- we have a social worker who travels with the community mental health teams or is part of that function, is a very vital part of the program of rehabilitation and of cure of those people who are suffering from mental illness.

Dealing with some of the questions--and I will not deal with all of them from the Honourable Member from St. Boniface, because there are some which I would like to have further clarification on. The letter for instance to Mr. Bonnycastle, I believe that there is some misunderstanding about that letter and before I expound upon it I would like to just make sure that the areas of misunderstandings that I believe are there are clarified for the honourable member and his fears can be put to rest.

He speaks about liaison with the hospitals and I do feel that with the Manitoba Hospital Commission there has been better liaison, but there has certainly been excellent, as far as I am

(MR. WITNEY cont'd).....concerned at any rate, liaison with the Associated Hospitals and the Catholic Hospital Conference. I have had several meetings with the executive of the Associated Hospitals. I attended one of their very interesting institutes at Brandon where they laid down what they thought a hospital board member should do and a very interesting expose of the duties of a hospital board member which were not only of interest to me but were of interest to the 80 some odd people who attended the Institute at Brandon. They have held institutes in Dauphin and in Brandon and here in Winnipeg and at each point that they have held them they have had good attendance. I was not able to attend all of them because the Legislature is in session, but I was able to attend the one at Brandon.

He requests of me, will the new chairman also continue as the executive director. The answer is no, we will not be filling the position of executive director for a while. He speaks about liaison with Care Services and the Manitoba Hospital Commission and since the Manitoba Hospital Commission have brought down their report on extended treatment care there was liaison with Care Services but liaison is being geared up to a greater extent than it has been now that the program is announced and we want to establish a flow of patients through the various facilities which he has mentioned and which I mentioned in my original statement.

He speaks about nurses, and the nurses have received a pay increase this year. I believe it is about \$30.00 a month pay increase to the nurses in the province. The shortage of nurses is a difficult one to assess because the numbers of people who are coming to the schools of nursing are still more than we can handle. It may seem that on that basis we should establish another school of nursing but we still are short of the necessary instructors to use in teaching in another facility. The shortage of nurses: When the nurses get their R. N. some of them go out and become married, others go to other climes and generally travel from place to place, but there is quite a number of them who gradually come back and who come back to us either from other areas or who come back to us after they have been married and after there has been a family and they are able to assume duties as nurses in our hospitals again.

The Manitoba Hospital Commission is quite concerned about the problem of the shortage of nurses as is the Department of Health and as I've mentioned to you, we are working through provision of another class for training of licensed practical nurses. The hospital commission have already held two meetings and a third meeting is to come up at which time I am to be present at that meeting to discuss with hospitals, with teaching hospitals and with the university school of nursing, with the Manitoba Medical Association the problem with respect to the shortage of nurses. One Brief has come back now and I understand a brief that represents I believe the thinking of the various schools of nursing. I understand another is soon to come from the university school of nursing and these briefs will then be considered with all those interested and I will be in attendance to see what can be done about the shortage of nurses and to assess just how real is the shortage in this province.

He spoke about the segregation of young patients and I would like to take a moment because this, I had a report from the Director of Psychiatric Services who says that all possible precautions are taken to segregate young patients so as to prevent or minimize their association with other patients who may have a deleterious influence on them including patients who suffer from alcoholism, drug addiction or other problems; and as a rule this segregation presents no great problem because the number of patients in our mental institutions who have the pathological propensities mentioned are relatively few. In the program that is being considered now in the age group 15 years and younger we had a total of 37 admissions and 34 discharges during the calendar year of 1964. These patients do present a problem in segregation and in continuation of school work and our present plan for this group is for a unit to be closely related to the Children's Hospital. Plans are now underway for a unit of 18 psychiatric beds in the Children's Hospital for acute cases and future plans are for a unit for more prolonged care. This unit would provide facilities for 20 in patients, 40 day care patients and 80 out-patients and the unit would be provided with classrooms and the staff would include qualified teachers. This total set up would then provide a comprehensive treatment centre for children with emotional and psychotic disorders and would aid with the problem that we face at the present time. But on the matter of segregation of these people, I repeat, I draw to his attention the paragraph I have just read in this report from the Director of Psychiatric Services that there is no real problem at the present time and they are able to provide the necessary segregation.

I mentioned to him on the letter to Mr. Bonnycastle that I would rather deal with that at a later time.

The article in the Winnipeg Tribune came before the Manitoba Hospital Commission had

(MR. WITNEY cont'd). met with the Metro Council, and of course until they had done so there was not the guarantee that the 20 percent could be met because the necessary meeting had to be held. The meeting of course had been arranged and was held soon after that article.

He refers to physiotherapy at St. Boniface Hospital and I prefer to discuss that at the time that we come to the appropriation with respect to the Manitoba Hospital Commission.

On the DVA Hospital, the Deer Lodge Hospital, the last negotiations we had with the Federal Government were negotiations where we requested of them whether or not they would be prepared to rent to the Manitoba Hospital Commission certain of their facilities and the decision --we have had no answer as yet from the DVA authorities.

The \$22,500 in publicity: that is an item that is used to publicize-- for those people who do not have premiums deducted from their payrolls --it's to publicize the premium dates and also it is an amount used to publicize the various hospital schemes which have to be done according to the Hospital Services Act. The cost of the third party recoveries is approximately the same, and I think the percentage that I gave last year remains about the same this year. The matter about standards and policies. I am not aware of hospitals not knowing the standards and policies are of the Manitoba Hospital Commission but this matter can be cleared up for the honourable member when we come to the appropriation dealing with hospitals.

The Honourable the Leader of the NDP speaks about the Willard Report on Concordia and I can report to him that the plans for the Concordia Hospital, the project originally was slated for '65 or '66 at 150 beds but the timing was deferred because the size of the hospital planning has been increased. It is now proposed that 200 beds be built with 150 opened when completed with the balance of the 50 beds to be deferred. So the matter with respect to Concordia is a matter that it's going to be an expansion of the hospital facilities and of course that has caused the delay in the immediate building as per the Willard Report. The Willard Report is a guide and since the Willard Report was compiled there have been changes over that period of years. There have been changes in the Metropolitan Winnipeg area and there have been some changes in the rural area. The extended treatment care report which I gave to you just now in the planning for the beds follows along fairly well the recommendations of the Willard Report also.

He asks if there are any cases where medical superintendents overruled the patient's physician. I do not know of any. None have been drawn to my attention. He questions favoritism to some doctors and clinics. Again I don't know of any such favoritism; and again none has been drawn to my attention until tonight.

With respect to the MMS, the Manitoba Medical Service did fulfill their commitment to keep us advised of the fee changes and they submitted for our perusal the figures of their actuals so that we could check them over. We now have a committee studying the various problems with respect to MMS under Dr. Tanner and that committee has had several meetings since it was instituted in December of last year.

He refers finally to the pouring of tea at St. Amant Ward and I will be there to pour tea with him.

MR. DESJARDINS: Mr. Chairman there's a point that I want to bring up and I forgot earlier was on these hospitals. St. James will be taken care of by this new Grace Hospital. The Concordia we are told will continue to take care of the Elmwood and East Kildonan district and Victoria apparently is moving to Fort Garry. That leaves quite an area with no proper facilities, the North End of the city. This was mentioned on a number of occasions. This is something that for years the people out there have been trying to get this hospital. They used to have St. Joseph Hospital. This is no longer the hospital and then --well of course the Children's Hospital was there at one time. I don't think there's any facilities for acute treatment in all that portion of the city and I wonder if the Department contemplates doing something in the near future.

Now in some of the answers that the Minister has given me he mentioned the liaison between the Manitoba Hospital Commission and the Home Service Care and so on, but the point that I was trying to make in this new program that's been announced of having a better understanding of the patient going through the proper steps, my point was this that the hospital such as Tache Hospital is under the control of the Welfare Department. It seemed to be difficult at one time to know what was going on. This is no longer the same department represented by the Honourable Minister, and I thought that maybe these departments could get together and see that there's better liaison and that the people are given a better understanding of what is going on. This was the point that I was trying to make.

(MR. DESJARDINS cont'd).....

Now another thing the Minister has mentioned, this meeting --these hospitals started construction before this meeting between the Manitoba Hospital Commission and the hospitals before this letter went out and before the meeting and he explains this, gives this as the reason. This is exactly my point. The write-up that I read explained that the Commission told these hospitals to go ahead and they were led to believe that this money will come from Metro. This is the point that I tried to make last year; this is the point that the members from our Party and the NDP party made last year that this would be just automatic, that Metro would not have a chance to really study this, it would be just told by the commission to go ahead and that it would be practically impossible to refuse, and that would just bring another level of government into this picture, and we see by this letter that the Minister will clarify a little later on, in fact the commission invite Metro to send somebody to investigate with them, and this is the point that I am trying to make, that instead of giving a little bit of independence, autonomy to these hospitals, it's going to be worse than ever and that this 20 percent should rightfully be collected by the province as recommended by the Willard Report. This is the point that I was trying to make.

Now the Honourable Minister did mention that a lot of these answers would be given to me a little later on, that he wanted to check, and I do hope that he doesn't forget this question of breaking down this money from the Commission, the amount received from the six percent tax and the one percent corporation tax and what will happen now that this tax has been reduced from six to five percent. Will the department or will the commission get any money from this new tax levied on the people on this heat tax and so on.

MR. CHERNIACK: Mr. Chairman, now that I heard that my honourable leader and the Honourable Minister intend to get together at a tea party and having heard how my honourable leader spoke so softly and with consideration, I will certainly follow his lead and hope that maybe I too can join a social gathering that is graced by such two eminent experts in medicine.

I do feel however that when I refer to medicine I should remind the Honourable Minister of the serious problem which has been raised in recent years on the entire question of the cost of drugs. I recall debates that we have had which brought about a great deal of interest and of course referred to the studies that have been carried on in United States and in Ottawa on the exorbitant cost of drugs and the fact that this is one field in which the citizen does not have any help or guidance. The MMS and the MHSP all do what they are supposed to be doing to help our citizens in this field but I am not aware that there is anything actively being done to facilitate the purchase of drugs at more reasonable prices; and when I say more reasonable prices I bear in mind the facts which have been elicited especially in United States showing the very high profits that are realized by the drug companies. I think that it has been shown year after year that the drug companies produce the highest rate of profit both as to gross turnover as well as to investments and I would like to feel the Department of Health in this province is doing something positive in this field and not just waiting for things to happen elsewhere. The drug monopoly is so great that I don't think it can be cracked just by one or other governmental body and I would strongly urge that something be done by this department in that respect.

Now the other question I would like to draw to the attention of the Honourable Minister is the problem which has been discussed in previous years of the serious effects of smoking --and I hasten to say cigarettes since I see the Honourable the Provincial Treasurer is at the moment adding to the coffers of the province. The issue of the "Manitoba Teacher" of January-February 1964 came to my hand just recently and I note there a report on the effect of smoking, especially smoking cigarettes which was made by a committee appointed by the Winnipeg Schoolboard, made up and written by James B. Morison, Manitoba's Director of Health Services; Harry Medovy of the Winnipeg Health Department and Gordon T. MacDonell of the Winnipeg School Division. The report is lengthy but recommends that legislation prohibiting the sale of cigarettes to minors be enforced more rigidly, cigarette vending machines be banned in places where minors are allowed entrance, advertising of cigarettes be prohibited within civic buildings and on civic property and non-smoking teachers, parents, health workers and student leaders set a positive example. I would of course urge non-smoking members of legislative assemblies to do the same.

I also found a excerpt from Hansard of the Parliament of Canada dated November 1963 wherein the Minister of Health, and she was Minister of Health at that time as well, speaks of the great co-operation given in a day and a half conference where provincial representatives agreed unanimously on the fact that smoking is harmful --that's quite a good deal of progress

(MR. CHERNIACK cont'd).....there-- and agreed to undertake co-operatively a program of education and research directed toward young people in the country and their commencing the habit. Now I must admit Mr. Chairman, I have not seen any evidence of a positive program being carried on by the Department of Health along any of these lines. Now it may well be that there was one --(Interjection)-- Yes, it's pointed out that the Minister of Health, the female Minister of Health did quit smoking and to that extent she is showing an example. --(Interjection)-- The male Minister of Health has his own problems which I don't have to deal with at the moment. But so much as to cigarettes --(Interjection)-- I'm prepared to let the Honourable First Minister add whatever he thinks ought to be said. I can't draw back from what I've already said.

Another matter that I'd like to deal with Mr. Chairman, is a very interesting pamphlet which was received I presume by all of us quite recently from the Manitoba Medical Association, dealing with the report on a symposium on traffic accidents. It was well worth reading. I appreciated getting it and I look forward to some of the results from it. The first portion of this symposium deals with alcohol and traffic accidents and gives some credence to the breathalyzer --I'm always worried about how I pronounce it, but it's either breathalyzer or some similar word.

But it's the other aspect of it, the second, which I would like to refer more precisely to the Minister's attention and that is the symposium contribution by Dr. Weltley on provincial-wide ambulance service for Manitoba. He states that no efficient ambulance service as such exists in Manitoba today. "So much fragmentation", --I'm reading just excerpts here and there but I don't think that they're really out of context I'm just abbreviating them-- So much fragmentation leads to inefficiency and uneconomical functioning of the available units. Since the war the existing ambulance services have been criticized adversely by doctors, patients and the ambulance operators themselves." And further along he mentions that a brief was prepared and presented to the Manitoba Medical Association in 1961. That would be, say, four years ago. "The latter sent copies of this brief to the Provincial Government, The Metropolitan Government of Greater Winnipeg, the Winnipeg City Council, the City Police Department, to all the local authorities throughout Manitoba, the Winnipeg Press, to all the provincial governments and to the Federal Health Department in Ottawa. It was subsequently presented to the Royal Commission on Health Services." That seems to be a pretty wide distribution and probably a greater coverage than is received by the Hansard of this House.

But then in conclusion this article states and I quote: "It is now more than three years since the Manitoba Medical Association presented these recommendations to all interested authorities as a public service to the people of Manitoba. The preparation of the brief entailed a considerable amount of voluntary work and although repeated demands for an ambulance service are still being made, nothing apparently has been done to implement any aspect of the brief." Now that's a statement which certainly lays itself open to challenge and I invite the Honourable Minister to challenge it and to indicate in what respects this statement is not correct.

But I would suggest that this question of ambulance service is of vital importance and I don't think it is enough Mr. Chairman to leave it to private enterprise to deal with the problem of ambulance service, be it in the Metropolitan area or be it in the province generally. There is too much at stake in the efficient use of ambulance services and there's too much at stake to permit vested interests to compete within the ambulance service field when in all cases ambulance services are used for emergency needs. And for that reason I feel that something really must be done and what has been done, even in Metropolitan Winnipeg in an attempt to organize the ambulance services, has been inadequate in my opinion. There have been accusations made that the 999 service of Metropolitan Winnipeg is choosing favourites. Now I don't know if it's true and I really don't care. I just want to make sure that there are ambulance services available and that they are not in a position to refuse to give the service if the patient is not in a position forthwith to pay the fee that is required by the ambulance service.

Now there's another matter related to this Mr. Chairman, which I would like to draw to the Minister's attention. I am not in a position to quote my authority for what I am about to say, but I would like the Minister to accept my statement that the authority is one which I regard very highly and qualified to make this statement, and that is that ambulances and the people who direct ambulances to hospitals are not really aware of the services which various hospitals can offer in emergency cases and I state this to make it more specific. There are certain hospitals that are equipped to handle emergencies twenty-four hours a day. There are

(MR. CHERNIACK cont'd) certain hospitals that could handle two or three emergencies coming in at the same time. There are certain hospitals that could handle some of the extreme cases, such as let's say concussion, rapidly and effectively. There are other hospitals that, because of their size possibly more than any other reason, are not able to handle this type of case as easily and as quickly as the larger or, may I call them, senior and better equipped hospitals.

Now I have been informed that ambulance services do not really know how to pick the hospital to which they come rushing with an emergency case which occurred as a result of an accident and where a doctor was not in attendance. Now this must happen fairly frequently, that a doctor is not called to the scene of an accident, but rather the ambulance takes the patient to a hospital that may not be ready to receive the patient. Whether the ambulance does it for geographic reasons or does it for any other preferential reason is inconsequential in my opinion because the metropolitan area of Winnipeg is not so great that one hospital is that much closer to the scene of an accident than another. An accident that would be coming in let's say from five or ten miles out of the city could be --the patient could be directed to any one of the Winnipeg hospitals without any great loss or danger, because one may be ten or twenty blocks further in the path than a closer one. And I am under the impression that nothing has been done to co-ordinate these services that are offered by the hospitals or emergencies and to make the police or the RCMP or the ambulance drivers themselves aware of the facilities so that they could quickly make a decision, which could be a very serious decision, to take a patient to this or the other hospital. I'd like to know just whether the MHSP or the department has made a study of this problem and recognizes it as the problem which I say it is and which, as I say, I have been told about on good authority.

Now Mr. Chairman, I had a note here that the final matter I wish to speak about was to speak really as a real property ratepayer in Metropolitan Winnipeg on the question of the contribution by Metro of capital cost, and I have discovered that there's somebody who seems to have enough consideration for my desire to speak that has sent me some material and I'm now gambling that it is on point because I haven't seen it but there is a statement made that this is what I apparently said on this problem before, so that what could I do but take the lead of the Honourable Member for Selkirk and read a speech to myself of what I may have said on another occasion. However, it is underlined and I haven't seen it for quite a while so I will read it to remind me of what I did say on page 301, August 26th, 1964, on a question which I hope is germane to my point. And I'm quoting, "It is just a method whereby hospital boards will be given the illusion to maintain this false feeling of right, initiative and pride in their local equity, where I say they should have it, fully have it, in the administrative control of their organization. Give them the right to control, to administer, to run the hospital, and don't put on them this false facade of raising money which they don't raise at all. They could still have the pride in administration, the pride in ownership which they have earned and which they have a right to maintain but not through going to the Metropolitan Corporation, not hand in hand but with a demand, raise the money or else." That's the end of the quote, and I must admit Mr. Chairman, that was very well put and certainly saves me some time in what I wanted to say. But I do complain as a real property ratepayer in this area, that although my party for one took as a platform the principle that services to people should be paid for by revenues provided from people rather than from property, and although two commissions of considerable authority liked that phraseology to the extent that they too adopted it and since in my estimation the government here has also in part, and to a limited extent, accepted the same policy in its attempt last fall to revamp some of the income and outgo insofar as personal services are concerned, that the 20 percent which is to be provided for the initial cost of the capital outlay of the building of a new hospital, capital construction, ought still to come from resources that are paid by people rather than property, and I resent the fact that this government has seen fit to impose upon Metro the apparent responsibility of making the decision as to whether or not hospital services should be provided.

I do not recall that there was anything in the original concept of Metro or in the original debate dealing with the concept of Metro or of the thinking of Metro itself, whichever involved Metro in the field of health. Certainly not in the provision of hospital services and to now say to Metro, for only an arbitrary reason, that you shall decide on which to spend of this 20 percent --to which hospital and which location-- is I think putting on Metro an improper and unfair burden.

Now I had occasion to speak here not long ago on the question of urban renewal and there

(MR. CHERNIACK cont'd). I said that this belonged in Metro. It was part of the planning authority and it should be done at the cost of the entire Metro area but Mr. Chairman, the planning authority insofar as it refers to location of hospitals is all very well, and to that extent I think the government would be well advised to consult with the Metropolitan planning authority, yet the cost of construction should not by any means, I believe, be put on the burden of the real property ratepayer of Greater Winnipeg. There's just no sense to it Mr. Chairman and the only justification I see is the fact that the original scheme was wrong. That originally it was thought by this government that the hospitals should raise the first 20 percent and then it would put up the balance. Some --as I said so well only a matter of months ago-- some idea that this gives a hospital a feeling of participation may be very well in a small community where the municipality provides this service as the one hospital for the municipality and where all the people are a part of it, but that doesn't apply here in Metropolitan Winnipeg. The ratepayer doesn't know, or doesn't know how really to select which hospital ought to be the next hospital around. Well then the Honourable Minister might say, well that's the job of the Hospital Commission, so if that's the case then apparently the Hospital Commission tells Metro where the hospital should be located and by inference I think tells Metro which hospital administration should be given the responsibility of building and running a hospital and then by pressure tells Metro, you ought to go out and raise that 20 percent because if you don't you will be accused of failing to provide necessary hospital facilities.

This to my mind Mr. Chairman is completely wrong. They started on the wrong premise and rather than admit that they are now going along to compound what was wrong to begin with and make it worse. And as a real property ratepayer I object because I don't feel that the monies I pay out of my real property taxes should be needed to provide hospital facilities in the city where I operate. I think this is a provincial responsibility; I think that it should accept the responsibility entirely and thus make its own decisions as to who shall administer the hospital when it's constructed and who shall arrange for the proper construction of the hospital. So that may I conclude, Mr. Chairman, by thanking whoever it was that sent this down to me and offering to return it when the person will identify it in some manner in which I can be sure that I am not returning the wrong material to the wrong person. Thank you.

MR. FROESE: Mr. Chairman I have listened with great interest to the remarks of the Minister and also other honourable members in discussing the Health Department's estimates and the various programs. We in our local area just recently saw where the people at Winkler moved into their new facilities, the new hospital which is now in operation. The official opening naturally will be some time later on, but they had open house at which many many people in the area participated and took a look at the facilities first-hand before they were put into use. But I am sorry to say already the facilities are taxed to capacity. The other day when I visited the hospital it was completely filled and they were looking for new beds to be put into the corridors I imagine.

Now at the same time we see that they are renovating the newer wing of the former old hospital into an administration building. I think they should have left that intact and used it for further beds because the need is already there and the facility was there. We didn't need to disturb it at all; it was ready there and we should not have renovated it at all into an administration building. I think we could have built an administration building next to it for very little money and at the same time have facilities for more beds. So that I think we were spending money foolishly in that way and we could have put the money to much better use. Perhaps the Minister can comment on that matter. Another matter that I thought I would like to bring to the attention.

MR. WITNEY: Honourable Member for. Which Hospital are you speaking of please?

MR. FROESE: Of the Winkler Hospital.

MR. WITNEY: Thank you.

MR. FROESE: Another matter that I thought I would briefly like to touch on is the matter of shortage of dentists. The rural areas, especially rural Manitoba, is in great need of dentists. My home town has tried to secure a dentist for some years now and on occasion they would get one but it would only last for a month or two and then he would be gone and at the present time we have no dentist and the children in our schools are suffering as a result, and I notice from the report here that the government has a program whereby they make inspections of schools and school children in the various municipalities. I would like to get a more up-to-date report on this program because something definitely has to be done and we should put

(MR. FROESE cont'd). . . . greater effort into securing dentists.

Then also some years ago I think we set up a Chair --is that it-- at the University and I would like to know how many dentists have come out of that University so far. How is it faring? Are we getting the necessary applicants and so on?

Another matter already has been discussed and touched on by other members tonight. That has to do with the shortage of nurses. I heard the Minister say that they were now putting on three courses at the MIT I think it is, instead of the two put on formerly. What increase will this provide in the way of practical nurses by stepping it up that much? How many can we accommodate in one particular course? Then also from press reports last summer I read where there was thought of probably shortening the term for registered nurses in training from the present three-year term to a two-year term. Is there anything to that report? Is the government considering this, and are they contemplating action in this regard? I think members of this committee would definitely like to know.

Then I was interested in the commentary on this Manitoba Hospital Commission Report. That is found on page 21. Perhaps the Minister could bring us up-to-date on some of the things because --oh, yes, this report is dated as December 31, 1964, so I take it that the figures given in that report would still hold true, so that we have 942,000 residents in Manitoba that are insured under the Plan. I notice also that 189 out of the 197 municipalities guarantee the payment of premiums of legal residents. What is the cause for the remaining municipalities not covering their people and which of the municipalities are the ones that are not covering them? Are they the ones from the Greater Winnipeg area, from the urban area or are these smaller municipalities in the rural area? I think this information would be valuable because we could know whether this would involve a large number of people or just a minor few.

I also notice that 27,441 investigations were made by the field services staff in connection with the Commission. Here I would like to know, these calls that were made, how many of them were made because of premium collections? How many of these involved premium collections? These field services, --the major portion of that work, does that involve collection services or is it some other type of work that the field services staff does in this connection?

Then also we find a financial report attached to this Hospital Commission report of --well that's for the year 1964, so that is also current. I was just going to ask what the outlook was for the coming year in this connection. In connection with the budgets that are being made up by the hospitals, how often are the hospitals paid? Is it on a monthly basis and what portion of the hospital's income or revenue is represented in the income from the Hospital Commission? In other words, what portion of their income is derived from the Hospital Commission payments? And further, what allowance is made this year for increases as far as local hospital budgets are concerned? I think last year we were limited to a very small increase. Are we drawing the line or what is the situation there? I note that a computer was installed as the Commission report contains. Is this computer also at the service of local hospitals or is it purely there for the Commission itself? Perhaps we could get some of the answers to these questions and then I would be in a position to put forward some ideas.

MR. WITNEY: Mr. Chairman, dealing with the questions that have come from the Honourable Member for Rhineland, the computer that is being installed by the Hospital Commission will be used by the Hospital Commission for its work with respect to premiums and payments to hospitals.

The percentage of income that is paid to hospitals --the Commission pays all the operating costs of the hospitals and allows them to keep 20 percent of the semi-private and private ward differential over and above the standard ward care, and other income that is earned by the hospital from canteens and sources such as that. The hospitals are paid --I believe it is once every two months, they are paid but that answer may require some correction but as I understand it now it's paid once every two months.

The operating costs for 1965 will be about 49.4 million and that is represented --the increase over the 43. some odd million that we had this year is represented mainly in increased salaries to nurses and other pari-medical personnel but also to pay for the new beds and services that will be coming into operation during the year 1965.

The field services: the numbers of visits that they pay, these are visits to hospitals, inspection visits and visits to assure that the standard of care is being maintained by the individual hospitals. It is also a service to hospitals to answer the various questions with respect to Acts and to regulations and to the various standards that have been set down and some of the

(MR. WITNEY cont'd). field service investigations are also with respect to unpaid premiums. I couldn't tell you at this time just what the breakdown is to the number of visits with respect to unpaid premiums and the number of visits with respect to service to the individual hospital and I'm not really sure whether that figure can be obtained. The remaining municipalities that are not guaranteeing. This is a decision of the municipalities concerned, whether they want to or whether they do not and the majority of them do. Those that do not have some reasons of their own perhaps that they don't wish to do it and for the most part I do not believe that any are affected in the Metropolitan area but they are mostly in the rural areas of the province and it is a decision which is taken by the municipality itself.

The two year course for nurses is a matter that is being debated by the medical people and the nurses themselves. It was recommended by the Hall Commission and I think the official stand of the Manitoba Association of Registered Nurses is that the two year course should be invoked. This is another matter which is being considered by the hospital commission in the series of meetings that have taken place and will continue to take place with respect to the problems of nurses that I mentioned a short while ago. The new LPN course, or the new course for Licensed Practical Nurses will handle about another 25 students, and I did have the figures available here somewhere as to the numbers, we have about 1,100 roughly licensed practical nurses on register at the present time. This is a slight increase over the year before.

The School of Dentistry is operating at full capacity at the present time and has been since it was opened. It is being able to graduate I think about 60 dentists a year. The number of applicants into the field of dentistry are sufficient to keep the school functioning at full capacity. The school is also, in order to aid the problem with respect to the shortage of dentists, concentrating on training of dental auxiliaries, dental hygienists. The first two year course will be under completion soon and another two year course is of course underway. So there will be more dental hygienists coming into the field of dentistry to aid the dentists, to be another arm to the dentist and to allow the dentist to do normal dentist functions. We in the Department of Health are calling for another three dental auxiliaries to be added to the staff under dentistry this year and their activities will be mainly in the field of preventive dentistry. We are encouraging through our health units and through the schools the aspects of prevention so that as the youngsters grow they will not develop poor teeth and of course add pressure to the pressure that we have now with respect to the shortage of dentists. The Faculty of Dentistry is holding seminars at the present time, one of them is to be held quite soon with municipal people to advise municipal people as to what they can do with respect to a shortage of dentists in their area and to give advice because of the numbers of questions by municipalities that are coming both to the Department of Health and the section of dentistry and to the Faculty of Dentistry at the University of Manitoba.

The Winkler Hospital is now 26 beds, and an expansion to 57 beds is now underway and this is scheduled to be completed in this year of 1965. The decision as to the way the hospital will be built is one of the Hospital Board in conjunction with the Manitoba Hospital Commission and I would assume that from the negotiations between the board and between the commission this is what they feel is necessary to meet their particular needs. When these beds come into operation, and of course that increased cost is reflected in the additional beds, the expansion to 57 beds, that's roughly about 31 beds, is reflected in the upward cost of operating of the Manitoba Hospital Commission.

In answer to the Honourable Member for St. John's and the various questions that he posed, with respect to the 20 percent, I would like to deal with that at the same time that I'm dealing with the matter with the Honourable Member for St. Boniface when we come down to the appropriation for the Manitoba Hospital Commission. The money represented in the estimates for the Manitoba Hospital Commission at the present time, the \$11 million is the \$3 million plus a full six percent of income tax although we are only collecting five percent of income tax.

With respect to a hospital in the north-end, the needs of the north-end of the Metropolitan area are not being neglected by the Manitoba Hospital Commission and when the honourable member asks is consideration being given to it, the answer is yes. We have had over the past year I consider to be a very comprehensive survey made in the rural part of the province over the past year and the year before of the ambulance needs of the Province of Manitoba. The request was made through the Manitoba Health Council and it was spearheaded by the Chairman of the Manitoba Hospital Commission who sent out questionnaires to all of the hospital districts

(MR. WITNEY cont'd).....in the province and to the various hospitals in the province who consulted with the Manitoba Medical Association and with hospitals themselves. Last year when I reported the estimates I reported to the Honourable Member for West Kildonan that the first part of that report had been received and had been presented to the Manitoba Health Council. The Manitoba Health Council will now soon be receiving the completed ambulance report which will be a complete survey of the needs and recommendations made with respect to the rural parts of the province and the Metropolitan area. That report is just in the process of compilation and I believe it is to come across to my desk before the present chairman of the hospital commission leaves for Toronto, and will be referred immediately to the Manitoba Health Council, for the survey was initiated through them, for the Manitoba Health Council to consider the report and make recommendations back to the Minister.

We have been co-operating with the Federal Government on the problem of smoking. The Director of Health Services, Dr. Morison is a member of the advisory committee that was set up by the Minister of Health for Canada, and as I mentioned in making my statement on the estimates, we have many kits on smoking hazards distributed now throughout the schools, throughout the whole of this province. In the health units and at the Selkirk health unit there has been a pilot study made out there which involved a large number of students and a large number of teachers and the results of that are being compiled at the present time.

With respect to my own smoking I must say that I do not smoke cigarettes; I smoke the odd cigar basically when one is given to me. During the estimates it is bad for chewing of fingernails and I'm afraid that I would prefer to smoke a cigar and leave the fingernails alone.

MR. CHAIRMAN: 1(a) (1) passed --(Interjection)-- I'll pass it if you want to go by...

MR. SHOEMAKER: Just a minute Mr. Chairman, I... The Honourable Minister just nicely got started on answering some of the questions that emanated from this section of the Assembly. Does he not want to continue with his performance?

MR. WITNEY: Mr. Chairman I wouldn't want to deprive the Committee of my performance and so I will continue with my performance as it is called by the Honourable Member for Neepawa.

The cost of drugs is one that we have referred to and consulted with the Federal Government on, particularly during the Provincial and Federal meeting of Health Ministers to emphasize to them this problem and the answer that we get back is that they are continuing to study the matter to see what can be done about it. We have also requested that the 11 percent sales tax be removed from drug products.

I would like to just comment for a moment on a matter that the Honourable Member for St. Boniface brought up with respect to the Grace Hospital and I'll just read from this report that I have here. The 258 beds at the western outskirts of St. James are being provided at this time in accordance with the present level of population in this area of the city. The population data would indicate that beds additional to the 258 are not required although the building has been so designed that it can be expanded with a minimum of difficulty if population increases in this area indicates that more beds are necessary. A new addition to the hospital on Arlington Street was opened in 1959 and contains 60 maternity beds, delivery rooms, labour rooms, hospital laboratory, out-patient department, casualty department with operating rooms and a cafeteria. The building was constructed at a cost 1.4 million dollars with provincial and federal grants of \$617,000 in round figures paid to the hospital. The addition completed in 1947 includes 64 medical surgical beds, 6 operating rooms and recovery room, the x-ray department and cardiology and autopsy facilities and it was considered that if this property was not to be used in the future for hospital purposes, some other useful and effective use for the building must be established. Many possibilities were considered by the hospital survey board report. It was obvious however, that this was a hospital building, built for that specific purpose and that it could not be used to its maximum effectiveness for any other purpose. The St. James hospital will be a community hospital with a broad range of services available and used to a large extent by residents of this area of Greater Winnipeg. The Arlington Street Hospital will consist of specialized services and because of its location will be more readily accessible to residents from any part of Greater Winnipeg and their physicians. This is the first time in Winnipeg that two hospitals will have been operated under a joint administration and we are hopeful that this will produce efficiencies in operation through the close integration and co-ordination of the functioning of the two hospitals. For instance it is planned that there will be one administrator and one medical director for the two hospitals and joint accounting services. There will be one school of nursing with clinical experience to be provided at both hospitals.

(MR. WITNEY cont'd).

Just referring back to the Honourable Member for St. John's for a moment and his comments re emergency cases with ambulances. I will ask for further information on this matter but as I understand it now the ambulances take the patient to the nearest hospital and at the nearest hospital it is the medical staff that make a decision as to whether or not the patient can be accommodated at that hospital or forwarded to a hospital that has more adequate facilities for the type of case that is presented at the hospital itself. I think apart from the other matters on the hospitals that have to be answered at a later date, these are all the questions that I see here at the present time --(Interjection)-- I answered that by mentioning that we had drawn this problem again to the attention of the Federal Government during the Dominion and Provincial health conferences, the last one which was held I believe in November of 1964 and that we as a department had requested of the Federal Government and quite recently requested again that the 11 percent sales tax be removed from drugs.

MR. DESJARDIN: what really worried me quite a bit, last year the First Minister stated that he only smoked cigars when they were given to him or most of the cigars he received were given to him, and now the Minister of Health is saying the same thing. This is not helping the financial situation or the tax situation here in Manitoba and I was wondering, this --they are tax exempted. I think we should have some explanation. This doesn't look too good and I didn't notice that there were that many new fathers in the Conservative caucus so I think that we should have an investigation on this.

MR. ROBLIN: I am a man blessed with many friends. Unless the honourable member can conclude by 11 I am prepared to move the Committee rise now.

MR. CHAIRMAN: Call in the Speaker.

IN SESSION

MR. CHAIRMAN: Madam Speaker, I wish to report progress and ask leave for the committee to sit again.

MR. COWAN: Madam Speaker, I move, seconded by the Honourable Member for Pembina, that the report of the Committee be received.

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

MR. ROBLIN: Madam Speaker, I beg to move, seconded by the Honourable Minister of 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 Tuesday afternoon.