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CARROLL, Hon. J.B.	The Pas	Legislative Bldg., Winnipeg 1
CHRISTIANSON, John Aaron	Portage la Prairie	86-9th St., N.W., Ptge. la Prairie, Man.
CORBETT, A. H.	Swan River	Swan River, Man.
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DOW, E. I.	Turtle Mountain	Boissevain, Man.
EVANS, Hon. Gurney	Fort Rouge	Legislative Bldg., Winnipeg 1
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HARRISON, Hon. Abram W.	Rock Lake	Holmfild, Man.
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HRZHORCZUK, M.N., Q.C.	Ethelbert Plains	Ethelbert, Man.
HUTTON, Hon. George	Rockwood-Iberville	Legislative Bldg., Winnipeg 1
INGEBRIGTSON, J. E.	Churchill	Churchill, Man.
JEANNOTTE, J. E.	Rupertsland	Meadow Portage, Man.
JOHNSON, Hon. George	Gimli	Legislative Bldg., Winnipeg
JOHNSON, Geo. Wm.	Assiniboia	212 Oakdean Blvd., St. James, Wpg. 12
KLYM, Fred T.	Springfield	Beausejour, Man.
LISSAMAN, R. O.	Brandon	832 Eleventh St., Brandon, Man.
LYON, Hon. Sterling R., Q.C.	Fort Garry	Legislative Bldg., Winnipeg 1
MARTIN, W. G.	St. Matthews	924 Palmerston Ave., Winnipeg 10
McKELLAR, M. E.	Souris-Lansdowne	Nesbitt, Man.
McLEAN, Hon. Stewart E., Q.C.	Dauphin	Legislative Bldg., Winnipeg 1
MOLGAT, Gildas	Ste. Rose	Ste. Rose du Lac, Man.
MORRISON, Mrs. Carolyne	Pembina	Manitou, Man.
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PAULLEY, Russell	Radisson	435 Yale Ave. W., Transcona 25, Man.
PETERS, S.	Elmwood	225 Melrose Ave., Winnipeg 15
PREFONTAINE, Edmond	Carillon	St. Pierre, Man.
REID, A. J.	Kildonan	561 Trent Ave., E. Kild., Winnipeg 15
ROBERTS, Stan	La Verendrye	Niverville, Man.
ROBLIN, Hon. Duff	Wolseley	Legislative Bldg., Winnipeg 1
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SCHREYER, E. R.	Brokenhead	Beausejour, Man.
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SHEWMAN, Harry P.	Morris	Morris, Man.
SHOEMAKER, Nelson	Gladstone	Neepawa, Man.
SPELLIE, Robert Gordon	Birtle-Russell	Russell, Man.
STANES, D. M.	St. James	381 Guildford St., St. James, Wpg. 12
STRICKLAND, B. P.	Hamiota	Hamiota, Man.
TANCHAK, John P.	Emerson	Ridgeville, Man.
THOMPSON, Hon. John, Q.C.	Viriden	Legislative Bldg., Winnipeg 1
WAGNER, Peter	Fisher	Fisher Branch, Man.
WATT, J. D.	Arthur	Reston, Man.
WEIR, Walter	Minnedosa	Minnedosa, Man.
WITNEY, Hon. Charles H.	Flin Flon	Legislative Bldg., Winnipeg 1
WRIGHT, Arthur E.	Seven Oaks	4 Lord Glenn Apts. 1944 Main St., Wpg. 17

THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 o'clock, Thursday, March 23rd, 1961

MR. CHAIRMAN: Department X - 1. Resolution 62.

MR. CARROLL: Mr. Chairman, there were just one or two other questions that I'd like to comment on very briefly. The member for Ste. Rose, I believe, asked whether any special permission had been granted by the Hydro-Electric Board to pay below the minimum stipulated rates, and the answer of course to that question is "no".

With respect to telephones and bilingual operators, French-speaking operators, the Winnipeg exchange always try to have a bilingual operator on hand; and the policy of the Commission is that if there is not a French-speaking operator on hand when a call is received, then the call is transferred by the operator to a distant point where there is a bilingual operator. Now they said that they're quite prepared to transfer the call right through to Montreal if they have to go that far to get a French operator that can handle and place the particular call that is being requested. I noticed that somebody corrected me this afternoon when I was speaking to the question from the Honourable Member for Brokenhead. I mentioned East and West Kildonan when I should have been saying East and West St. Paul. If you'll just note that correction, I think those are the only answers that I'd like to give at this time.

MR. DESJARDINS: Mr. Chairman, just on this "Who Called Me", is there any comments that you - on this booklet -- (Interjection) -- that was answered already on "Who Called Me"? I guess I missed that.

MR. CARROLL: I answered the question on "Who Called Me". I answered that this afternoon when you were absent.

MR. NELSON SHOEMAKER (Gladstone): Mr. Chairman, I don't know whether this question has been answered yet. I didn't hear it asked, but inasmuch as there has been a substantial increase in fees and licences generally in most of the departments, I'm wondering, does my honourable friend anticipate that there will be an increase in either the Manitoba Power Commission rates or the Manitoba Telephone System rates in 1961 -- in either of these departments?

MR. CARROLL: Well, Mr. Chairman, we don't anticipate any rate increases in either of those two utilities this year. No.

MR. MOLGAT: Mr. Chairman, before we broke off at 5:30 I was asking some questions of the Minister about the Dr. Martin examination. Not your own that is, Sir. I think it refers to another honourable gentleman. At that time the Minister gave me some further details and I thank him for them because his first statement certainly led me to believe that there had been no arrangements made insofar as the payment. Could he tell us when he expects the final report to be made on this, from Dr. Martin, and when the whole thing will be cleaned up?

MR. CARROLL: No, I've had no advance information on the release dates of the report. As I mentioned earlier, transcript of evidence, I believe, was only available about a week ago and I believe that Dr. Martin had undertaken to let the companies involved see the transcript of evidence before he brought in his final report.

MR. MOLGAT: The only other comment I would want to make at this time, Mr. Chairman, on the matter of Grand Rapids, is that I trust that wherever the government lays down conditions to people who want to bid on contracts such as were laid down in this case in black and white, and I read that on the record this afternoon, then the government should definitely undertake to follow very closely the contractors once they are in operation so that they do follow to the letter these specifications because, quite obviously if they don't, then it puts them in a very unfairadvantage with other contractors who put their bid on the basis of following it.

I understood the other day from the First Minister that the Minister of Public Utilities would give me a reply to my question, brought up earlier during the session when we were discussing the Greater Winnipeg Floodway, with regard to the location of a power transmission line in the middle of the floodway.

MR. CARROLL: I must confess that that particular item completely slipped my mind. During 1960, the members will know that the Selkirk coal steam generating station was brought into production and it was necessary, of course, to have a steel tower transmission line cons-

(Mr. Carroll, cont'd.)...tructed between the City of Winnipeg and Selkirk for the first power that would be coming out of that particular plant. Of course prior to the construction of the line itself, the final location of the floodway had not been determined so that the engineers did realize that the line would have to cross that floodway at some location, and they did realize that some modifications of course would have to take place. Now there is an angle crossing of the floodway. I'm advised that the angle crossing runs somewhere between 2,500 and 3,000 feet. There are five towers involved which will have to be moved. Three of these towers will be re-erected in other locations. There will be three angle towers erected to take care of the actual crossing. In addition to this, the soil that is excavated from the floodway itself will build the level of the ground in proximity to the transmission line to such an extent that there are eight other towers involved that will have to be raised -- it's a question of raising the towers in these cases. Now there are four other lines that cross the floodway at the same particular location. These, of course, join the Winnipeg River plant to the City of Winnipeg. There's one City Hydro steel transmission line and there are also, of course, some smaller power commission transmission lines that will have to be moved as a result of the floodway.

MR. MOLGAT: Mr. Chairman, I'm rather surprised that the Minister says that this line comes from the Selkirk plant. It may well be that it does, and I didn't follow it back to its original source, but certainly when I had a look at it, it's coming from the east and not from the north. In that point the Selkirk station is certainly the north of the diversion. As I looked at the area, and this is in Township 11-4 East, this is a line that comes roughly from the northeast, pulls into what appears to be the exact location of the floodway and turns south right down the middle of the floodway. And this is new construction this year.

MR. CARROLL: We've made enquiries on that. We have the map here that indicates the particular line which was built this summer and which is in conflict with the floodway. If the honourable member would like to see the map which shows the detail of the cross, I'd be very pleased to let him have it. I'm assured that this is the only line which has been constructed this year and which is in conflict with the floodway; and it was done in the knowledge that it would have to be modified at a subsequent date.

MR. MOLGAT: Mr. Chairman, I certainly would like to see the map. I would also like to see a map of the floodway. We asked this of the Minister of Agriculture -- I don't think he gave us a reply on it -- some time ago that we get a map of the floodway for those portions that have already been expropriated by the government. There's no question there that it will hurt anyone. It should be public information and I would appreciate it if we could get that. It seems to me, Mr. Chairman, that this backs up fully our statements that it's bad planning on this whole affair. I can see no reason why transmission lines built this summer should have to be moved because of the floodway. Either my honourable friends know where they are going to put the floodway and know what they're going to do or they don't. --(Interjection) -- But why build a line exactly where the floodway is going to be?

MR. LYON: Well we're going to cross it there.

MR. MOLGAT: Certainly it has to cross the floodway. It doesn't have to run down the middle of the floodway in line with the floodway. That's exactly the charge that I'm making. Well, prove otherwise.

MR. CARROLL: Mr. Chairman, I recall the statement of the honourable member very well. He said that this line ran directly down the floodway for a mile and a half or two miles. Now the angle crossing of the floodway, as I said, was 2,500 to 3,000 feet which is somewhere very close to half a mile. I think it really is about 2,500 feet as I measured it. There's a scale on that map there if you care to have a look at it. Now I can say no more except that there is a conflict; there is a crossing; there had to be a crossing. It's unfortunate that we couldn't have determined the exact location in advance because I must frankly confess we could have saved a little money, but this did not appear to be possible. Last minute inquiries indicated that the floodway had not been determined when construction had to start, so there was no question the line had to go in in advance of the final determination of the floodway.

MR. MOLGAT: Mr. Chairman, if the Minister of Agriculture will supply us with a map of the floodway then we can solve this question. Until that time I certainly have no means of proving where this line is, but from what I saw, it certainly runs down the floodway and not simply across the floodway.

MR. SHOEMAKER: Mr. Chairman, isn't it a fact that before any increase in either the Manitoba Power Commission rates or the Manitoba Telephone System rates are implemented, that application must be made to the Municipal and Public Utilities Board? Am I correct in that assumption or not?

MR. CARROLL: No -- I shouldn't give a categorical answer. I think with respect to the Power Commission rates, the rates are appealable to the Public Utility Board. The MTS rates, I think probably, are approved in advance. There is, of course, with respect to the MTS a schedule of rates, rates that apply to subscribers up to 1,000 in number; a different rate between 1,000 and 2,000; and so on. This is an automatic -- it's not a change in rate it's into the larger category, but for any change in rate I do believe they must apply to the Board. --(Interjection)-- No. The Power Commission, as I say, the rates they apply are appealable to the Board.

MR. MOLGAT: Mr. Chairman, still on Item (a). I realize we're not on the estimates of the Honourable the Minister of Agriculture, but I wonder if he would give us an undertaking to supply us with a map of the floodway for those portions that have been expropriated. Mr. Chairman, could we have a reply on that?

MR. HUTTON: Yes I think that I can possibly -- I'll try to get the maps if they are available. That is, the sections that have been expropriated.

MR. MOLGAT: Thank you very much. On another subject, Mr. Chairman, I wonder if the Minister could tell us what provisions have been made for the residents who are going to be affected by the lake, whether it will be called Moose Lake I don't know, or what it will be, but the lake backed up by the dam at Grand Rapids. My understanding is that this affects some Indian bands at Cross Lake and in other locations in through there, and that the very extensive flooding which will be undertaken will force these people off what has normally been their trapping and hunting grounds onto other areas where neither the trapping nor the hunting are very good, and that they will be in difficult conditions to continue making their livelihood. I wonder what provisions have been made for these people?

MR. CARROLL: Well we do have a special committee set up to deal with the problems which do arise in the reservoir, and this committee is composed of, I think, the Assistant Deputy Minister of Mines and Natural Resources, the Chief Engineer, I believe they call him, from the Hydro Electric Board -- Jim Rettie in any case -- and it's a two man committee who are charged with the responsibility of making the arrangements for the people and for compensation to be paid in the areas where people are affected. Now there is one Indian Band, Chemahawin Band at Cedar Lake that will be flooded out and will have to move. It is expected at the present time that they will locate somewhere on the east side of Cedar Lake.

With respect to Moose Lake, I think the Indian Band there, of course it is just a question of resettlement of a few of the houses because the flooding will not be so extensive in that area as to disturb the whole band, but there will be a few people that will have to be relocated within the same area. No major changes there. Of course there will be compensation paid to any who suffer loss as a result of this flooding that will take place.

MR. MOLGAT: Mr. Chairman, I wasn't thinking just of loss insofar as their residences and so on. I'm really more concerned about how these people will be making their living from now on. From what I've been given to understand, to date they have been making their livelihood by fishing in Cedar Lake and Cross Lake and the other lakes affected, and trapping in the Summerberry and those areas. Now that will disappear. How are these people going to make a living -- if those areas on which they depended and where they had settled, I presume for many centuries back because of means there -- if they're pushed away from there into other areas, either limestone rock or granite where these same facilities of livelihood don't exist? What provisions have been made for that?

MR. CARROLL: With respect to fishing, I think the advance information that we have on it is the fishing is apt to improve with the result of the reservoir rather than to be adversely affected. There's no question that some of the, at least the Summerberry and some of the traditional trapping grounds will be affected, but we are studying the possibility of controlling water levels and other swamp areas and things of that kind to see what can be salvaged from it; to see whether we can't insure these people of at least as good a livelihood as they had before. Now with respect to the other possibilities, I think that with the development of power

(Mr. Carroll, cont'd.). . . . in that area, we have of course the potential for a forest development that we didn't have before. I think that everything will be done to insure that these people are at least as well off after the move is made as they were before.

MR. CAMPBELL: Mr. Chairman, I had to be out a little while yesterday afternoon and I may have missed, in fact I did miss some of the remarks that the Honourable the Minister made, and I haven't had time to read the text in Hansard, so perhaps this matter has been dealt with. But in connection with the Hydro-Electric Board Report, I notice that the statement is made that the Winnipeg River flows have been gratifyingly high. That's for last year. Does that condition still continue, and how high are they compared to, say the Report that we have on our desks? Then I noticed, too, that the current report says that the peak was reached on January 4th in '60. I've no doubt that we're long since past the peak requirement for '61 and last year the peak used up 86.3 percent of the combined hydro and thermo generating capacity of the system. Did the Minister give the figure? If he didn't, could he let us have it either now or later, as to what percent of the capacity was used up during this current winter peak?

MR. CARROLL: With respect to the first question on river flows, January of 1960 was 34,770 as compared to January of this year of 26,700, so that flows in the river are somewhat lower this year than they were last. December of '60 was 26,970 as compared to 35,710; November, 22,980 compared to 36,360; so the flows in the Winnipeg River are down from the previous year. Now I regret that I don't have the figure available as to how much our capacity exceeded our peak load in percentages, but we did have an extra 66,000 kilowatt units in operation at Selkirk in November and we had another one that came on line some time in January so that our capacity has increased. Just what leeway we have at the present time, I don't know. I think our peak consumption this year as compared to last was about 7.9 percent higher or something like that.

MR. CAMPBELL: I suppose it would mean with those lower flows that you had to make some more use of the thermo power. Would the Minister get those figures for me, not necessarily tonight, but some other time. I'd be glad to have them.

MR. SHOEMAKER: Mr. Chairman, several honourable members on this side of the House have already expressed themselves relative to the Manitoba Telephone directories, and some of them stated how badly they were put together and so on. I wonder if my honourable friend has given any consideration to Resolution No. 27 that was put forward by the Manitoba Chambers of Commerce. Since I am in accordance with the content of the resolution, I will read it. It says: "Whereas increasing numbers of towns in rural Manitoba have their streets and houses numbered; and whereas the Manitoba Telephone directories are constantly used to locate the place of residence of persons; be it resolved that the Manitoba Telephone System insert after the names of rural subscribers, the number and street of their residence wherever possible." I think that that resolution is very well founded because, while it may be true that the city directory reports and inserts after the names of the subscribers, the number and street of their residence, that isn't true to any degree in the rural telephone directory. I'm wondering if consideration will be given to this resolution.

MR. CHAIRMAN: Resolution 62 -- passed; Item 2 (a) - passed; (b) - passed: Resolution 63 -- passed.

MR. SHOEMAKER: Mr. Chairman, we have before us the Annual Report for the year ending December 31st, 1960 of the Public Utilities Board. That's the item we're under now I believe, is it not? I note on Page 20 of that report that there has been a substantial increase -- well you might call it a substantial increase in the number of licensed real estate agents -- but certainly it would be an understatement to say that there has been an increase in the revenue. It is about up 300 percent. Now I personally have felt the impact of that increase in real estate fees. I think they went from \$10.00 to \$25.00 in rural parts of Manitoba -- about a 250 percent increase. I'm just interested in knowing what the revenue, as reported on Page 20 in the amount of \$32,985, what it is used for? The Real Estate Agents' Act, is it just expected to support that division of the department or what is the revenue used for?

MR. CARROLL: All revenues go into the general fund of the province and go not to the Public Utility Board or the Minister of Utilities but to the Provincial Treasurer.

MR. SHOEMAKER: What expenses are there in connection with this particular department? The Real Estate Agents' Act.

MR. CARROLL: Well, I think to begin with there is a question of administering the Act; the selling of the licenses to agents and salesmen. There are complaints that are filed with the board on transactions which may or may not be fraudulent, but people bring complaints to the Board; the Board investigates them. If there's anything wrong, of course, they can make orders against the individuals; suspend their license, and there were several suspended last year, I believe; and things of that kind. Now we are also setting up a series of examinations for new agents and new salesmen which will, we hope be in effect in the next month or two, for all new applicants for licenses under the board. These examinations will be conducted under the auspices of the Board -- will be conducted by the Board. This is a means by which we can ensure that the people who are applying for licenses have a knowledge of their responsibilities as agents or salesmen, have a knowledge of the Act and a knowledge of what their obligations are to their clients. We think this is a good way of giving a little added protection to the public. So I think that the function of the board with respect to this Act is to protect the public from fraudulent transactions and things of that kind.

MR. SHOEMAKER: Mr. Chairman, I'd like to thank the Honourable Minister for his remarks but I'm just concerned as to whether the 250 percent increase is justified in view of what is reported on Page 20 in the second paragraph, and it says: "In respect of the 11 investigations referred to above" -- and the Honourable Minister was referring to that -- "in three instances refunds were made by the agents concerned to the complainants, the refunds totalling \$2,650." Now the revenue, as reported on Page 20 in 1959 at the old fee, was \$12,868 received from 1,700 agents; in 1960, the revenue was \$32,985 from 1,828 registered agents. I'm wondering why the increase in fees was necessary? And number two, when my honourable friend speaks about an examination that he envisages will be given to all applicants for Real Estate Agent's licence, will there be an examination fee?

MR. CARROLL: Well with respect to the size of the fee or the total revenues from fees in relation to the money that is collected and refunded by agents, I think there is no connection between those two at all. One is to go towards the cost of administering the Real Estate Agents' Act; paying the salaries of the people who are actually engaged in issuing these licenses; and in administering this piece of legislation. It could be that while there was only \$2,600 or something returned last year, it could be that there might be \$25,000 this year, so there's no real relationship between these two. There was another question wasn't there?

MR. SHOEMAKER: Will there be an examination fee for the envisaged examination for the real estate agents?

MR. CARROLL: This is a matter that hasn't really come up for consideration at the moment. They're still working on the procedures with respect to the examinations and I can't tell my honourable friend at the moment whether there will or will not be a fee.

MR. SCHREYER: Mr. Chairman, I just want to raise three matters. I'm sorry that I missed the Minister's second explanation. I was unavoidably absent. I wasn't absent because I wasn't interested, like he seemed to allude. The first question has to do with the question of what percentage of the \$87,000 for the board is being spent on the regulation of the privately-owned utilities? I asked that question yesterday and I don't think the Minister answered that. That's the first question. The second one has to do with this summary of staff that the First Minister was kind enough to give to us, and I noticed that the staff provided in 61-62 for the Utility Board numbers eight. Now could the Minister give us a breakdown as to the category and qualification of these eight, without mentioning the names -- I see there are eight on staff. What categories of jobs would that be? I think that's all I will ask the Minister at this time.

MR. SHOEMAKER: Mr. Chairman, I wasn't too satisfied with the answer that I received from my honourable friend. The point is, and he must have the answer to this one, does the statistics that he has available show that this department was losing money or was the 250 percent increase justified in the Real Estate Agents.

MR. CARROLL: This was voted in the House last year. I think this a very poor time to -- this was a change in the statutes and surely my honourable friend was here when it was done. I don't know whether he voted for it or not, but that was certainly the time that you could have raised this objection had you wanted to. This was not something that was arbitrarily done by the board or by the Lieutenant-Governor-in-Council; this was written into the statutes a year ago.

MR. SCHREYER: I don't think it's asking too much to ask how much of the \$87,000 is spent on the regulating of the privately-owned utilities. Could the Minister tell me that?

MR. CARROLL: Well it's a very difficult question to answer because how much of the chairman's time is spent in regulating utilities? How much of the secretary's time? How much of the board members' time? It is difficult but I must confess that I didn't reply to your question earlier. The amount paid out from April 1st, 1960 to February 28th, 1961, for technical advisers regarding gas companies, amounted to \$26,725.80. There were recoveries from gas companies, by way of hearing fees and direct fees and so on, of \$19,614 related specifically to these fees.

MR. SCHREYER: Could I have a breakdown of the categories of the eight people?

MR. CARROLL: I'm afraid I can't tell you their qualifications. We have one secretary, two board members, an assistant secretary and accountant IV, clerk-steno IV, clerk-typist II, the chairman of the board and a clerk-steno II. Provisional help -- there's an item here also for provisional help, part-time help.

MR. CHAIRMAN: Resolution 63 -- passed. Item 3 (a).

MR. ORLIKOW: Mr. Chairman, I wonder if the Minister could tell us very briefly who the members of the Censor Board are and what their duties are. I have no particular criticism of the board or the work they're doing. As a matter of fact in my personal opinion, and I speak only for myself, compared to the boards that they have in the two western provinces I think they're doing a very good job because the Saskatchewan Board, I think last year or the year before, banned completely a very popular picture, "Room at The Top"; and the Alberta board several years ago banned a Walt Disney picture because it showed the birth of some horse or calf or something. I don't think our board has done this, but I'm wondering if the government has given thought to the abolition of the board completely, Mr. Chairman. I say this very seriously and I'm speaking only for myself, there's been some very interesting developments in the field of censorship with regard to books particularly, but personally, I don't believe in censorship, Mr. Chairman, and I think -- (Interjection) -- Well hurray, the Honourable First Minister agrees with me about something. I'm wondering whether maybe the Attorney-General can tell us, maybe the provisions of the Criminal Code would give us all the protection we need and we could manage without a Censorship Board. I pass it along as a way of saving \$21,000 if nothing else.

MR. CARROLL: automatically give away our censorship fees at the same time. I'd just like to draw that to the attention of the honourable member. Now the members of the board: our chairman remains the same, Merlin Newton, whose duties are not too onerous. He sits wherever there's a film in which there could be some conflict, wherever the members feel that they should have maybe an arbitrator. The two board members are Mrs. Amy Bilton and Mrs. Peggy McMullen who work at the Censor Board full time. They do their reviewing in the morning; in the afternoon they do their clerical work, booking, zones and all the other things that they have to do, examining advertisements and things of that kind. Now I think really with respect to censorship, one might make a very good case for not having censorship; but I'm wondering whether there aren't maybe some adverse influences, particularly on the immature minds in the province, and I'm thinking at the moment of juveniles -- not the adult immature minds. I think that I have seen about two films in the last two and a half years, possibly three. I think you'll find that there are some films that come in that aren't suitable for children's viewing. I think this is the prime responsibility of the board, to advise parents that there are certain films that are adult in character, adult entertainment and which are not good family entertainment, good general entertainment for the younger people. I think that we've had recently quite a few films that have been good in their presentation. They have something to offer, but which they feel that juveniles should certainly be restricted from, and we've been sort of toying around a little bit this year with the new category of restricted, restricted to children under 18, feeling that these films are not a good influence on these people but where a mature audience might get a great deal of enjoyment and benefit. So I think there is good cause for it. I must confess that it's operating efficiently because I've had no complaints -- one indirect complaint in the report of the House last year. I think there is a use for the board, particularly in protecting our younger people.

MR. GRAY: Mr. Chairman, does the Minister believe that a child of 17 years and 364

(Mr. Gray, cont'd.)....days is not eligible, and a day later they become eligible. Question number two is, how many films have been rejected by the board?

MR. CARROLL: Frankly I should have -- this was all in the report incidentally that was filed in the House here earlier. I don't recall at the moment -- I don't know of any films that were completely rejected by the board last year but I could be wrong. There were several of course that were censored and cut, but this will be in your Censorship Board Report that was tabled early in the session.

MR. CHAIRMAN: (a) - passed; (b) - passed. Resolution 64 - passed. Item 4.

MR. SCHREYER: Mr. Chairman, I want to tell the Minister that I'm not very happy with the way things are going with the License and Registration Suspensions Appeal Board. I know the Minister gave us some figures as to how many applications were heard; how many hearings were held; how many remissions were made and so on; but it seems to me that the board, possibly in many ways it's filling a purpose or a need, but when it comes to the remitting of driving privileges I think that they haven't been giving enough discretionary thought to those people whose livelihood depends upon driving and to farmers. Although perhaps the board is fully justified in denying them remission of complete privileges, at least there should be thought given to the remission of restricted driving privileges so that they could drive their farm trucks at least. Bar them from -- if they have lost their driving privileges well I suppose that's that, but certainly if they do put in an application for a hearing I think in almost all cases they should receive back their privileges with restrictions, only allowing them to drive farm trucks. I know of several cases where they've been completely thrown out -- refused.

MR. CARROLL: I think from my judgment of the situation that every consideration is given to a person whose livelihood depends upon it, but now there is some restriction on this. They must decide this and give back the license only if it's in the public interest. Now they look at exceptional hardships, that's one of the things they must consider and surely a man's livelihood is a case for exceptional hardship, but it also must be in the public interest. I think that there are people who are driving maybe who shouldn't be driving, even during business hours and in the making of their livelihood, but I think they consider this very very carefully in all of their decisions. If you have any particular case that you'd like to discuss, I'm quite sure that we could make available somebody who will give you some of the background material on this particular driver and maybe discuss the whole situation. I found that they have been very considerate and are doing an excellent job.

MR. GRAY: Mr. Chairman, just speaking personally, I disagree with my colleague. I think Mr. Baillie and his department are doing an excellent job. Not only are they checking up on those who perhaps for certain reasons are not safe drivers, they also call in, as fast as they can handle them, all the drivers, even if they have driven a car for 25 or 30 years, after 60 or 65 years of age and re-check them. I was one of the victims. I didn't have any accident but they just called me up for a general check. That way they do their very best for the drivers and give them every bit of opportunity, they bent backwards to help the drivers. When they send out the man with them to give the tests to the folks, very few do they take away their licence; but they train them and teach them and advise them how to improve, or at least how to carry on the way they have. I have nothing but praise in my experience of Mr. Baillie's Department. I think that they are doing an excellent job because, after all, who could put on a price when a human life is stilled, not intentionally, but through the fault of the driver who is perhaps as a habit, driving for 25 years, thinks he knows it all. After all, the cars on the street are increasing daily and some of them cannot get along with the same system, with the same technique they've driven their cars for years. I think they need it and they need it badly, and I think that if one human life is saved by their actions and training and advice, it's worthwhile. I want to compliment this department in every way possible. I don't think they'd do anything in creating more hardship for the drivers. As a matter of fact, they are just fatherly advisers to the drivers and I think we appreciate their work.

MR. SCHREYER: Mr. Chairman, those people who have lost their driving privileges and come before the Appeal Board, are they allowed to have legal counsel with them? Is this common or is that the exception rather than the rule? Would the Minister know of this?

MR. CARROLL: Well I think they are certainly entitled to have a legal counsellor or anyone else who can help them in presenting their case. I don't know how common it is. I'm

(Mr. Carroll, cont'd.) . . . afraid I don't have that material.

MR. CHAIRMAN: (a) - passed. (b) - passed.

MR. SHOEMAKER: Mr. Chairman, you may be surprised to hear me say this, but I'm inclined to agree with the Honourable Member for Inkster and the Honourable the Minister on the subject matter that has just been referred to regarding suspensions. As most of the members know, I happen to be in the automobile insurance business. We have about 3,000 cars insured and probably one of the headaches that we do have in our office is arranging proof of Financial Responsibility for many of these suspensions, but I still say that they are absolutely necessary. In fact, I have often wondered, and I have discussed this with Mr. Baillie, the advisability of and the possibility of instituting a program of suspensions to replace the small minimum fines that are now levied on a lot of people. In fact I know that in Neepawa, for instance, on a first offence they probably levy a fine of \$5.00 and then \$10.00 the next time for their second offence and \$15.00 on the third one; and I think perhaps a much more effective system would be to have a one week's suspension on the first traffic offence of maybe more than a minor nature, and a month for the second one and three months for the next one. I think that it is sound in theory.

Now there is another matter that I wonder whether it has been cleared up. Just recently in Neepawa the adult education class has, as probably the Minister knows, conducted a safety driving course at Neepawa and we have had two or three senior officials out from the department. One of the things that they did complain about was the fact that a person under the age of 18 who is tried in the Juvenile Court and had his licence suspended, apparently it wasn't practice -- it may be now, but it wasn't in the past -- practice for the Juvenile Court to report to the Motor Vehicle Branch of that suspension. As a result, the police have picked up numerous teenagers or persons under 18 who were driving while their driving privileges were under suspension. Now that may have been cleaned up but it did seem to me to raise a situation there that isn't desirable. Perhaps my honourable friend would like to comment on that.

MR. CARROLL: I think this problem has now been solved. We understand an arrangement has been worked out whereby the Magistrates do report directly and the courts do report directly to the Motor Vehicle Branch in the event of juvenile accidents. I'd also like to say with respect to the addresses in rural telephone directories, this is the policy of the board and they do put in the residences wherever accurate -- at least put in the addresses wherever accurate residence numbers and streets and so on are available. Now I would like to also answer the Leader of the Opposition, the peak demand on the power system in January, 1961 was 667,000 kilowatts which was approximately 85 percent of the available generating capacity on the southern system at that time.

MR. GUTTORMSON: Mr. Chairman, a St. Vital farmer complained, and I think it was to the Leader of the CCF Party, that he was unable to get insurance on his vehicle without being placed on the assigned risk. Apparently he has been involved in three incidents where claims were filed against the insurance company and in each incident he was blameless himself. It seems to me that it's most unfair that any man should be found in a position where he can't get insurance without being placed on the assigned risk plan, particularly when he himself wasn't to blame for the accidents involved. Can the Minister tell us what happened as a result of this case? Was it brought to the attention of the government, because it certainly isn't fair that a man is penalized in this manner.

MR. CARROLL: I don't have any of the particulars on the case that you have in mind. I don't recall them at least at the moment, but I do think that the insurance industry are co-operating with the Motor Vehicle Branch and with the public with respect to assigned risks. They have a policy now, I'm told, that every two years, if anybody is on the assigned risk plan for two years without accidents, they are asked to seek insurance outside of the assigned risk plan and we understand that this is usually available to them at that time. I think that the insurance industry are facing up to their responsibilities and I think the assigned risk plan is working out reasonably well. There have been some defects in the past though.

MR. GUTTORMSON: Mr. Chairman, my argument is that he shouldn't be on the assigned risk plan in the first place. He was involved and claimed that it was no fault of his own. I mean for instance, one example, a stone went through his windshield because it had been

(Mr. Guttormson, cont'd.) thrown up by another vehicle. Now that isn't any fault of this driver and yet this is the type of claim that put him into the assigned risk category. Now I think that some action should be taken to not let the insurance companies get away with this type of thing.

MR. CARROLL: If you care to bring that case to my attention, I'd certainly be pleased to follow through on it, through the department there, to see whether something can be done.

MR. GUTTORMSON: Mr. Chairman, I'm quoting from May 12th, 1960, and it says: "The Tribune learned today that the Insurance Branch of the Provincial Treasury Department, which is headed by Premier Duff Roblin, may conduct a probe." So there's indications that this was brought to the attention of the government and a probe was to be held. Was there a probe ever held on this particular case?

MR. ROBLIN: Mr. Chairman, I think I recall the case that my honourable friend refers to, and if my memory is correct, I know that a case similar to the one that he describes was investigated by the Superintendent of Insurance and it was resolved, at least to my satisfaction, at that time. Now if my memory is correct, I believe that what happened was that while the man was on the assigned risk plan he did not pay a surcharge for accidents that were nothing to do with him, but there appeared to have been a little more to the story than that that appeared in the newspaper at the time. I regret I haven't got the full details at the back of my mind here, and if my honourable friend wishes to consult with me later I'll find out exactly what happened. But I do remember the incident in question, that it was investigated and, to the best of my knowledge, no injustice was done to the individual concerned.

MR. FROESE: Mr. Chairman, I noticed that the total item allocated to this department is over what it was last year. Last year it was \$754,000, this year it's \$781,000. Does that account for increase in fees that the branches or the agents received for writing licences? I know that last year a petition was circulated where these people were requesting an increase in fees. Does that in any way affect this item or not, and will these agents be granted an increase in fees this year?

MR. CARROLL: Mr. Chairman, there has been no increase in fees and this item does not envisage any change in fees with respect to our motor vehicle licence issuers. This matter has come up for consideration and certainly we will be prepared to have another look at it this year.

MR. CHAIRMAN: Resolution 65 - passed.

MR. SCHREYER: Mr. Chairman, several people have mentioned to me that the material from which the licence plates are made -- the vehicle licence plates are made are of inferior quality. Has he received any large number of complaints on this or not?

MR. CARROLL: This is the first complaint I've ever heard.

MR. CHAIRMAN: Department VIII - Health and Public Welfare - Appropriation 1, Executive Division (a).

MR. JOHNSON (Gimli): Mr. Chairman, in view of the bills before the House for the separation of the Department of Health and Public Welfare into two departments, and as it will likely be the last time that a Minister of Health and Welfare will be introducing, explaining or defending the combined estimates of the House, in view of this I would again ask the committee the indulgence, and allow me as they kindly agreed last year, to follow the suggestion that I be allowed to make a statement at the introduction of these Health estimates, and later on when we come to the estimates of the Welfare Branch I would like to call the attention of the committee again to the items of main significance in those appropriations and have the committee deal with them now, if I may do so.

Now before calling attention of the committee to the significant items in the Executive Branch of the Health Division, I feel a very definite responsibility to talk to the members of this House about a number of basic problems which this Legislature and succeeding legislatures will have to face. And I must share with you, in view of the division of this Department some of the strong opinions and convictions that I have come to hold as a result of my experiences to date. My first conviction is that the Health and Welfare estimates and programs must always be considered as complimentary and related. The basic causes of so many welfare problems are found in the lack of health, mental and physical of our people. Many of the services that these people require are more than material aid and are actually health services and

(Mr. Johnson, Gimli, cont'd.)....provisions. Most of the services of the Health Department bear very directly on the prevention of physical or mental ill health. When the Bills separating the departments are proclaimed, the services of the departments will be properly effective and economic only if the Ministers and the staff of the two departments continue to work closely together. This means frequency of contact and regular contact and a clear spelling out on a regularized basis of those activities and functions where the two departments have a definite mutual interest and concern and service. With this thought in mind, I have asked the Deputy Ministers of the two departments to see that their staffs meet together during the next weeks and months, to plan upon the regularized liaison and sustained contact that should be effective as and when the departments are officially separated. The civil servants in these departments in this House must come to share the conviction that these two departments will have to go down the road of service together, and that services in both are complementary rather than competitive in terms of earning the support of the Legislature for estimates and future expenditures.

The second opinion I would like to express is a consolidation of some of the things I've said in the past to this committee and in public, concerning mental health and the care of the mentally ill. This committee in this Legislature, and future committees and Legislatures must increase their understanding of this tremendous problem and must be prepared to support the breakthrough in facing up to the problems of mental illness amongst the people. I am convinced that our present attitudes towards mental illness and the treatment of mental illness in our present programs, are handicapped today by the institutions we have created, both the physical and program institutions over the past. This has been Canada-wide really, and is just the evolution of our times. There are many indications that we are moving in this field, but there's every indication we have to move faster. While we must and are replacing attitudes and techniques of 1900 with attitudes and techniques of 1960, we will nevertheless for some time have to continue using the resources operated over the years. These large mental institutions have been referred to as the battleships stranded on some remote sandy beach. These must, nevertheless, remain the bases from which we move out with modern mental hygiene programs, attitudes and modern mental philosophy. I'm sure some of you who have been invited by previous Ministers to visit the mental institutions, have still in your hearts and minds an image of these places. My own early image was one of shabby old ladies, unkempt, with wrinkled stockings, far too large grey sweaters, and an air of hopeless helplessness. We are seeing that this image is changing. I invite at any time some members of the House to visit an institution at any convenient time. I know that you will see the picture is changing, becoming different daily, especially the new attitudes of staff, the use of new drugs, the provision of recreational facilities. All are combining to produce an optimistic and promising image or picture for the future. There are two main problems, as I see it, standing in the way of rapid progress from this point on. The first is for governments and legislatures to make the breakthrough of paying more attention to the advice of those who are the leaders in this field and have the knowledge. The second is to get a true nation-wide recognition that mental illness in hospitals is just as much a sickness problem as physical illness and should receive national financial support and national participation, just as much as do our general hospitals.

A MEMBER: Hear! Hear!

MR. JOHNSON (Gimli): Let me amplify a bit. Our psychiatrists, with the aid and support of such organizations as the Canadian Mental Health Association, have been giving leadership and have been sharing the job by trying to explain to the public that most mentally ill people can be treated effectively, should be treated as early as possible, and just as much as possible within their own community. Treatment of mental illness in the community outside institutional walls must always be related to the knowledge and resources of those institutions. It requires sustained contact between the patient, psychiatrist and mental hygiene worker. Governments, therefore, are today spending millions on care in mental hospitals; they must reinforce and begin to replace these expenditures by psychiatric care and treatment in out-patient services and mental hygiene services in the patient's own community. Immediately, then, we are faced with the problem of recruiting, training, retaining a substantial corps of community mental hygienists, including psychiatrists. I'm convinced, and my government is

(Mr. Johnson, Gimli, cont'd.)....convinced, that this breakthrough can only be properly accomplished within the means of the province when the Federal Government accepts its proper responsibility to share in the costs of mental hospital care. For the province to go it alone in competition, insofar as staffing is concerned, with every other Canadian province, is, in our opinion, beyond the reasonable resources of the province. To this end I have urged the Minister of National Health and Welfare and I will continue to urge, that the Federal Government accept responsibility as it should and eventually must, for its share of the cost of mental treatment in hospitals. I believe every member of this House agrees that the treatment of mental illness must not be carried forward solely by the one device and cannot by the simple device of mental hospitals. A break is being made away from the traditional but not too effective method of dealing with the problem, and making this breakthrough requires the support and the understanding of the public of the province. Making the break requires that the people of the province will have to add a lot to their present efforts through government to detect, prevent and treat mental illness. Having made this breakthrough is going to call for substantial outlays of public funds for the mental hygiene staff, and the facilities required to carry the program. Making it is going to call for large and substantial demands on the public treasury, and they will have to be shared by the Federal authorities. But Mr. Chairman, I believe the break has to be made, and made soon, because I am certain that the problem of mental ill health can be treated far more effectively and in the end, far more economically, than by the method we have adopted over the years. The mental hospital of the future must be adjacent to and part of our acute hospital system with community mental health beamed out to the community. We are making Step One in this breakthrough this year with a community health program in the estimates a modest start. As I said last year, we will have to use our present institutions as our base hospitals, but over the years I would look into the crystal ball and I would confidently predict that the future mental hospital of the future will be part of the acute general hospital or an acute hospital system. And our community mental health teams will be dispersed throughout preventative health units, and our base hospitals of today, these isolated battleships on the sand banks, will become part of our facilities for the care of the long-term custodial patient as they are torn down in the future -- following which they'll be torn down.

Mr. Chairman, I'd like to leave the matter of mental health and register with you again some of the ideas concerning the activities of our Department of Health. I am convinced that the programs and service of our department is going to have to change radically in the next decade. This change is already beginning. The present health department and health program finds its origins in, and is largely concerned with, prevention of illness. We must salute and pay our respects to the pioneers in public health in this province and elsewhere in Canada, who have done so much to reduce, and in some cases, practically eliminate dread diseases. I would like to pay the respects of my department, and I am sure those in Manitoba, when I remind the members that Dr. Fred Cadham, for many years Chairman of our Provincial Board of Health, passed away recently. Dr. Cadham was Provincial Bacteriologist from 1923 until 1948. He was professor of Bacteriology at the University; he trained generations of students. He served as Chairman of the Board of Health from 1923 until 1959, a remarkable record, and I don't think any medical student ever graduated from Manitoba Medical that didn't always remember Dr. Cadham's remark: "Unless you boys are on the bit, the bugs will come back," and his lessons in basic bacteriology and disease which he learned from the side of the late Dr. Gordon Bell, was a tremendous accomplishment. I would inform the House that studies that this man was conducting with what they called a bacteriophage, which was a material he had hoped to lick the terrible toxin that was produced by Streptococcus the type of illness that I'm sure some older members of the House will remember was rather a fatal illness before antibiotics. Just at the point when he had this licked with the method of bacteriophage, antibiotics came in. Dr. Cadham has made a tremendous contribution to this province and I thought I should mention this in introducing this departmental estimate.

While talking about preventive health services, many in this Chamber, I'm sure, can remember friends or relatives stricken with such diseases as diphtheria, typhoid and smallpox. Many can remember seeing, and today there are some adults in our community, disfigured with these scars. All of us remember the terrible polio epidemic of 1953. It still presents daily reminders of this scourge and the name of Dr. Salk is now an honoured one in this community

(Mr. Johnson, Gimli, cont'd.) and throughout the world. Infant and maternal mortality are a fraction today of what they were a generation ago. I would not want to give any sense of being complacent about these things; preventative practice and preventative health work will always be an essential public service. It is a public duty to see that all preventative health measures possibly are constantly taken. However, as I have suggested, the role of our health department is changing and will change very substantially in the future. The change is very simple to state but is very complex to understand and carry forward. A new era, really, is being ushered in as the Department of Health is more and more going to become concerned about the care of sick people and what they require, and become directly concerned in curative medicine. On July 1st, 1958, of course, the Hospital Services Plan came into being; on February 1st, 1960, the Provincial Government became responsible for the care of the aged and infirm in institutions and in the area of alternative care; on July 1st, '60, the province took the first step in contracting for medical health care services to those in receipt of social allowance. I have said that the future role is simple to state and complex to describe and understand. However, there's no doubt that more and more our provincial health department is going to become concerned with the health care that people need and require over and beyond the preventive health services of the past and present. As an example, I'm sure members can clearly see the future role in, we might call, preventative geriatrics. The health department must become concerned that as people age they don't necessarily become chronically ill. The health department must participate in studies of the unknown factors causing chronic illness and other factors which are occupational, nutritional or even the neglect of simple illnesses in early life which later result in chronic illness.

Before beginning to outline the estimates, there is one other opinion I would like to share with members, Mr. Chairman, and this has to do with personnel in both health and welfare departments. Over the past two and a half years, despite what may appear to be substantial salary revisions, the problem of securing adequately trained personnel, the problem of retaining that personnel once secured, has been the largest single administrative problem, in my opinion. This area of personnel, civil servants or, as some would say, bureaucrats is one of the real sensitive areas in this committee and in this House. The concern expressed by members as to the numbers of civil servants, or the quantity of civil servants, has registered with me, correctly or incorrectly, the feeling that to have more civil servants is bad in itself, and that to have fewer civil servants is good in itself. Yet it seems to me, Mr. Chairman, that the basic question we have to be dealing with is, what do we want, or what do we want our acts or policies or programs to do, and then what people are necessary to carry these programs forward. Frankly, Mr. Chairman, the difficulties of recruitment and trained professional personnel and the problems of turnover of that staff are major problems with which the Department of Health and Welfare would have to deal. When you think of over 2,100 employees, civil servants, in the two departments, the daily turnover of dozens, well I am convinced that the spending of more money will not in itself deliver the improved staffing situation which is required. In other words, I feel it's partly an outgoing program. I am equally convinced that improvement will not be made unless in the future more money is spent. At the same time I know that much time and effort is going to be expended in long term and intensified recruitment activities. More time and effort is going to have to be expended in staff development and staff training activities. This is being reflected markedly in the health and welfare field. The conviction that registers with me, Mr. Chairman, is that future Ministers of these two departments are going to have to work very hard on the problem of securing, retaining the staff required to administer the present programs of the department let alone any new ones that may be added.

In registering these opinions about personnel, I must register with the members of the committee, Mr. Chairman, my extremely high regard for the senior civil servants in my department. I would express the opinion that previous governments and this government are fortunate indeed in the calibre of these people that they have been able to attract and retain in our public service. Any member of the committee can ask such questions, Mr. Chairman, as how many staff are employed here or there, how many were added during the past year to institution X or office Y, how many cars has the department now or how much is going to be spent on recruitment of staff and bursaries and so on. Certainly I know it's my responsibility

(Mr. Johnson, Gimli, cont'd.) . . . to try and give the committee the answers to these questions. However when they're asked and when I have answered, or tried to, I always feel we are simply skimming the froth and dealing with the superficial. We aren't getting to the heart of the matter. What kind of people are these staff? What kind of things are they doing? No statistics or report of staff, Mr. Chairman, staff losses or gains, tells us about the medical director of health who goes out on his own time to bring into the hospital a sick old lady when medical attention could not be obtained. Nothing tells about the tremendous weight of responsibility placed on the young social worker interviewing an alcoholic temporarily sober, just discharged from jail, who comes into her office applying very aggressively for his social allowance as a matter of right with cash in hand to be delivered immediately. I've seen that. What do these estimates tell us about the Director of Northern Health carrying a sick little Indian child five hours on an aeroplane on his own time speeding the child in for medical attention? How can the discussion of expenditures describe the dedication and concern of a conference in one of our mental hospitals where a doctor, nurse, social workers and attendants review the history of the patient who has been with them for over six months, trying to determine whether it's in the patient's and the community's interest to probate the patient. These are isolated simple examples repeated hundreds of times describing the service concerned, loyalty and dedication of the people who work in the department. Mr. Chairman, this quality in the estimates can easily be overlooked when we are dealing with quantities. When we are considering these estimates we are really considering the lives and work of many hundreds of people and their very direct impact on the lives of thousands of our Manitoba citizens. I could not resist, Mr. Chairman, the temptation to share some of these thoughts and ideas with you, as I feel it will be the last time that one Minister of the department will be presenting estimates to this Legislature. I believe most deeply that the activities of these two departments will be wasteful and meaningless unless the objectives and services are understood by the community, and unless they are understood by the many volunteers and voluntary agencies in the health and welfare field. On this point I simply want to state how fortunate we are in Manitoba to have the many fine voluntary health and welfare organizations that we have, and I think of the Children's Aid Societies, the Welfare Council of Greater Winnipeg, the Canadian Mental Health Association, the VON, and many, many others. The concern, effort and services of these organizations is a strength to government services just as government services are a strength to these organizations.

The programs in health and welfare must go ahead together or simultaneously, based on a conscious effort to always understand the relationship of health and welfare needs and services. We are indeed, Mr. Chairman, in an era of change. We're in a time when every piece of social legislation, whether in health and welfare services, will affect other services, legislation and expenditures. I want to point out to the committee, Mr. Chairman, that we provide under the Hospital Services Plan up to \$20.00 a day care for everyone who needs it. Such care, I would say, is wasteful unless the services that prevent hospital care or provide for people after hospital care, are adequate, effective and available. In my opinion the whole future of health and welfare services in the department is basically dependent upon sound administration. Money alone does not provide these services; they are only as good as the skilled resources and imagination of the staff, whether they be supervisors, doctors, field workers or nurses. This staff must have the resources and research to measure what they are doing, to see the relationship of the problems presented to the services being provided by themselves, by other departments and other agencies. An example of this is the Manitoba Hospital Services Survey Board report I tabled today, which is an example of the much basic thought and research necessary to be cleared away before services are established and money spent. Unless we recognize, Mr. Chairman, that our environment is constantly changing, that new problems, new skills and new resources demand changing methods and different emphasis, our programs and services become mere stretcher bearing. When all we do is settle down and carry the problems away out of sight, then do we have to fear the welfare state. Mr. Chairman, I want to share with this House my firm conviction that our health and welfare programs in Manitoba are far from stretcher bearing, or the welfare state, or the smug complacency of the rut. These two departments are now, and are going to have to be, even more so in the future, keen, concerned, imaginative and enthusiastic to do those things that will make Manitoba a healthier

(Mr. Johnson, Gimli, cont'd.) . . . and better place in which to live.

I prepared these notes for the introduction of these estimates, Mr. Chairman, to try and express to the members of the committee my concern as the two departments go down the road of service together, that the only thing we have to fear is fear itself in that sense. The word, "the Welfare State" -- I hear it so often as Minister of the Department for two and a half years -- is a meaningless thing. I just point out that in all areas of service we must go down the road with a solid front. There's not use building an acute bed without a house in the community and the resources to follow the patient back into his home, with home nursing, etcetera. Now if you get out of kilter along that front you create and get into problems which will cost so much to bail us out, and that is what I mean by the danger of a welfare state without a united forward march in all areas. And this is what we have tried to do in planning in this department, and in carrying out our programs, is to not to try and neglect one area to the point where it affects our forward march in others.

In looking at the estimates this year I would just like to brief members before I sit down, but yearly when we pass this \$11 million item, and members see throughout, for instance, under Rehabilitation, Alternative Care and the Mental Health Grant, and under Mental Health, under VD Control, under the Cancer Foundation, etcetera, they see grants coming in and out. These grants, Mr. Chairman, amount to \$3,183,000; approximately \$1.4 million are hospital construction grants required to be matched. The rest of these monies by and large is -- we're required to put in projects to be matched by the Federal Government. In putting forward research projects under professional training we're always attempting to get the maximum out of our grants, and the reason for the Federal Government doing this is to prevent duplication of research projects in every province, and I just mention this to the committee that this brings the total in welfare up by that amount. They're actually seeing another \$3,183,000 in addition to what they see in the figures here. The major changes this year are the rehabilitation vote has been readjusted -- this is because last year it was lumped. We have tried to spell it out in these estimates so that members could see what increases run on over last year. The Community Development program, the amount shown here represents the fact that the federal authorities have seen fit to match us in salaries and non-recurring expenses, that is depreciation and so on, on certain equipment, roughly 57 percent sharing in our community mental health program. Psychiatric services show item up, slightly more staff in each institution, and increase in the community mental health, where this year I thought for the edification of members, under community mental health services, I would lump certain items that were spread over various appropriations in the past, but really all of which is a community mental health service. Members might note there the very large increase in the maintenance of mental defectives outside of institutions, which is up substantially because we feel, in many cases, rather than -- with a little help at home, we have managed to help many people retain their children in a home environment. This is good medicine and good economics.

As we go on into Health Services we see largely the coming into force of the unit that went in last fall, and again just recently, this January, bringing a large number of people -- bringing our health unit services to an all-time high, somewhere over 440,000 people now covered in health units outside of the Greater Winnipeg area, just leaving the south-central part of the province to be extended. Lab and X-ray units at Birtle-Russell has come in this year and we have been nibbling away, enlarging certain present units so that our picture is gradually filling in on the map which I distributed to the members under the highlights of the department.

Tuberculosis control is down this year another 10,000 days per year to an all-time low. Of course, when you get cost, your numbers down to this degree, you start getting an increase in the per diem rate, which offsets it slightly. In maternal and child hygiene we continue to carry out largely a preventative program; Public Health Nursing roughly is much the same in the central staff here. Graduate and post-graduate training continues; we've over-expanded our bursaries a little this year in the Welfare field, but we hope this will make available by July 1st approximately 14 social workers to our mental health program. In Emergency Transportation -- members may note it's down, yet this is being accomplished by what I think is one of the finest health services in Canada for its size and punch, our northern health team who are reaching people who were never reached before and practically obliterated gastro-

(Mr. Johnson, Gimli, cont'd.) . . . enteritis north of 53 in the past year. This used to be a common cause of death in the north and any pioneers will tell you of many of the Indian folk bringing dead children to their home for burial. We hope to see this practically disappear. Our provincial laboratory services have continued on, and in general the health of the nation is in very good hands and the people are flourishing, I think, better every year, as more is spent and more enthusiasm and effort is put into the preservation of health.

MR. GRAY: Mr. Chairman, our group will no doubt find sufficient criticism under the different items in the estimates. I rose just to express, on behalf of my group, the appreciation of the Minister of Health and Public Welfare in his very honest endeavour to deal with the tragedy of the sick and his trying to alleviate disease and hardship, particularly in the field of mental health. There was a time, some members will remember, that if anyone -- at that time there were no psychopathic wards in the City of Winnipeg -- and anyone that had to be sent to Selkirk, which they called then asylum, or in plain English a "crazy house", had to be taken by the police, chained as a criminal, and the shame of the family at that time was just as bad as sending anyone now to the penitentiary. And personally I cannot believe my eyes at the progress that was made in the last 15 or 20 years, when the institution now is called a Mental Hospital. There is no more disgrace to the relatives, to the family or the children if any member is being admitted to the Mental Hospital in Selkirk or in Brandon, than sending them to the General Hospital. They found a great work and prevention of many mental cases who are being treated in the psychopathic wards -- and I don't like to use "psychopathic" but I haven't got another word -- in Winnipeg, before they are admitted or sent to another institution if they find it necessary. And I know well that many of them didn't have to go because they were treated here, and the stigma of being in one of those institutions which were considered, at that time, has been done away with. We find that mental cases are the biggest tragedy to the individual, and the biggest tragedy to the family, and a great liability to the taxpayers. And when a system, a program has been established with the help of the many organizations and welfare societies who assist in trying to rehabilitate them, trying to discharge them as quickly as possible, is a blessing to the community in general. I say a blessing because it's a disease-- I'm speaking as a layman -- that's hard to treat and very hard to rehabilitate them. But now it's being done. So I feel now -- I have no intention of dealing with the Health Department in general at this moment; that will be done likely -- I don't think that if the Honourable Minister of Health and Public Welfare is an angel he requires much more improvement and encouragement. But so far I want to make publicly on behalf of my group, that he has done a good job and I hope he will stay with this department -- I don't know which one he is assigned to, either Health or Public Welfare -- because in my opinion I think he's better in Public Welfare than he is in Health. Because we have better medical doctors in the city but we haven't got men with such a heart and soul, and I am willing publicly to acknowledge it.

MR. SHOEMAKER: Mr. Chairman, there doesn't seem to be any relationship between the hours that we spend here and the amount to be voted, otherwise we'd be spending at least a hundred hours on this department, considering that we spent twenty hours voting \$5 million for Agriculture. But if we are a hundred hours I will not be responsible for that. I would like to thank the Honourable Minister very much for his brief and comprehensive report. I can't say that the reports that were laid on our desks this afternoon were very brief; we've got one here with several hundred pages that I haven't had time to look at yet, but give us time and we'll look it over. I'm sure that it does contain a lot of very valuable information; we have been waiting for it for some time. I have always considered, and I have said this on more than one occasion, that the Honourable the Minister is such a darn fine fellow that it's pretty hard to level any criticisms at him, and I will say this, that if his administration does not please the average fellow, that it isn't his fault. Because he has certainly made a sincere effort, I know, to administer his department to the satisfaction of the majority. I have always considered him to be rather a left-wing Liberal, and I've always considered myself a kind of a centre of the road Liberal or a right-wing Liberal. So there's more than one reason why it is difficult for me to really attack him. However, in this department, as in the Department of Education, one thing that does disturb me a little is that so much provincial money is being poured into these two departments, because after all they are the two big departments -- \$33 million to Education and over \$25 million in the department that we're now discussing. It has not relieved, to any

(Mr. Shoemaker, cont'd.)....degree, the load from the municipal taxpayers, and we were certainly led to believe, prior to both last elections, that these programs, these envisaged programs would take the loads off the backs and I would refer you once again to this pamphlet that went out to every voter in the province and endorsed by every candidate of the Conservative Government -- (Interjection) -- No, I'm just going to deal with Health and Welfare.

MR. LYON:speech you ever made, Nel, read it all.

MR. SHOEMAKER: The last part of the paragraph on Social Allowances; it's headed "Human Resources" and sub-heading "Social Allowances" - "The progressive legislation is the first in Canada, the cost is shared by the Federal Government and represents appreciable savings to the municipal taxpayers." Now I question that that has been a fact.

MR. ROBLIN: It never filtered down to that.

MR. SHOEMAKER: Pardon?

MR. ROBLIN: The council got the money but it never filtered down.

MR. SHOEMAKER: Well, despite what my honourable friend says, if the reports in the Neepawa Press are true, we can expect an increase in taxes in our area because of the increased social assistance costs. And I think that's true in the City of Winnipeg. I think that I read -- I haven't it before me, Mr. Chairman, but I think I did read on two or three occasions since the first of January that the city budgets have been over-expended in that department in the field of social assistance. So it is rather disturbing to find that this government, despite the fact that it is spending over \$25 million, the municipal governments are still finding the department a pretty heavy one in their own fields. I was particularly glad to hear the Honourable Minister mention what he was doing in the field of preventative health services, because I think that is the most important thing, after all, is to prevent us, prevent the people of this province from going to the hospital. Let's assure ourselves that we are enjoying the best health that it's possible to do so. He mentioned the fact that we on this side of the House inferred that it was bad to see an increase in civil servants. I believe I heard him correctly when he said that in his department there was now a staff of 2,100 civil servants. And I appreciate the fact that it is necessary to have people to carry out the vast program under his department. And I take advantage of a lot of the social workers and a great number of his staff in my own constituency. I call on them quite frequently, because I think every member of this Legislature has had many, many inquiries regarding the Medicare program and regarding the Social Allowances program, and I know what I do, I don't know what the other members do, but I just refer them all to his sub-department in Portage la Prairie and have a social worker call on them to determine their eligibility for a Medicare card, or Social Allowance or both. But as regards civil servants, I can't help but remember what Prof. Parkinson said about them, in that the work does seem to expand to fill any vacancy there is, and it seems to be an ever-increasing demand.

I think the Honourable Minister should be commended, too, for the steps that he has taken in alternative care. I don't think perhaps that he has gone far enough in this field. This is an important step. I still feel that there are many people occupying hospital beds all over the province who could be cared for equally as well, and probably better, in nursing homes of one kind or another. I'm satisfied that that is so. He mentioned the fact that he himself was very concerned over the fact that he has not yet been able to convince the Federal Government to assume the responsibility they should in the field of alternative care and several other branches, and I certainly agree with him on that. Because after all is said and done, if you remove a patient from a hospital where the per diem cost is \$20.00 a day, and place that same person into a nursing home where the per diem cost is \$5.00 a day, you're saving somebody \$15.00 a day. And I think the Federal Government should recognize that and certainly assume 50 percent of the cost of care in nursing homes and institutions of that kind -- all kinds of alternative care. I know of one particular case in the -- I was going to say in my constituency, Mr. Chairman, and probably there are several in my constituency but the one I'm thinking of at the moment is in the Lakeside constituency, where this lady who is practically an invalid, she was admitted to the hospital and stayed there as long as the doctors would let her stay there, and then she was removed to a nursing home, and a very good one, but who pays the bill? Her husband pays the bill, and he also pays \$72.00 here in Manitoba Hospital Services premium. He was quite happy to pay the premium so long as she was in the hospital, but he certainly now is objecting to pay a \$72.00 premium and pay \$5.75 a day, I think it is, for her

(Mr. Shoemaker, cont'd.)....care there, and she has been there for many, many months. And it strikes me as not being quite fair, regardless of his financial position. It strikes me as not being quite fair, because they are certainly aged people. I think they are both in their eighties and I think something might be done to correct that.

One page I did read in this 10-pound volume that we have before us here on this subject, was in regard to the Home Care Program, and I think that's an excellent one. I know of several cases in my constituency where it is working out to the satisfaction of everybody. And the cost of care is less than the cost of care, I think, in any nursing home. But it is reported-- I don't know what page, Mr. Chairman, because the pages are not numbered in this volume-- but it is reported there that 57 patients were treated in a home, whether it was their own home or another home I don't know, but as a result, a saving was made to the province of \$172,000 for the 57 patients. Now that's a saving of about \$3,000 per person. Now if there were only 57 patients receiving this home care treatment, then how many more are there in the province that we could treat in exactly the same manner and save probably several million dollars if they saved \$172,000 on 57 persons? I think that this should certainly be investigated and the program extended.

Now, in the Medicare program, I think it is an excellent one too because there are all kinds of people in this province, older people in this province who are getting along fairly nicely on their old age pension, particularly if there are two in a home, and their only concern seems to be, "well, what am I going to do if I get sick, and what am I going to do if I land up in the hospital? I can get by, I can scrape by on the old age pension" -- I know my Honourable Friend from Inkster wouldn't agree with me on this one but I still say that the majority of the older people in rural Manitoba where there are two living together are getting along pretty nicely on \$110.00 a month. But they are concerned over their doctor's bill, their hospital bill, their dental bill and so on. And I think the Medicare program is a good one, but I -- well on that subject I believe that there are something like 23,000 pensioners who are now exempt from paying premium. The Honourable Minister can correct me on that one. And incidentally, Mr. Chairman, I was rather surprised to hear -- I didn't hear but I read a newspaper report. I haven't got it here either, but I believe the Honourable the First Minister said in speaking to a meeting during the Pembina by-election, that it wasn't right that the old aged people -- I guess the hall was full of old aged pensioners that night -- but he did say that he didn't think it was quite right that the old people should pay the same premium as the Premier. Well I understand that -- well, the Tribune reported that, Mr. Chairman.

MR. ROBLIN: No, that's not correct.

MR. SHOEMAKER: Well, that may not be, but I believe that something like 50 percent of the pensioners are not exempt from paying premium. I think something like 20,000 out of 40,000 or something like that. So I say there is already a provision for premium exemption for those people who cannot pay it, but I was rather disturbed to not hear my Honourable Friend the Minister of Health and Public Welfare give some credit for the possibility and the success of the Medicare Program to the four professions who are participating in the program. If he did give any credit to them I didn't hear him. That is, the medical profession...

MR. ROBLIN:when I'm speaking on the subject.

MR. SHOEMAKER: Well I'm referring now to the statements that we've just heard from the Honourable the Minister of Health and Public Welfare.

MR. JOHNSON (Gimli):

MR. SHOEMAKER: Well when he introduces the Welfare estimates I hope that he does give credit to -- because the other day I -- (Interjection) -- I imagine that we will hear our honourable friend pay tribute to these professional men later then. Because I went in to pay a doctor bill the other day, and this doctor came out and he said something like this, "Hey, Shoemaker, come over here." He said, "I've got a beef." I said, "What's your complaint." And he said, "The next time some blinkety blank government fellow gets up and says what a wonderful thing they're doing in the field of Medicare," he said, "I'm going to put my foot right through the TV set." He said, "Do you know how the Medicare program works?" And I said, "I haven't the foggiest notion." "Well," he said, "We get \$2.00 a house call and \$2.00 an office call in consideration of us looking after the patient in the hospital." Now I don't know whether that is correct or not but that's what he told me. And he said, "We're not objecting

(Mr. Shoemaker, cont'd.) to that, but at least we want some credit for our co-operation in making it possible for this Medicare program."

I've already referred on the Throne Speech debate to the Manitoba Hospital Services premium. I don't know whether we should be discussing that at this time or not. Does it come under this Department or the Welfare?

(MR. JOHNSON (Gimli): Mr. Chairman, in due reference to the honourable gentleman speaking, I tried to indicate when I opened my remarks, the Honourable Member for Neepawa is quite free to cover the field. I'd be just as happy, but I ask the indulgence of the House to proceed with the Health Department, then we could deal with hospitalization matters and then with welfare matters. However, I'm at the mercy of the committee. It doesn't matter to me.

MR. CHAIRMAN: these references were made under the Executive Division but I think when we're dealing -- in order to facilitate matters if we kept the discussion on the health program when we come to health, and the welfare when we come to welfare, and this is just a preliminary work with regard to the Executive Division, general program.

MR. SHOEMAKER: Well, I'm going to be very brief anyway on (Interjection) -- as usual, because as I said before I was interrupted, Mr. Chairman, I have already talked on Manitoba Hospital Services premiums during the Throne Speech debate, and the Honourable Minister knows my feelings in this regard. I have already gone on record as favouring a deductible clause, providing it means a reduction in premiums, and I said, and you will recall my saying, that statistics showed that one person in seven in Manitoba will likely attend the hospital this year, will spend seven days in hospital this year. One in seven persons in Manitoba will likely spend one week in hospital this year, and that if the patient was responsible for one day's care, then we should be able to reduce the premiums by one seventh, since the patient was assuming one seventh of the cost. I've said that twice now, Mr. Chairman, and I don't intend to change my opinion on that one, and there are other advantages to a deductible as well, many of them, I think. I have already said that the impact of the increase in hospital services premium is being felt by a great percentage of the people in Manitoba, and it has not only been felt by the people who pay the premiums, but it has been felt by the municipal men, and in the Neepawa Press of March 14th, and that's fairly recent, the headline in the Neepawa Press says: "Draft Budget Foresees \$5,000 Spending Hike". The third paragraph reads, and I quote: "The biggest jump in the new budget as it stands presently is in the field of health and welfare. A jump of a thousand dollars in the amount that the town will have to pay for MHSP premiums for residents is anticipated, and municipal aid for various indigents is expected to soar \$2,200 higher than last year's budget." And that's very recent. And then on December 8th, not quite so recent, from the Neepawa Press under the heading: "One in Five Didn't Pay their Premiums", I hope that they have since paid them, but at that time one in five had not paid their Manitoba Hospital Services premium. -- (Interjection) -- December 9th, 1960. And I found that that was just about typical to the rural municipalities at that date. Now I don't know what has happened since that date, but it seems to me that when 20 percent of the people have not paid their nine days after the deadline, that it isn't a very good sign.

Now, Mr. Chairman, I find that the Minister of Propoganda, as the Honourable Leader of the CCF refers to, has not overlooked the Department of Health and Public Welfare. I have a whole sheaf of them before me here, and one is headed: "Assistance of needy outlined by the Minister. Allowances for aged first concern of the Province. New Medicare program is launched", and all this kind of business. Now -- and the bottom one is: "New rate set for hospital premiums.: That wasn't a very popular one, but in the field of social allowances, I have already said that I think the Medicare program is a dandy one, but it is kind of disturbing to me to find -- and I can't guarantee this is a fact but I have heard on pretty good authority in Neepawa that a pensioner there received a Social Allowances cheque for 55 cents. -- (Interjection) -- Well, that as I say, that may be a rumour, but if they did, then what we're saying in effect is, that if the old age pension was \$55.55 they'd be fine and dandy. I would be interested to know what is the average allowance paid to the various people who have qualified for social allowance, and what is the minimum that has been paid to anyone, and what is the maximum? The minimum, the maximum and the average. What is the minimum monthly allowance cheque in addition to their old age pension or blind pension or whatever pension they are receiving?

Now, Mr. Chairman, I think with those very few remarks that I will wait now until we

(Mr. Shoemaker (cont'd.)...come under some of the headings, and I may have the opportunity to speak again, because there are several other items that I would like to mention, but I know there are other members who have a lot more to say than I have, and I'll let them speak now.

.....continued next page

MR. GUTTORMSON: Mr. Chairman, earlier in the session it was my intention to speak on the hospital premiums by introducing a resolution, but my efforts in that direction were scuttled when the speaker ruled my motion out of order. The member for St. John's referred to the Minister's two hour speech during the Throne Speech as one of the Minister being in trouble because he has spoken so long. Well if you can go by the length of the Minister's speech, then he must be in a lot of difficulty, particularly on this particular subject.

MR. JOHNSON (Gimli): Did my friend read it all?

MR. GUTTORMSON: I listened to you.

MR. JOHNSON (Gimli): I hope you learned something.

MR. GUTTORMSON: No one questions the fact that costs have gone up. The question, Mr. Chairman, is why? I submit, Mr. Chairman, that the reason is that the controls installed initially have not properly been imposed by this government, and for that reason I do not blame the administrative staff but rather the policy makers. As I said, I don't propose to analyze the whole speech of the Honourable Minister of Health, although one or two points are of interest.

I want to quote on page 48, the Minister of Health says: "Mr. Speaker, if the Leader of the Opposition and his colleagues never fully understood this problem of hospitalization, otherwise they would not have set the premiums that they did, and they would have given this plan the considerable study that it was given, for instance, by the province east of us, Ontario, where they spent two years, as I understand, looking at the facilities of the province and how to meet this cost." He says: "No, my honourable friend opened the door, our friends here, of \$20 a day hospitals." I wonder if the Minister's memory is as faulty in other areas of his speech as he is here, because everyone knows quite well that the rate of hospitals at the Winnipeg General and the St. Boniface Hospitals were \$20 a day before the plan came into effect. So when he says the previous government opened the doors of \$20 a day hospital care, he's talking through his hat.

Since the Minister's knowledge appears limited on this particular point, perhaps it's as well that I review the history of the plan. Before it came into being, two consultants worked very actively with the Minister of the day for almost a year before the plan came into being. The consultants were Dr. Malcolm Taylor, now the principal of the University of Alberta in Calgary, formerly of the University of Toronto; and a Dr. Mowbray representing the Lougheed Consultants of Toronto. What were their qualifications? Dr. Taylor was the originator and architect of the Saskatchewan plan and present adviser to Premier Frost of Ontario on the hospital insurance plan of that province. As a matter of fact, the Premier of the day, Mr. Campbell, requested that Premier Frost make this gentleman available to Manitoba during the early development of the plan. As far as Mr. Mowbray is concerned, he had done a study on the British Columbia plan and had been active with consulting work with Lougheeds. Now based on the study of these two men, working independently of each other, but each dealing with the Manitoba rates of premium, the rates were set. Analysis of the recommendations of the two consultants were made available and discussed by a local health department official, and a forecast as to increased hospital costs were taken into account. The premiums were set at \$2.05 and \$4.10 respectively and the Minister of the day in his speech, in introducing the plan, said that the rates would not have to be changed until 1960 and the forecast was a 10 percent increase per year for a few years, but a levelling-out would take place. This forecast was based on the experience of other jurisdictions having a plan in force, particularly Saskatchewan. How close was their estimate? Referring once again to the Minister's speech of the other night, he stated at the end of 1959 there existed a surplus of \$174,000. One could not help but say that to estimate the cost of some 18 months ahead within an accuracy of \$174,000 must be classed as accurate beyond the ordinary. Now does this seem like haphazard unplanned action? Quite the contrary. But what has happened since, Mr. Chairman? Why have the costs gone so high? I'd like again to refer to the Minister of the day who said, when introducing the plan, there would need to be certain safeguards applied rigorously if costs were to be kept within the 10 percent rise. I submit, Mr. Chairman, that these controls have not been rigorously imposed.

What are the main causes of the trouble? Our hospitals are, to an alarming extent, becoming purveyors of nursing home care rather than exactive treatment. This was foreseen, but there was supposed to be a department set up and the head being a doctor who could have such cases removed when the hospital care was no longer needed. Is this being done, Mr.

(Mr. Guttormson, cont'd.)....Chairman? I maintain it isn't, and so the increases have mounted. Another Department was to rigidly scrutinize hospital budgets. This has not been done to the extent it should. Financial officials of hospitals are not required to rigidly control their costs. As a matter of fact, if these things are to be controlled they must be scrutinized very carefully. The Minister in his speech and by his action in raising the premiums, has taken the easy way out, by saying give me more money and all ills will be cured. I maintain, Mr. Chairman, that the hard way and the difficult one is the right one -- the path of proper controls instituted and rigidly enforced as they were meant to be in the first instance. Surely, this isn't beyond the scope of the present administration. We could understand the cost going up if the hospital expenses had risen, had taken place in the interval, there might be some justification for some raise beyond the predicted ten percent, but this has not been the case. That's why the costs have gone up, Mr. Chairman. This government didn't have the fortitude to put up the controls and live up to them.

The Minister criticised the previous government for not taking time to study the plan. It's interesting to note though that, in Ontario, they established a rate on the basis of the same consulting team as Manitoba used. And what are their rates? They are \$2.10 for a single man and \$4.20 for a family -- just 5 cents and ten cents more than our own plan.

MR. JOHNSON (Gimli): And does the Honourable Member know their deficit?

MR. GUTTORMSON: No, I know they haven't changed their rates and they don't plan to change their rates -- (Interjection) -- Oh, three percent sales tax. That's the money that Diefenbaker promised them in the tax-rental agreements and they didn't get it -- Nothing to do with the hospital plan at all. It's a common fact that "Dief" broke his promise and now they're paying for it. No doubt the premiums are up because of bad administration. They've gone up because of waste and propaganda. Right here I've got two receipts from the hospital, telling me that the government paid the bill. I know some people that have got as many as four receipts -- he was only in once. These bills are printed on expensive paper -- double colour jobs-- and they involve postage which is running into the thousands of dollars. These things are just sheer propaganda, Mr. Chairman, telling us that the government pays the bill for which we pay ourselves by paying the premium.

Raising this premium has caused the people of Manitoba -- or put them in a very bad situation. Many people are facing extreme hardships because of the depression caused by bad Tory policies, and many of them are just not able to pay the premium any longer. It was suggested by, I think the Member for St. John's -- I don't know whether he remembers it or not, but he did say it -- that a lot of people believe that the government raised this premium so high to avoid raising it in an election year. Well the Member for St. John's isn't the only person who thinks this, because this is a general though throughout the province. I think it's most unfair that the government should raise premiums to such a high, to build up a surplus, when people are finding it extremely difficult to pay the bill -- the premiums initially set by the previous government. Another expense to the taxpayers is the tremendous amount of advertising telling the people they should get into the plan, and everyone knowing that the plan is compulsory.

Mr. Chairman, I would urge this government to change their attitude on this hospital plan and bring down the rates to a level where the people can pay them; so that the premiums will pay the cost, and not to build up a surplus so that they can avoid raising the premium in an election year; and also to install the suggestions made in the first instances to prevent the high cost of the plan because, as it is now, there is no control, and unless the government puts these controls into effect, the costs are going to get even higher.

MR. CHAIRMAN: Item 1 (a)- (e) -- passed. Resolution 48 -- passed. Item 2 - Health Division -- (a) (1) and (2) -- passed. (3)

MR. GRAY: Mr. Speaker, under (3) the Honourable Minister made a statement that, first of all, that the mental disease situation should be nationally supported; and secondly, he said that we are not doing enough, we got to move faster. Will the Minister tell us what does he mean by moving faster, and who is preventing him from moving faster? And secondly, what does he mean by national support, and what effort has the government made to try and get the national support?

MR. ORLIKOW: Mr. Chairman, I would like to say something on this matter. This is

(Mr. Orlikow, cont'd.)....a matter which has interested me a great deal for some time. I listened to the Minister earlier -- I stepped out for a few minutes and he may have amplified somewhat -- but I got the implication that the government had the feeling that this ought to be a responsibility of the Federal Government, and I certainly agree with him in that the Federal Government ought to pay a substantial part of the cost of mental illness -- and I certainly agree with him on that. However, Mr. Chairman, I am sure the Minister is just as concerned as I am about whether and when the Federal Government will agree to this taking over a substantial part of the responsibility. Now while I agree that the Federal Government should, I certainly hope that if they don't or until they do, that it means that substantially we are not going to make much progress, and yet when I look at the estimates of the amounts of money which we are prepared to pay this year, I can see very little change over last year. Now I would agree with the Honourable Minister that the answer, and I think all mental health experts, and I certainly don't claim to be one, would agree that the answer to mental health is not in the hospitals and certainly not in the hospitals which we have at Selkirk, or at Brandon and which the other provinces have -- the old type of large hospital. At the same time, the proposals which the Minister seems to make in the estimates for a change are so small, that I would say that they are infinitesimal.

Now the Minister will remember if some members don't remember, that I, on other occasions, have compared our staff and our project with Saskatchewan. Last year I think the Minister said to me -- I like the Minister so I didn't want to take the trouble to find the exact quote, but the Minister smiles so I know he remembers -- he said: "I've raised the salaries and see me next year and we'll be doing as well as Saskatchewan." That may not be the exact quote, but I like the Minister too much to find it and embarrass him, but he remembers. Well, Mr. Chairman, I look at our estimates of roughly \$5,000,000 for this program; I look at the Saskatchewan estimates of over \$10,000,000; and we're a long way from them. And what about staff, Mr. Chairman? -- Somebody said something and I wish they'd stand up and then I might answer if it has any value, but until they do -- (Interjection) -- I'm not worried very much. I look at the returns to questions which we asked, Mr. Chairman -- members can find it in the Votes and Proceedings, No. 18, page 4 and 5 -- "We have now at the present time two certified psychiatrists at Brandon, two certified psychiatrists at Selkirk, two at the Manitoba School and two at the Psychopathic Hospital. We have one psychologist at Brandon, one psychologist at Selkirk, one psychologist at the Manitoba School and one at the Psychopathic Hospital. We have four psychiatric social workers at Brandon; we have two at Selkirk; we have one at the Manitoba School; and we have three at the Psychopathic Hospital. We have 160 psychiatric nurses at Brandon, 112 at Selkirk, 88 at the Manitoba School and none at the Hospital" -- That's the Psychopathic Hospital -- none, which I find somewhat surprising. Well, Mr. Speaker, to mention these facts is simply to emphasize the fact that we are completely and inadequately staffed. I want to read to this House the situation in Saskatchewan, and the situation in Saskatchewan is far from being adequate by the standards as set by the Mental Health Association in Saskatchewan, and their assessment as to needs is not much different than the needs in other places. They have on staff as of March, 1961, 19 certified psychiatrists; 22 resident or partly-trained psychiatrists; they have 18 psychologists; 30 psychiatric social workers; they have 562 graduate psychiatric nurses; they have 400 psychiatric nursing students; so you see, Mr. Chairman, that in Saskatchewan, they are, staff-wise, away ahead of us.

The same, Mr. Chairman, is true of the Province of Ontario, I have here the Ontario Hansard, a speech made by the Minister, Dr. Dymond, the Minister of Health, on February 23rd, of 1960. These are a year old and I want to quote what their staff situation is. "Our staff," he says, "that is the staff of the mental hospitals, number 9,256. Included in this are 198 doctors, 88 psychiatrists, and many others who are specialists in other branches of medicine and surgery." He goes on later to talk about the fact that in the Province of Saskatchewan they have a system of day hospitals which permits patients to come in by the day, to go home every night, or to go in and stay a short time. This is something which we haven't even begun to do any work on at all and yet the estimates, as I say provide for very little in the way of increase.

Mr. Chairman, I'm not suggesting that we can solve this problem. I think we're in the same position as everybody else. There's a tremendous amount of work which needs to be

(Mr. Orlikow, cont'd.)....done, but the Minister I'm certain will agree with me because it's not an original idea on my part, that where intensive work has been done with people who are mentally ill, either in the traditional hospital or in the community mental health clinic with competent staff, that results which are amazing have been reached. People who have been ill for years, who have been a financial charge on their families or on the state, have been improved to the position where they're able to resume their position in the community. The hospitals are more than just custodial organizations. Now I know that the Minister will tell us that they're doing a better job at Selkirk and the other hospitals than was done years ago and this is true. There have been new developments in the drug field and in other forms of treatment which have brought this about. But I want to suggest, Mr. Chairman, that to expect the hospital at Selkirk or the hospital at Brandon to do the job which they ought to be doing, and this is not a criticism of them it's a criticism of us, it's a criticism of the people of this province and of the people of this country as a whole, to expect them to do the job with two certified psychiatrists or three, is to really expect them to do the job with their hands tied behind their backs. This is something, which, of course, is impossible to do.

Now, Mr. Chairman, the job is being done much better in other places than it's being done in the Province of Manitoba. Mental illness is now accounting for half the hospital beds in the Dominion of Canada. I may be a little out but certainly not very much. And yet we are prepared to spend in the neighbourhood of \$20 a day to keep a person in a hospital when they go in because of physical illness, while we're not prepared to spend more than between \$3.00 and \$4.00 to keep a person in the hospital when they go into a hospital because of mental illness; and the results are what one can expect. When one spends \$20.00 a day because a person is physically ill, when one gives them the best of facilities, physical and staff-wise, one gets results; and people get better and people go home and people resume their place in the community. When one spends \$3.50 or \$4.00 a day, as we are doing for 1,300 or 1,200 patients which we have at Selkirk or Brandon, one has two doctors, we get the results which we can expect; and the results are that people stay in for a year. What this means to the families, I think most of us know, because it has been estimated that one person in 10 in Canada is likely to be mentally ill in the next few years, so that most of us are affected. What this means to the families, one can only speculate. How many husbands with families whose wives are in the institutions who have to pay for housekeepers, I can't estimate, but it runs into the hundreds if not the thousands. How many families are broken in this way, one can only speculate on. And what does it mean to us? It means that a person who goes in and who could get well if they got active treatment, doesn't get well, and that person stays in the hospital for five, 10, 15 or 20 years. And what is the cost to us? Well, the Minister can tell us. It runs into the tens of thousands of dollars per patient.

I mentioned this last year, I think. I was told by one of the top psychiatrists in this city that there are at Selkirk and I presume at Brandon, but this Doctor sees more at Selkirk than he does at Brandon, there are at Selkirk undoubtedly many patients who should be ready to go out of the hospital and to resume their place in the community. Why don't they? Because they've been there for a long time, and whether we like it or not, their family ties have been broken. Somebody needs to help them to get established; somebody needs to help them to get a place to live; somebody needs to help them find a job; somebody needs to help them make friends. This doctor said that this could be done if we had an adequate staff of social workers. Now what have we got? Two or three -- I've already mentioned the figure. The Minister has been able, and I give him credit, has been able to recruit social workers in the Welfare Division, and when he wasn't able to recruit them he followed a very prudent policy of establishing a system of bursaries and training people on the condition that they came back to work for the Welfare Department. Well, Mr. Chairman, I hate to see the Health Department being a second class department. I hate to see the Health Department and the mental hospitals short of psychiatric social workers when the Minister can find the money to train people in the Welfare Department. I suggest that this is just as important. I suggest, Mr. Chairman, that while I agree that we have the right to expect the Federal Government to realize the importance of this problem and to agree to help finance this program, that we ought not to be waiting as we are at the present time. Mr. Chairman, I think that the estimates in this for the hospitals and for the community health clinics are far too small and, in fact, we are saving pennies and

(Mr. Orlikow, cont'd.)....losing dollars. That is, the expenditure of 10 or 15 percent more for this division, Mr. Chairman, would save the Province of Manitoba thousands of dollars as compared to the expenditure of much less, and would save the people involved even more.

MR. HILLHOUSE: Mr. Chairman, I don't think there's anybody in this committee realizes any better than the Minister of Health does, of the magnitude of the problem involved in mental health in this province. I think the Honourable Member for St. John's who has just spoken, he has a real appreciation of that problem, and I think that I have some inkling of it. Now last year the Minister of Health was kind enough to invite the members of this House to attend at the Selkirk Mental Hospital. We spent a day there. I was one of the group -- quite a few of the members also attended -- and I think that those that did attend came away with a greater appreciation and realization of what was involved in the subject of mental health. They not only had an opportunity of speaking to the doctors, the members of the staff, but they also had the unique experience of having a meeting with the Patients' Committee. It was amazing how well that meeting was conducted and how rational and how reasonable the requests of the patients were.

Now I could say lots of things about what is needed in a mental hospital, but I think the best way to convey to this House what is needed, is by the Minister of Health making arrangements for another visit to Selkirk Mental Hospital this coming year. I do hope that the members of the House will take advantage of that meeting, if it is arranged; that they will have an opportunity of discussing the problems with the medical superintendent, with the members of the staff; that they will also have an opportunity of discussing it with the patients; an opportunity of discussing it with the employees and finding out, without prejudice, to any rights the employees have in respect to their employment; how they feel towards their working conditions; how they feel towards their salary. I think if the members go there with an open mind and listen to everything that is said to them, they'll come away from there with a far greater appreciation and realization of what has to be done in this province. There's lots of things to be done in this province. The limitation is money, but this is one field in which I think we should be spending a lot more money than we are. I think if the members of this House have the opportunity of going there and seeing conditions at first hand, they will come away from there with a greater realization that we have to spend more money if we want to have an up-to-date modern health program.

MR. DESJARDINS: Mr. Chairman, I might say that I agree 100 percent with the words of the Honourable Member from Selkirk, and I might say that I also was a member that visited the hospital last year. Talking to some of these doctors, one would learn a lot and learn of their great problems. Apparently the experts feel that this mental health should -- that the care that they are given now should change a bit. In other words, that we should decentralize these hospitals and that maybe every hospital, even in smaller towns, should have a few beds for these patients. They feel that if this was the case, well then some people could go there just like any other illnesses for maybe a period of a week or so, and then be able to return home. Now this is certainly not -- I'm not criticizing here. I know that there's such a shortage of doctors and qualified personnel, but does the Honourable Minister feel that this will eventually come to Manitoba. Will he be able to entice, to have enough personnel, enough doctors and nurses, qualified nurses, that we might see a few beds in all, at least in the new hospitals, treating the mental patients.

MR. JOHNSON (Gimli): Mr. Chairman, if I might first answer a question. I don't want to hold up my own estimates, but I'll be very brief. The Honourable Member from Inkster, who is always so kind to me in his remarks, asked again about what we have done in any concrete way to bring to the notice of the Federal Government the attitude or conviction of this government that mental illness is no different than any other illness. We have done this repeatedly, Mr. Chairman, and especially in our discussions with the federal authorities on the many occasions when we meet with them concerning federal reimbursement under the Hospital Services Plan for acute and convalescent hospital care.

I would like to say a few things. As I have repeatedly tried to emphasize to the committee, the change in mental health, the break-through as I call it, is on the way. The most encouraging thing, the most encouraging symptom is that, as the Honourable Member from St. John's has referred to, the mental health, the psychiatrists in our service are really enthusiastic

(Mr. Johnson, Gimli, cont'd.)....about breaking out of the big institution. I think that the acquiring of staff, adequate staff for our large mental hospitals, hinges not on money alone but, as I've tried to indicate, on a program that is going out to the community where they don't see merely a lifetime of rendering their service in an institutional setting. I think we have to, as we have done this year under community mental health services, break out with community health teams. I might inform the committee that starting last November we started our mental health clinic with the Selkirk Health Unit, where we have a number of out-patients coming a couple of days a week and the psychiatrists at Selkirk are rendering this service. We hope to have a team this year start in the eastern part of the province in the Interlake. We have altered our plans, and I'm sure the Member for St. John's who has a keen interest and the Member from Selkirk, and we should announce that rather than building another 500 beds at Selkirk we have decided to go ahead with a 50-bed acute treatment unit at the Selkirk Mental Hospital with a large out-patient department in order to deem our activities in keeping people out of hospital. In the past year the Superintendent advised me that, in the first time since around 1940 somewhere, the patient case-load in the Selkirk Hospital went below 1,200 patients. I think this is encouraging news.

I must say that if it was not for the dedication of those few highly qualified men we have, in these psychiatrists and doctors working in these mental institutions with as many as 12 or 13 doctors to 1,600 patients, we wouldn't have much of a mental health program. It's the dedication and sincerity and plain hard work that has kept this up. They are enthused for three reasons. They see a public awakening being brought about through organizations such as the Canadian Mental Health Association who have a home away from home downtown for the patients who are on probation from Selkirk, and from Selkirk itself they come in and have social evenings. The tremendous strides being made by means of group therapy. The tremendous strides with drugs. Yearly our case-load is growing; maintaining people at home. The superintendent at one of the hospitals informed me that on following a policy of discharging patients, which he formerly didn't do, by giving them drugs and keeping them on drugs in the community, his readmission rates this past year dropped ten percent; from a 30 percent readmission rate with acute schizophrenics down to 20 readmission rate. They are enthused and encouraged by the modern drugs which are available to them, and ever-increasing discoveries in that field in thedrugs. They're encouraged because they see the awakening of the public interest; they're encouraged because they see that we have started some training programs; we are recruiting. There's good indications that if we have a non-going outgoing program and we get behind these men that we'll see more young men going into this challenging field. I am more enthusiastic now than I was a year ago about the mental health program in the province. We have to certainly try and give all the support we can to bringing this about, but it can't be done overnight and we have to build this on a good solid basis.

MR. CHAIRMAN: (b) -- passed. (c) -- passed.

MR. FROESE: Mr. Chairman, I don't know whether we've passed that. What item are we on now? Are we on Selkirk Hospital for mental diseases? Is that it? I'd like to ask the Minister some questions. Earlier in the estimates he mentioned that we should be concerned with the staff and the type of staff that we have operating in the department, and I would like to ask him some questions on farm management. Who are these people that are managing the farms, both at the Brandon and the Selkirk hospitals? I noticed that, for instance, the acreage at the Brandon station is roughly 2,000 -- it's given as 2,000 in the last report; Selkirk at 1,357; Portage at 775. I would like to know from the Minister what was the total output from these acreages, and how does it compare with acreages in Manitoba elsewhere? Also, I see that the machinery inventory for these same acreages seems to be very low, especially for the 2,000 acre at Brandon. They have a machinery inventory of 28,000. Generally throughout the province where you have an acreage of that amount, surely the inventory is much higher than that. I'm wondering whether these are adequately supplied with the newest and the latest machinery in order to produce as much as possible. Also I would like to know, last year we had this surplus pork disposal. Did the institutions avail themselves of that pork at that time? I might have some further questions on it.

MR. JOHNSON (Gimli): Mr. Chairman, I'd be delighted to talk about my farm because the Department of Health and Welfare has the best farms in the Province of Manitoba. They

(Mr. Johnson, Gimli, cont'd.)...are models to the Deputy Minister of Agriculture. He's just dying to get his hands on them -- the finest extension farm program in the Province of Manitoba. We've done more for helping breeding stock in the Interlake, as the Honourable Members from Fisher Branch knows, from Portage la Prairie and from Brandon. Last year we won the Holstein Friesen Award for the best dairy cattle in the country. By golly, when I get on these farms. Not only that -- really the production on these farms this past year -- there's a bunch of financial "jiggery-Pokery" that's beyond a mere Minister of Health. They put in every year a certain amount of credit from the farm produce. The total produce from the farms this year was very high. The wholesale price of most of the products totalled over a quarter of a million dollars and these are just a nominal charge that they make to the institutions. These institutions produce a great deal -- of course milk for all the patients in all the hospitals -- and less and less are the patients becoming part of the system. The manager of the farm are Mr. Chandler, who is an expert and well-known to many of the members for many years as manager of all the farms, and the top men at each institution are certainly of the very best. There was good germination this year of seed planted, but root development was extremely shallow. The dry spell in July and August didn't let things ripen too fast. Under the farm foreman and gardener, a large vegetable garden was grown at each institution -- milk requirements taken care of -- everything is "hunky dory" on the farms and the Minister of Agriculture couldn't wait to get at me.

Another thing that I must say before I sit down, and that is the equipment, etc., we purchase this from year to year. It is under the scrutiny of the experts in Public Works and the Farms' Manager who is full-time. There was one other point about farms that I can't recall at the moment. Oh yes, you asked about pork -- surplus pork. We distributed large amounts of pork to the institutions. We distributed over 120,000 cases of pork during our program last year and the institutions took large volumes of it. In fact, I became a little embarrassed maybe they were taking too much. However, we got rid of I think somewhere around 30,000 or 40,000 cases to the three institutions.

MR. FROESE: Mr. Chairman, I'd like to see a different arrangement though in next year's report in the way of produce and so on, so that the income would be listed separately. It's not clearly shown on this report.

MR. CHAIRMAN: (f) -- passed. (5) -- passed. 6 (a), (b) -- passed. (c) (1) -- passed.

MR. ORLIKOW: Mr. Chairman, you're a little -- I suppose we're trying to make up for what we on this side are supposed to have done for the last couple of weeks, but I'm sure most members here are having some difficulty. Are we on Item 6, did you say? Well, Mr. Chairman, this is a completely new departure. I heard the introduction, Mr. Chairman, I'd like to know where are

MR. JOHNSON (Gimli): ...The Community Mental Health Services where you see \$81,000, this is the salary for 19 people, eleven of whom -- ten of whom will be new people, a psychiatrist, psychologists, social workers, clerks, stenos, for one full-time team to be based out of the City or Selkirk -- they haven't decided, I think it will be Winnipeg -- plus the transfer of two junior medical officers and psychologists and social workers to the Selkirk team, and four of these were pulled out of the other hospitals. We had to use two junior officers out of one of the hospitals. The estimate is made up of supplies of \$23,000, of which we thought about \$15,000 would be drugs, and this will be a mobile unit. The Broadway Home is much the same as last year. We have an increased case load here. We have about seven boys in one farm situation on the outskirts of Winnipeg. The big item here is \$173,000 in maintenance of mental defectives outside institutions which I should like to mention to the honourable members because it's a substantial increase from last year. There are now 46 of these with their own parents; and with guardians and grandparents, 22; with Children's Aid Society, 14; 17 being maintained from the Broadway Home base on the outside; and 90 in institutions. This includes the St. Amant Ward and, as you know, we have about 75 children in the St. Amant Ward this year. We've just enlarged it by 25 beds.

MR. ORLIKOW: Do I understand the Minister that we're going to have two teams, working out of Selkirk and where else?

MR. JOHNSON (Gimli): Actually they plan on two teams. One team going out from Brandon with two junior residents and a psychologist, social workers, using the Brandon Hospital

(Mr. Johnson, Gimli, cont'd.)... as the base; and similar base team from Selkirk; and then a completely mobile separate team which is under the \$81,000 item. It comes to about -- I think I did get the breakdown on that. Here's the actual figures, Mr. Chairman. Working out of Brandon, Winnipeg and Selkirk, as a beginning through institutions and health units, personnel from hospitals to form a team working from institutions, Brandon -- two junior M.O.'s, two social workers, psychiatric II, one social worker psychiatric II, one social worker III, and one clerk steno; for a total of an estimated expenditure of around \$27,900. At Selkirk, two junior M.O.'s -- medical officers, two social workers psychiatric II, for a total of \$20,000; plus new positions totalling \$24,930; and this totals \$81,000. We're transferring from Psycho, part-time, one psychiatric social worker and one psychologist III, and their salaries total 800 which makes the \$81,800. We have at the present time, for the committee's information, three psychologists in the service and we're hoping to get five new, who are on bursaries at the present time, available this summer to help us get this off the ground.

MR. ORLIKOW: Well, Mr. Chairman, the members can say "pass" as often as they want. I want to say something and other members, and I think we have a right to say it. I'm glad that we're making this start, Mr. Chairman, but again I must enter a reservation about the modestness of the start. As I understood the Minister, he said that these will be staffed with, each of them with two junior medical officers. Am I right in assuming, therefore, that these are in fact not certified psychiatrists?

MR. JOHNSON (Gimli): No, they're not. These two teams that I'm talking about here are not certified psychiatrists, no, but they're working under the supervision of these men. That's why they're based at Selkirk and Brandon. The other full team will have a full-time psychiatrist.

MR. ORLIKOW: Well, Mr. Chairman, this bears out again what I said a little earlier that, in fact, while this is a beginning and I'll say even a good beginning, it really does very little to increase the qualified technical staff we have. It bears out what I said before, that we seem to be ready to pay any amount of money necessary to get engineers to build a road -- we certainly wouldn't hire people who are not qualified graduate engineers with probably trained specialists in road-building or bridge-building or whatever else we need -- but we're not prepared to find the people who are qualified to work with the human mind, and I think this is to say the least a tragedy. I certainly agree with the Minister about the wonderful work which is being done by the very limited staff which we have, but how much we can expect from them and why they stay in this province is more than I understand, Mr. Chairman, and certainly they will not continue to stay because the history of every other province has stated if we're not prepared to do a job there are many areas which are.

Now in the province of Saskatchewan they have at the present time seven full-time mental health clinics. These have within them seven certified psychiatrists, five psychologists, five psychiatric social workers. Mr. Chairman, these seven are based in seven cities: Regina, Moose Jaw, Saskatoon, Swift Current, Prince Albert, Yorkton and Weyburn. Now they have 17 part-time mental health clinics. The following cities are visited on a regular basis: North Battleford, Assiniboia, Kindersley, Biggar, Rosetown, Maple Creek, Donovan, Melford, Tisdale, Nipawin, Davidson, Estevan, Leader, Fort Qu'Appelle, Grenfell and Kam-sack. Now this means, Mr. Chairman, that people who are ill are able to get attention right in their own neighbourhood. They are not taken away from their families and this is precisely what we ought to be doing. And yet when the Minister tells us -- and I'm glad we're spending the \$81,000 more than we spent last year -- but when the Minister tells us that we're going to have two teams and the two teams are, in fact, not going to be staffed by graduate certified psychiatrists, I must express concern. I want to suggest, Mr. Chairman, and I do this seriously and when I've said this I'm finished on this item, I want to suggest to the Minister that it is time that in this province we do what the Province of British Columbia arranged to do, I think two years ago. The Province of British Columbia, and I know the Minister knows about this and I want to say it publicly and make the suggestion publicly, the Province of British Columbia, I think two years ago, made arrangements to have a survey, of the hospitals, the mental hospitals and the mental health clinics and the mental health needs, done by the American Psychiatric Association. I want to suggest to the Minister that he give consideration -- I don't expect him to give us an answer today -- but that he give consideration to the advisability of a

(Mr. Orlikow, cont'd.)...survey being done of the mental health requirements of the Province of Manitoba either by the American Psychiatric Association or, if they have the staff, the Canadian Psychiatric Association. And, Mr. Chairman, I think that this is a must for this province.

MR. CHAIRMAN: (b) (1) - (2) -- passed. (3) (a) - (e) -- passed.

MR. SHOEMAKER: Mr. Chairman, we are now down to (3) (e) (3), are we? Grant to the City of Winnipeg? I wonder if my honourable friend could advise us why there's a grant made to the City of Winnipeg and no other city in the province.

MR. JOHNSON (Gimli): The City of Winnipeg, some years ago they received a grant of 25¢ per capita in lieu of establishment of a health unit in the Greater Winnipeg area. In rural Manitoba, as you know, the local people pay really less than one-third and the provincial government pays two-thirds of the cost of establishment of health unit services. In view of the fact that the city has their own city health department, they were paid this per capita. Now the actual percentage, as we deduced that the local people put up in the rural areas for their health units, comes to 25 percent roughly of their total budget, and applying that to the City of Winnipeg -- we met with the city health officials and we deduced that we would come pretty close to the target with 35¢ a day, so it was upped a nickel per capita per day to keep in the relatively same proportion as the rural areas.

MR. CHAIRMAN: (f), (g) -- passed. (4) - (7) (a) (2) -- passed.

MR. ORLIKOW: Mr. Chairman, surely in the light of the fact that we had an increase in hospital premiums from \$4.10 a month to \$6.00 a month; an increase which gives us the enviable record of having the highest premium in the Dominion of Canada; an increase which brought in \$6 million a year I understand in increased premiums; an increase which certainly has not been explained to my satisfaction as necessary to meet the need for this year in this province; an increase which is about -- I haven't got the record here because the Minister is going so fast he won't answer questions, he won't make a statement that one can hardly be ready for him. -- (Interjection) -- Well you can say "oh no". I still have the right to speak, Mr. Chairman. I raised some questions -- well, Mr. Chairman, I raised some questions just a couple of minutes ago about the -- to go back for just a moment -- the First Minister says he's a willing Minister and he is on most occasions but I don't know what's happened to him tonight -- I raised some questions about community mental health services. I made a suggestion that possibly we ought to look at having a survey made; I pointed out that the Province of British Columbia is doing it. Now maybe it was necessary there and it's not necessary here. I would have appreciated the Minister, if this is so, if the Minister said so. So when ...

MR. CHAIRMAN: ...you said you didn't expect the Minister to give an answer tonight.

MR. ORLIKOW: I didn't expect the Minister to say he would do it tonight, but I would have expected him to say I'll have a look at it. The Minister is ordinarily very affable and very courteous and I don't know --. But to get back to hospital services, Mr. Chairman, I understand that the increase in rates will bring in \$6 million. I want to know whether that's required. I would like to know at some point, if not here -- but at the rate we're going we'll be finished with the estimates and we'll be through -- how much of a surplus will we have for this year. Just a minute. I want to know, Mr. Chairman, if it's necessary to raise the hospital rates by \$6 million, why the Federal Government, which I understand pays close between 40 and 50 percent of the total cost of the hospital plan, why the increased grant from the Federal Government for this year, as I looked at them last and I must admit I haven't got them here at this moment but I'm sure the Minister will be quick to correct me if I'm wrong, that the increased grants from the Federal Government for this year for hospital services are just over a million dollars a year. I think that the House and the people of Manitoba have a right to a detailed explanation, which we have not yet had.

MR. JOHNSON (Gimli): Mr. Chairman, if I seem to say anything about the plan, I'm an advertiser or what have you, the biggest propaganda Minister that the government on this side of the House has. Well, I'll close all these big books because I've just about had the course on this hospital plan. I spoke for an hour and some odd minutes which appeared to the Honourable Member from St. John's to be lengthy, which meant it was weak. Well I want to share with the committee a few sentiments. Since the day in which we came to office we inherited a great big giant called the Manitoba Hospital Services Plan. First of all, I want to pay tribute to the men that the former administration picked to administer this plan -- the top civil servants and senior

(Mr. Johnson, cont'd.)...men in that administration, four or five of the youngest, brightest men that we could have found anywhere to administer this great big utility. As we got into this plan with the premium that was established, we soon learned, as we mentioned in the House last year at the end of '59 with our slight surplus, just before that as the Commissioner predicted a slight surplus, he made it very clear to me that he would not care to recommend what increase it would take to carry this plan until he had adequate time to sit down with his top officials after the budgets were prepared. This is a formidable task, quite apart from what the Member from St. George thinks -- you'd think that we had a couple of "nincompoops" administering the hospital plan, to listen to what he has to say -- but nonetheless, we have a group of hard working men. I didn't mean it in that sense but he was criticising it. I don't know if he wanted me to take over all the hospitals in the province or not -- this government; he seemed to want it both ways. The Hospital Boards, as you know, have hospital administrators, full-time men watching the coffers; they have Hospital Boards; they have admission-discharge committees within each hospital. We have a consultant at the Plan; we set up a Standards Division to help control costs, experts in every field of administration and so on; and we examine budgets very, very critically. This is a long detailed process and in the last few years, as we came into the Plan as the honourable members will realize, hospitals for years were usually charitable institutions. At the end of each year they nearly universally faced hospital deficits; they had little operating capital; they were getting along with rising costs on a shoe-string.

When I went into practice the bed rate was \$3.75 a day in a small town, and when I left practice they were \$15.00 a day, and still we had one or two trained nurses in the hospital. What happens today? The rising costs brought about by the operation in the hospital or the wages of the hospital staff and so on, just reflecting what is actually going on in the community, the 40-hour week, fringe benefits, pension plans -- all these things came into being with the plan. It meant detailed study after study by the administration into these various areas and as we went along the Commissioner and staff asked me for a two month period or three month period to project our costs to see what an added bed meant; to see what the rehab hospital would mean to the cost of the hospital plan. Then he came down with this thorough study which showed that roughly \$5,200 to \$5,700 a year is required in operating capital costs, quite apart from capital costs to operate each bed. He presented me with the financial estimates for the Hospital Services Plan for a three year period, which I tabled in the House, which shows in very great detail his estimate of what he thought, from his experience with the Plan to date, would be required in beds in the next three years. He projected what salaries on the national average over the past ten years would go up in the next three years. We must realize that in the last few years, hospital nurses' salaries, for instance, have gone up -- I think I have some figures here -- between 1955 and 1960, for instance, a stenographer's wages went up from \$145 to \$185, that's 300 percent; general duty in the last five years, nurse, from \$195 to \$275, that's 422 percent; clerk-typists have gone up from \$130 to \$165, 275 percent; technicians from 1955 to '60 from \$185 to \$240, 220 percent; housekeeping maid from 1955 to 1960, 268 percent increase. These are the types of things that were happening in hospitals in the last two years -- three years.

With the need for expansion, with the need, as I indicated in introducing my estimates for a movement forward on all fronts, where you have to look at the total extended treatment problem; where we had to assess the nursing homes of the city to see their adequacy, whether or not they should come under the Plan and so on. Study after study went on and the Commissioner finally came down with these financial estimates which showed some remarkable things. For instance, five cent increase in premiums -- a million dollars in three years. Facts like this, this \$5,700 bed increase, pointing out very clearly that we were, at the time of receiving the report, faced, without some prompt action, with a gross deficit such as some other provinces chose to follow or else increasing the premium to meet the need.

MEMBER: How much was the deficit?

MR. JOHNSON (Gimli): The deficit, at the end of last year in the annual report, was around \$1.8 million. If we had not increased premiums you would lose approximately -- well, you can work that out, I haven't got it off the top of my head -- but it was very substantial compared to -- We were in exactly the same position as the province to the east of us and the same premium. At the present premium we lost 1.8 at the end of 1960. I think the Annual Report

(Mr. Johnson, Gimli): this year will indicate that. I haven't got it off the top of my head in the Financial Report that we had tabled here, but I can look that up a little later. It was estimated that we would incur a gross deficit, certainly before this House could meet to do anything about it. We were charged with the administration of the Plan; we decided to play it straight. Our judgment was to either curtail services, reduce budgets, or go forward and face the premium increase and continue the benefits to the people and balance it out over a three year period, which is exactly what that Financial Report, if you look at it carefully, will show you, to the decimal point, what we estimate. I'm amazed how close in the past the Commissioner and his staff have come to predicting these estimates. It's quite obvious, therefore, that as we went into these plans to begin with, they do require a great deal of study. This Willard Survey indicates very clearly the extensive type of planning that is required with a universal compulsory system of this magnitude. At the same time, the main features of the report were to maintain the service that was being given by the hospitals today. We think they're being administered as efficiently as can be. We feel that the main cost factor is the number of beds we build; and that's why we're going to have to have a very balanced building program in the future, looking at both our need for long-term care and acute care facilities. But certainly in this Financial Report which is tabled, the facts are all there. This is the advice that I shared with my colleagues and this government increased the premium on that basis. Certainly right from the beginning our main concern, as is the concern of this committee and the concern of the First Minister -- all of us, was that this was a high premium possibly for those in the lower income groups; and certainly this is something with which we have been most aware and are still actively working on. That's really all I can say. We've played it perfectly straight, as they say, and the costs are there. This is an extensive study which was conducted, as I say, over a period of months. I must say that in the over all picture, as the financial estimate points out, possibly the big increase is over; the fact that the 40 hour week is in; the fact that the workers in hospitals are enjoying similar benefits of the community at large. However, in the future there's no doubt that our costs are going to be tied, as I said, to the number of beds we build.

Now I'm repeating myself but I think that simple statement can stand on its own merits. We do think that over the years, the thing that is showing up so clearly is something which those who were experts in this field have always pointed out, I think, for some years, that it's not good enough to move forward in the front of building acute hospitals, you have to balance your approach by building lesser care facilities to enable the patient to get back into the community. We have explored many areas under the Plan. The answer to the Hospital Plan, Mr. Chairman, is not entirely in building hospital beds. The answer is in making the maximum use of these beds. The Consultant to the Plan has worked constantly with admission-discharge committees, with physicians in hospitals, looking at these problems. Our Standards Division staff have visited all hospitals in rural Manitoba and sat down with the working staff of these hospitals to measure out the number of personnel that should be necessary to operate a unit of a certain size. Our Drug Consultant or Pharmacist has worked with hospitals in working out formularies to aid in possibly buying more drugs on group basis through generic names, etcetera. We have the Associated Hospitals working on this problem independently of us; we have constant rapport with the association. We have looked very carefully at all types of facilities below the plan in order to try and separate out those institutions in the community, other than hospitals, which can offer certain types of care. These have to be classified, otherwise it's impossible to set per diem rates in institutions with many elements of care in them. We have looked at home-care programs. I had the pleasure of bringing the National Minister of Health when he was out here to see the home-care program at the Winnipeg General Hospital where tremendous -- a caseload of 100 has been maintained. The VON, the voluntary agencies in the community have been used in this exercise. This has proved highly successful. Then our home-care program in addition to this through the rehabilitation section of the Department of Health. But what I would like to say, no single component in itself will offer a total solution. There's a balance wheel as to how far as you can go in home-care programs. There's a balance wheel as to how many acute beds are really necessary with proper control of these beds and proper usage which we leave up to the hospital boards whom up to now are self autonomous. These are some of the factors: the cost of drugs and the use of drugs, the use of modern drugs, the higher cost of medical technical equipment which is rising rapidly where one machine alone

(Mr. Johnson, cont'd.)...may cost \$100,000. We had great long studies into this matter in setting up the clinical research investigating committee to advise us as to how many of these should go into which hospitals and where. These are all factors which were taken carefully into consideration in the financial estimates which I tabled. It pointed out that each one of these has an impact on the premium. And then as you settle the premium down, or you settle the cost of care down, you then see that additional facilities mean more money.

Now let's be fair about this. What do other provinces in Canada do to meet the rising cost of hospitalization. Manitoba isn't alone. I've attended the advisory meetings in Ottawa now at the national levels speaking with the various ministers from other provinces across Canada and we all share the same experience. British Columbia, five percent sales tax; Alberta, real estate tax; Saskatchewan, 24 and 48, three percent sales tax, I believe; Ontario kept their premium down, lost I don't know how many million in the past year, and now we noticed they're going for a sales tax; Quebec is on the income tax, and incidentally when the honourable member mentions more federal money this year -- the Federal Government shares 50 percent of insured services, as we use 50 we get more from them. Whether Quebec's entry will help us or not in the national average, we don't know, but we're averaging around 47 percent to 48 percent from the Federal Treasury on the overall picture. They pay up to 25 percent of the national average and 25 percent of the provincial average in making up their payment. New Brunswick of course abolished premiums. We don't know what's happening there but we know they have a sales tax. Nova Scotia, five percent sales tax. And so it goes. The rising cost is of concern to this government, of great concern. Fantastic studies have been made. Evidences of two of them have been laid before you. Other studies too numerous to mention but which I reflected upon briefly as I went throughout my statement at the time of tabling this thing indicated part of these studies. We are concerned that we must study this Willard Report further. It looks on first blush as though the commissioner and staff's guess was pretty accurate concerning the number of beds required over the next few years. However, we are looking for that balanced program. We're exploring home-care. We're exploring the government's role in areas below the plan to support the plan. We see increasing challenge in the public health field to keep people out of hospital. We see a great challenge in our welfare programs through the provision of health services to keep people in their home environment. These are all factors that have to be explored together. The concern to us is the fact that the \$3.00 and \$6.00 which represents the absolute necessary premium to maintain the services till 1963 is made up in this way. The money which was spent and voted on in this committee towards cancer, tuberculosis, mental health, preventative health and planned subsidy comes to around, we see around \$10 million a year. This is all money from the consolidated revenue. We must also remember that half that premium which is paid by the Federal Government comes out of general taxation at the federal level. We realize everything that comes out of the consolidated revenue in these health estimates comes out of the taxpayers' pocket and the provincial coffers. And still we have to have the \$3.00 and \$6.00 premiums. I as Minister had no choice other than to recommend -- to absorb a huge deficit and face this committee with a huge deficit -- I had no alternative other than to recommend an increase in the premium. We are concerned and are continuing to work to find a measure of relief for those in the lower income groups.

MR. ORLIKOW: Mr. Chairman, I'm sorry I never suggested for one moment that hospital costs weren't going up. I never suggested for one moment that they could do anything but go up. I recognize as well as the Minister or nearly as well as the Minister that the salaries and wages have to go up. I know something about what goes on in the City of Winnipeg and I know that the wages paid to non-professional staff in hospitals until several years ago was a disgrace and a blot on the community and brought about a turnover in staff of close to 100 percent a year. We know these facts, but the same facts are true in every other province. As a matter of fact, Mr. Chairman, the fact is that we have less beds per thousand people in this province than the Province of Saskatchewan and we have less beds -- I'm speaking from memory but I think I'm correct -- we have less beds per thousand population than the Province of Ontario. So we are not doing in this province what the other provinces are doing. As a matter of fact, Mr. Chairman, if members want to look at the estimates of Saskatchewan they will see that the Federal Government is contributing more to the hospital plan in Saskatchewan than they are to the hospital plan in Manitoba because they have a more extensive service. Now, the point I make again

(Mr. Orlikow, cont'd.)...as I made here earlier, is that we're still faced with the fact that the people who pay premiums are paying more than anybody else. Now the Minister says that other provinces have other means, and that's true. The Minister seemed to imply, at least that's the way I got it, and the Honourable Member for Ste. Rose also got it that way because he brought it to my attention, that the Province of Saskatchewan brought in the sales tax to pay for the hospital plan. This is not true. The sales tax was in effect in the Province of Saskatchewan when the CCF Government took over in 1944 and they didn't start the hospital plan until 1947. -- (Interjection)-- I beg pardon? They raised it, that's true. It's true, and they make no bones about it, and I don't try to hide it. I don't like the sales tax. I'll never like the sales tax, but, Mr. Chairman, I suggest that it's wrong for us to load the entire cost or almost the entire cost on the premium-payer, which we're doing. Let's look at the -- the members are in a hurry they want to get on with the business -- let's look at Item 7 (d) Hospital Insurance Plan. And what does it show? We're not estimating that the Province of Manitoba will pay one single cent more. It's the way I read it. I don't claim to be a financial expert, but we're not planning to pay one single cent more for hospitalization this year than we paid last year. The Minister just gave us a long story about how costs are going up. Well who's going to pay the cost. Not the Treasury, oh no. That can't be. It's going to be the premium-payer. Obviously. And this is why we're paying the highest premium in Canada.

I want to say just one more thing, Mr. Chairman. The Minister says that he's got a three year plan. Well I'm a pretty suspicious guy; I'm a politician like everybody else here and I don't mind admitting it. I can count and if you raise it from \$4.10 as we did last year to \$6.00 in order to have a three year balanced plan, what do you do? You have a surplus. You not only pay for the deficit the Minister talked about but you have a nice surplus. And you have a nice surplus this year, and you'll do fine until after the next election and that's when you'll get another rise in the hospital rates. And I say this is politics not health.

MR. JOHNSON (Gimli): I tabled the financial reports for three years. These are done by experts. Far better experts than my honourable friend from St. John's or myself. That's played straight. There's a little surplus, there's a large surplus, say close to \$2 million the first year. It's right in the book. We break even the second, and we lose \$2 million the third. Would my honourable friend like to challenge that accounting? It's a fact.

MR. ORLIKOW: I don't have to. I'm not questioning the accounting. The point I'm making is that in my opinion, in the opinion of the people who sat on your Manitoba Hospital Council, like the people representing the Farmers' Union and the people representing the Labour Federation, I'm saying exactly what they said to the Minister and to the government. Don't raise the premiums by close to 50 percent this year. Raise it by the amount necessary to meet it each year. This is what in essence they said to you. Am I wrong? No, this is what they said. -- (Interjection) -- I beg your pardon?

MR. JOHNSON (Gimli): It's a matter of opinion just how you should raise it.

MR. ORLIKOW: Exactly. It's a matter of opinion, and I'm expressing my opinion that I think we did it the wrong way for the people of Manitoba and the right way from the point of view of the members opposite.

MR. M. N. HRYHORCZUK, Q.C. (Ethelbert Plains):Mr. Chairman, before we leave this item, I don't think that we've had a satisfactory answer from the Minister except the last statement he made where he admitted that they probably will have a surplus this year. And what the people of the Province of Manitoba are concerned with is just exactly that. I don't think the people of the Province of Manitoba expect the Department to operate at a deficit. They're prepared to pay increased costs as they come along, but the point that the Member for St. John's has raised is why increase the premium far above what is needed to operate that particular section of the department. There's no doubt that the increase was unjustified at that time, and as long as we're clear on that point, then I don't think there is any need for further argument on it.

MR. GRAY: Mr. Chairman, before I direct my two questions to the Honourable Minister I wanted to make a statement that if we're going to be kept here until three o'clock in the morning the hospital premiums will have to be increased very soon. This is a warning to the Leader of the House. My two questions are this. Who has the final say as to a patient's stay in the hospital? I know that the doctors are usually doing it, but if hospitalization is paid for, at least the

(Mr. Gray, cont'd.)...biggest portion, unless they have private wards, then sometimes there's a tendency for the patient to stay longer. Question No. 2: -- If they find there's a big surplus, would the premium be reduced or it stays as it is now, is the increase meant for the next three years? Thirdly is this: A lot of people in the province get a notice from the administration of the hospitalization. Many letters get lost, and they are immediately due to be fined or penalized. Would it be possible to have a second reminder out -- I realize it will cost money but I don't think it will be very much, it will go on a 2¢ stamp -- a second reminder because I know many that did not get a notice and they had a little trouble about it.

MR. JOHNSON (Gimli): Mr. Chairman, I suppose we are --. Is he talking about the premium notice.

MR. GRAY: ...three questions, one is who has the final say in connection with the patients stay in the hospital. Number 2: Is it the intention of the administration to reduce the premium if they find that they have a large surplus. Number 3: Whether it's possible to remind those who are not paying in time -- remind them a second time?

MR. JOHNSON (Gimli): Mr. Chairman, I'm not too sure about the last question. Are they given a second notice, premium notice, if they don't pay the first time? Yes, they are given a second notice. Number 2: Who has the final say as to hospital? As long as it is medically necessary. Will we reduce it if we find we have more money than we need? I think we will at this point take this large document which was put on the table today and relate the impact of this on future hospital costs and make a report at a later date.

MR. MOLGAT: Mr. Chairman, frequently when speaking about this question of hospital rates the Minister, and I think some of the advertising that I saw at the time of the rate increase, refers to hospital space, that the costs are increased by the fact that we have to add new hospital space. Now I don't quite see how this relates exactly to the cost of the hospital plan because it seems to me that the provision of beds in hospitals is done through capital and not through the hospital plan. There was a system of building hospitals that went on for years before the hospital plan came along. It used to be on the basis of, as I recall it, of \$1500 or \$1000 from each government. -- (Interjection) -- Well, if I'm on the wrong thing that's fine, but the ads that I saw in the newspapers at the time my honourable friends were explaining why they increased the rate by 50 percent, left with me and a number of the people I spoke to, the impression that the government was saying it was because they had to build new hospitals the rates had to be increased. -- (Interjection) -- Well I can't see that though. How does that relate to the hospital plan?

MR. ROBLIN: ...difference, those advertisements refer to operating costs not to capital cost.

MR. JOHNSON (Gimli): The advertisements referred to the actual capital cost except in this sense that when you take the over-all average across the province and the number of beds we have, and the amount of money we pay hospitals who are operating on their per diem rate, it averages out around, or this year it would be around \$5,700 per bed in operating costs quite apart from capital. Now in additional space, this was things like taking under the hospital plan the beds in the sanatoria of finding new beds at the Princess Elizabeth, of additional space in other areas-- in the Princess Elizabeth, one of the municipal hospitals. I think by very minor alterations we created more beds. All this of course means more operating costs because it throws more beds into operation.

MR. MOLGAT: I'm sorry I haven't got the ads here but the impression I got when I read them is that these inferred that it was capital costs.

MR. JOHNSON (Gimli): ...these grants are still \$2,000 provincial and federal, and as you know the policy in this province which I find is probably the most generous in Canada, requires a 20 percent local equity in the hospital plant and we absorb the capital cost payments -- the amortization and interest fee below grants and payments.

MR. FROESE: Mr. Chairman, I suppose we are discussing the hospital insurance plan, the \$3 million item. I would like to know just what is all included in this item. I suppose it includes the grants towards hospitals that have been constructed, but what about those that are going to be constructed. I notice from this survey, the Manitoba Hospital Survey Board report that they're recommending an addition of eight beds to the Altona Hospital, not through new construction but through renovation and after the Nurses' Home has been constructed, and they also recommend 57 beds -- a new hospital for Winkler. Winkler as you know has had very high

(Mr. Froese, cont'd.) . . . occupancy in their hospital for many years. I was interested to know as well as the member for Ste. Rose who I think in part has already put my question and it was partly answered -- and I always took it that the grants that were received from the government were in lieu of depreciation and also in lieu of interest on capital. Then supposing this hospital is built this year, if it can be arranged in that short period of time, how much grant is going to be given to these hospitals? Further, I've been told from time to time, and I've never had time to check on this myself, but I'd like to question the Minister as to whether it is required to have a compulsory plan in Manitoba in order to get federal assistance? I noted that the honourable minister mentioned that in Alberta they are levying four mills as the basic rate, but then they have a voluntary plan in Alberta in addition to that, and I would like to see a voluntary plan in Manitoba. Another matter which has interested me and that has also been brought to my attention is the way the hospitals have to budget. Is it true that hospitals that run more efficient and at a lower cost are getting less money in grants towards their operations? Then further, I happened to see the Honourable Minister on TV not so long ago when he was interviewed and apparently he does not believe in a deductible clause as a deterrent. I personally do not agree with him but maybe he can convince me on that sometime later on.

MR. JOHNSON (Gimli): Number 1: Grants to hospitals are \$2,000 per bed, federal and provincial matching. Number 2: The \$3 million is made up on page 12 of the financial estimates of the Hospital Services Plan. It tells of the formula that the commissioner and staff worked out to have some formula for relating the costs of operating a waiver of hospital premium to the recipients of public assistance and those people over 70 who qualify under the old age assistance means test with income ceiling. The formula is in that pamphlet. In addition to that in the appropriation as you see here, in addition to the \$3 million, we vote a certain amount to the teaching hospitals of the city. We pay all the direct costs of the out-patient departments in the large teaching hospitals and the indirect costs are picked up and shared by Ottawa. However, they wouldn't share in direct cost and in certain special services so these are paid wholly out of consolidated revenue, but the formula that is worked out is the number of recipients of public assistance I believe, divided by the number of single premium unit payers times the -- I haven't got the exact formula, it's in this book -- and to this is added the special service costs of the OPDS and that's how we get the \$3 million. This will go up each year as service and costs rise.

The last question my friend asked was: Do you have to have a compulsory plan in Canada for federal budgets? You have to have a plan that is universally available to all people under uniform terms and conditions which pretty well has to include everyone. Budgets more efficient and lower costs. The more efficient a hospital the lower their cost. Yes, and God Bless them. In setting their budgets the actual legitimate costs are brought in and these are reflected in the budget that is decided upon. I might tell the honourable member that when we come to a figure in setting a budget should the hospital run so efficiently that they have money left over at the end of the year we allow them to keep up to two percent of their operating budget in any one year; but the tendency is to live up to what your actual costs are and this is our experience to date.

MR. WRIGHT: Mr. Chairman, in regard to hospital insurance plan premiums I mentioned last year that in my opinion nothing gives our pensioners more concern than when they get this six month notice to pay these premiums in advance. Last year it was \$24.60, now it's \$36.00. I'm not thinking particularly of old age pensioners but there are many people who are living on very modest pensions. Now the Minister last year promised to look into the matter to see whether or not these premium payments could be deducted from their pension cheques. It may not seem very much money, but \$36 in advance to a person on a \$70 pension is certainly quite a bit.

MR. JOHNSON (Gimli): I'd like to point out to the committee that there are approximately -- I looked up these figures -- there are approximately 81,000 people in the province over the age of 65; 21,000 receive a waiver of hospital premiums at the present time. As Honourable Member says this is the group however where the hospital premium is of concern.

MR. GUTTORMSON: Mr. Chairman, if I understood the Minister correctly, he said that the hospital costs during the past year, 1960, was \$1,800,000 more than the previous year. Can he tell me what the anticipated increase is for this year over last year?

MR. JOHNSON (Gimli): The whole picture is in this financial estimate. I just can't dig it

(Mr. Johnson, cont'd.)...out quick enough here but you have your copy there. The whole story is right in here. I'll try and get a written reply.

MR. GUTTORMSON: Well, I apparently didn't look in the right place but I couldn't find this amount, that's why I wanted the Minister to tell me what it was. -- (Interjection) -- When did you wake up?

MR. SCHREYER: Mr. Chairman, I had a question here pertaining to the Annual Report of the Hospital Services Plan. The Minister I see has a copy, and I would refer him to Page 22 and 23. I thought I could read a balance sheet Mr. Chairman, but I must confess that I really can't make this one out. I'd like the Minister to explain, if it's possible, the difference between two things here. First of all, the difference between the -- on Page 22 -- the \$3 million amount which is what the grant from the province is supposed to be, and then on Page 23 under receipts from the province by way of grant, it's \$2,982,000. Now I know it's only \$1,000 but there must be some explanation. Perhaps the Minister could explain that differential, small as it is. The other question, Mr. Chairman, also on Page 22 and 23, there seems to be a discrepancy here -- I can't make it out. The difference between receipts and disbursements comes to \$2,465,000, receipts in excess of disbursements. Then you go back to Page 22 and the difference between revenue and expenditure is a deficit of \$1.6 million. Now if receipts exceed disbursements by \$2.4 million how can revenue exceed expenditure by \$1.6 million. Obviously it's possible because that's what the case is but I'd like an explanation on that.

MR. JOHNSON (Gimli): ...right off the top of my head here -- I'd like to discuss this with the honourable member at the Public Accounts committee if I may. I could gradually look this up and get a full explanation for the honourable member and bring it back.

MR. SHOEMAKER: Mr. Chairman, on the same subject, and I'm looking at Page 23 of the same report, you note that the contributions by the Government of Canada was \$13 million-odd and the total receipts \$32,895,000 so it looks as if the federal contribution was 40 percent or very, very close to 40 percent. I'm wondering, does that compare favourably with the other nine provinces?

MR. JOHNSON (Gimli): I'll have to again check the exact percentage as referred to by the honourable member, but Mr. Chairman, the average reimbursement from Ottawa the Commissioner advises me last year at the end of '60 was about 47 percent. The exact relationship of this to the rest of Canada I will have to determine, but our costs being a little lower than some of the other provinces is one of the reasons why we are a little below 50 percent on the average. As costs rise, say in other provinces, we get more of the national average and therefore would get a higher percentage provincially. But I will check up the exact figure as reflected by this \$32 million.

MR. MOLGAT: Mr. Chairman, I was referring a while ago to some of the ads which had given me the impression that my honourable friends were referring to capital. Now I haven't got all the ads here but my honourable friend the Member for St. George has given me some of them. Here's one which was headed up "More Hospital Beds are Needed". Now, it's true that in the first paragraph they say that 42.8 percent of the increase is to cover the expense of operating, it merely says that additional beds were required because of the increase in population, the increased number of elderly Manitobans who used more hospitals. Then it goes on and says in the next paragraph, 687 additional beds will have been made available between July 1st, '58 and December 31, '60. In addition 1,060 more beds will be provided during the next three years. This will make a total increase of 1,747 beds, by the end of '63. When you tie that in with the heading it seems to me that the inference is certainly that obtained, I would say, by the majority of the people I've spoken to, is that this infers that capital is involved in this. On another ad, this one just refers incidentally to it and it says this: "The balance of the increase is due to the improved services and additional hospital beds". Nothing said again about operating. Now it seems to me that this gave the wrong impression to a number of people in the province. -- (Interjection) --

MR. JOHNSON (Gimli): I think if the honourable member looks at the financial estimates of the Plan for '61 to '63, he will see that the percentage total increase is spelled out: provisions for increase in costs levels was 46 percent of the increase; provisions for added services, greater utilization of special services and improved standards 14.2 percent; and the increase in

(Mr. Johnson, cont'd.)...patient day volume because of additional beds is 39.5. This is where I was trying to say when I was talking with no headings as to the impact of more beds on the hospital plan. Obviously every time you bring a bed into force you raise the operating cost of the Plan. Now I don't think the member is absolutely clear, and I'd be glad to give him a work sheet on it, as to how capital costs are handled in say a new construction project. If a hospital, say a ten bed hospital cost \$100,000, grants are \$40,000 per ten bed unit. The local people are asked to put up 20 percent of the total which is \$20,000. The balance of this -- they have to pass, say in a municipal hospital, a municipal by-law, or in a voluntary hospital, they sell debentures. The amortization and principle and interest on this money is -- we allow them depreciation on all but grants and local equity, and we allow them interest on all but grants down to the 20 percent. This is taken into account in making capital payments to the hospitals at certain intervals. Now the total budget of a hospital, when we are setting budgets as to the operating rate of the hospital minus the rent revenue from non-insured services -- that is people coming into the province, visitors, Workmen's Compensation Board cases -- you subtract their hospital's revenue from their total budgetary need, and then we subtract \$2.00 a day times the number of patient days and the net of this divided by 24 is paid out twice monthly in 24 equal payments to the hospital. Then depending on hospital usage pay to the hospital as claims come in, we pay the hospitals \$2.00 times the claim and we pay this once a month. This is the instrument and the method by which hospitals are paid as we go along. In addition to this we make the capital payments towards depreciation and interest on this money that we're speaking of. So every time you build a bed you have this capital cost factor.

MR. MOLGAT: I want to thank the Minister for his explanation on the method of financing. I was aware of the broad lines of it, not of the details. My objection actually was the inference that I gathered in the ads that this actually meant capital cost. I accept his explanation that it does not mean that, and I presume that we get the capital requirements later on in the session that there will be a figure in there for hospital construction.

MR. JOHNSON (Gimli): Yes Sir, it will be around one million three or four this year.

MR. MOLGAT: Now, there were some questions a little earlier about the figures in this book and the Minister said that he would prefer to have some discussion on this at Public Accounts which suits me all right. I would just like at that time if -- I haven't got last year's book unfortunately, I can quite see how we get the deficit this year of \$1,675,000, but I don't see how we have an accumulated deficit from previous years of \$5.7 million, as indicated on the balance sheet on Page 21. If he hasn't the answer now, it will be fine with me in Public Accounts.

MR. CHAIRMAN: 7 (d) passed.

MR. SHOEMAKER: Mr. Chairman, I know that the Honourable Minister does receive many briefs and many delegations, but I wonder if he has given any consideration to Resolution No. 58 that was put forward by the Manitoba Chambers of Commerce, concerning Manitoba Hospital Services premiums? Because after all I don't think that an organization like the Manitoba Chambers of Commerce or the Canadian Chambers of Commerce, pass resolutions without giving it serious consideration. This is the way it reads: "Whereas the Province of Manitoba collects Manitoba Hospital Service premiums to cover hospital care costs; and whereas the taxpayer can no longer claim hospital costs on Income Tax deductions because of hospitalization being a national social welfare scheme; therefore be it resolved that the Manitoba Chambers of Commerce urge the government to permit the inclusion of the Manitoba Hospital Services premiums as a legitimate item for income tax deductions". Now I know my honourable friend can't do anything about income tax deductions, but I would like to hear his views expressed on this, and if he is in accordance with the Resolution, is he making presentation to Ottawa to implement this Resolution?

MR. JOHNSON (Gimli): I'd rather not comment on that at this particular time, Mr. Chairman, I'm not too familiar with this resolution. I'll have to look it up.

MR. CHAIRMAN: 8 (a) -- passed.

MR. WRIGHT: Mr. Chairman, under Health Units. In the tornado that took place on the previous page -- I soon found out you have to sit on the edge of your chair, you mustn't relax because you don't have time to get up. Child Guidance Clinic \$35,000 which is a new item, I'd just like to ask the Minister if any of that amount will be allocated to the various health units. In other words, will this child guidance work be done in our health units.

MR. JOHNSON (Gimli): Will child guidance work be done in your units?

MR. WRIGHT: Will we have child guidance clinics in our health units or as part of the health units or where will this money be spent?

MR. JOHNSON (Gimli): Which amount of money are you speaking of.

MR. WRIGHT: \$35,000 for child guidance.

MR. JOHNSON (Gimli): Yes, we -- I'm sorry, Mr. Chairman. Under the child guidance clinic we are responsible for the salaries of all the staff on the second floor of the child guidance clinic if you know the psychiatrist, 21 social workers and psychologists along with -- we pay I think around \$80,000 -- I can get the story on that.

MR. WRIGHT: Mr. Chairman, I don't want to burden the Minister. I just want to know whether or not this work will be extended to the various health units because it seems the logical place to do this kind of work if we are going to extend the program.

MR. JOHNSON (Gimli): Well I don't know about that at this time but I will check on that. I think they're working through the various suburbs, that's for sure in St. Vital, West Kildonan and so on. And certainly I know that their services are available to the suburbs. In speaking to the director not long ago he mentioned the fact. And we give approximately \$80,000 in grants, etcetera to the guidance clinics and as I understood it its service is available to the suburbs of West Kildonan, etcetera, but if that is not true I will communicate so to the member.

MR. CHAIRMAN: (b) -- passed. (c) -- passed.

MR. GUTTORMSON: Mr. Chairman, has the Minister any figures which would indicate how many people in Manitoba are in arrears with their hospital premiums?

MR. JOHNSON (Gimli): No, I haven't got this at my finger tips but I can certainly find that out for the honourable member.

MR. CHAIRMAN: 9 (a) -- passed; (b) -- passed; 10 -- passed; 11 (a) -- passed; (b) -- passed; (c) -- passed; 11 -- passed; 12 (a) -- passed; (b) -- passed; 12 to 13 -- passed; 14 (a) -- passed; (b) -- passed; 15 -- passed; 16 -- passed; 17 (a) -- passed; (b) -- passed; 17 -- passed; 18 (a) -- passed; (b) -- passed; 2 -- passed. Resolution 49.

MR. A. J. REID (Kildonan): Clearly please.

MR. JOHNSON (Gimli): Mr. Chairman, I have my note here. Yes I'd like to -- this is a very important department -- the department of Public Welfare and I certainly appreciate the co-operation of the honourable members despite my lack of ability to come up too quickly on some of these hospital plan problems -- the exact figures but I will get that information for you tomorrow. However, in introducing the welfare estimates I thought I should share with the honourable members again some feelings at this time. As you know over the past two and a half years there has been a very substantial percentage increase in these welfare estimates and in Manitoba as in other provinces there is today considerable change and revision in the field of welfare. Our concept of public welfare and the method by which these services are to be brought to the people in the future are changing. We constantly hear a cry by our more old-fashioned people that we are going rapidly into a welfare state. It has been my philosophy and the philosophy of this government that the organization of welfare programs and services is bound to change over the next few years. The Federal Government's traditional pattern since 1927 of setting out the special categories it will help under complimentary provision legislation. The aged, the blind and the disabled each with its separate means test; each with its separate accounting and auditing; each with its exclusions of sharing in administration -- administrative costs, and each with its flat rate of payment unrelated directly to need must be changed to simpler and more humane provisions and integrated into professional ways of recognizing provincial welfare needs. I think Manitoba can take pride that we were the first province in Canada to pass the Social Allowance Act which in effect brought under one program many categories of assistance that we formerly spelled out as the Mother Allowance type of case. Social assistance in unorganized territories, supplementary allowance to the aged and placed them under this term social allowance. In other words, we've been trying to get away from the concept of having separate categories or programs based on the different causes of need and have been rather working towards the goal of having common type of welfare program and services for those who require a assistance in our province. We've been trying to establish a province-wide program to meet need and to spread the high cost of welfare equally through more provincial rather than municipal taxation. As I have said before the challenge is up to the Provincial Government in a plan

(Mr. Johnson, cont'd) of this type to develop an adequate administration for such a program and then to administer this on a decentralized basis of regional offices because we always must be cognizant of local factors which may enter into the granting of allowances. It has been determined by this government and we think wisely so, that to grant across the board allowances of supplements does not necessarily meet needs. I think this is clear. To the best of our ability we are concerned about the dignity of the individual. Some say it is creating an indignity to a person to ask them to apply for assistance. When a person is in need they simply have to say so. Surely this does not create an indignity. We consider a letter from a pensioner as an application to our welfare regional office or our departmental offices in Greater Winnipeg. A mere letter constitutes an application for assistance. We feel that the social worker must meet with the individual requesting assistance and help to define and describe the need realistically. To develop this type of kindly professional help a school of social work started at the University over 15 years ago and the members will note from returns to questions numerous bursaries have been given in the past year to allow people to go back and obtain further training. I can tell the committee that I see daily how important it is to have qualified and good staff in this area. Certainly there are not enough professional social workers in Manitoba and in Canada. There is room for the untrained worker. We do find, however, that the less training and experience a worker has, the more supervision is required at the regional level. And this, of course, tends to slow up your applications somewhat. I'm firmly convinced that the only way to really meet the true need is to measure the need. To do this requires a basic quantity of trained experienced staff working from a common basis of statute and regulations. How do we set the standard by our regulations? We do set our standards of course by the regulations. We must do this in order to guide our workers as to the intent of the legislation. As to how far they should go on a particular case of need, in food, shelter or clothing. In spelling this out to the best of our ability we want to see that the case of an individual -- of each individual considered in this way because we feel again and agree that a straight \$10.00 across the board may not meet the individual's particular situation. We are trying neither to be spendthrifts nor tightwads but to do the right thing. As I mentioned earlier in the House, a housekeeper, for example, required -- maybe required to keep an old couple in their own home and up to \$90.00 a month maybe necessary in paying for housekeeper services to supplement the pension. We may have a family unit where the gentleman is 67 years old in need and with his wife 63; the husband may be disabled and a threat to a separation of the unit of breaking up of a home. Where we can give assistance to the breadwinner of the household we do so because he is over the age of 65 even though his wife is below that. An old man, for instance, in a rooming house may require a special need such as a refrigerator or a heater to allow him to continue to live on his own or a slightly better room where the social worker may be able to help -- the social worker may help to find a better room. He may need a set of teeth; he may have a heart condition which necessitates a visit from the physician at his home; these are examples, Mr. Chairman, of actual cases that we have had in the past months. Again there may be a couple in a home where the father has arthritis and needs drugs and doctor's visits because he's not able to get out and get down to the hospital. Is it not preferable to spend our welfare dollars in this fashion rather than across the board. Now there may be other special circumstances. An old gentleman I know has \$55.00 in old age assistance and a small company pension of \$15.00. His income is below the income ceiling of \$960.00 per year through the Federal means test. He is getting along just fine on this with no need for extra cash allowance. On the other hand, should he become disabled, require drugs, doctors' visits, he may require more cash in order to meet his personal needs. Now a letter to us constitutes an application in this case. We can go out and measure this need. Certainly he is not going to have, in every case, everything he probably desires but our indications to date are that these people are largely pleased with the attention and the objectivity with which we try to meet that need. Even though he has received his old age assistance based on a means test, by measuring need we can give him extra cash allowance or in some cases he may require only a Medicare card. And I think this is one of the best examples that I can illustrate to the committee as to how the means test in itself does not serve a purpose but where despite the means test, despite the Federal regulation, the Federal Government shares in this extra assistance aside from the health needs. The former municipal means test actually penalized this man for

(Mr. Johnson, continued). . . . getting the extra help he needed by imposition of a lien. Now under that policy it was said that we must protect public funds. Certainly, but if a man is in need and we measure it and confirm it why should we place on a lien? The legislation gives us provision in the case of a person getting assistance fraudulently so that we can institute action to recover public money. Previous to the Social Allowances Act every member of this House I'm sure had troubles with overpayment of old age assistance where recoveries had to be made up to several years later when the gentleman was on Old Age Security and over 70 years of age. Many of these cases were brought in by various members. Now if there's real need brought about because of the federal authorities, under federal regulations reclaiming certain amounts of money given to him in excess during the period in which he receives his Old Age Assistance, we were able to step in and give extra cash allowance or medicare card or both and we can give this extra assistance if there is real need brought about by these deductions. Seeing the federal authority share in our social allowance program you can see as I'm pointing out that a certain degree of administrative duplication is going on in here that there is a bit of a jungle existing at the present time in our opinion concerning the categories of assistance and to the way in which they are administered across Canada. However, we see as I mentioned earlier that the federal authorities no matter what government is in power are going to have to revise the welfare programs on a basis of need. In this connection I might point out that in the province of Alberta the Minister is quoted in the press as stating that his Social Allowances Act instituted in Alberta, which will be introduced this June 1st, is a blueprint for all of Canada. A radical departure from normal pension planning and he says quote: "Alberta is leading the rest of Canada." I thought the members of this committee would like to know what is the first section of their Social Allowances Act, it reads thus: "A social allowance will be paid to a person who by reason of age or physical or mental incapacity is physically or mentally incapacitated and is likely to continue for more than 90 days and is unable to earn an income sufficient to pay for the basic necessities of himself and his dependents." Need I say that this has been lifted directly out of our Act but I know that Alberta is on the right track. The same type of development of provincial welfare services is occurring in Nova Scotia. I have seen the New Brunswick legislation and recently in the Province of Saskatchewan. There is no provincial or federal government that can keep up an ever increasing across the board allowance and expect to come anywhere meeting the individual needs of people who really need help. On this side of the House we are attempting to put solid meaning and sense into our program. We have looked frankly at the federal Means Test program. We also believe the federal people must decide how great a contributory old age security pension they can pay across the board to assist our senior citizens. They claim there is a certain ease of administration here, in the present arrangement, of paying old age security across the board. But how long can this go on? For every category of assistance, old age assistance, disability allowance, blind allowance, our philosophy should be properly to meet the needs. To properly meet this we must try and administer the program on such a basis or else be in for more and more types of payments which we may not be able to afford and have no assurance of meeting the actual needs as previously outlined. We have repeatedly requested from the federal authorities that they should share in the Unemployment Assistance Agreement in both the cost of health care and the cost of administration. The province should administer the needs program. This is preferable in our opinion to a jungle of means tests and the many categories of assistance. There are indications in our welfare program that federal officials approve of these principals. So also does the Canadian Welfare Council. The Federal Government have shown this by sharing in our program to date; except for health costs of administration and child welfare, that is to say now, despite the various means tests program at the Federal level, they share 50 percent in cash payment to pensioners on the basis of need and to the blind, DVA and old age assistance cases whom they qualify. They share 50 percent of the cost of our assistance to the aged and infirmed in institutions; they pay 50 percent of our special needs we offer under the Social Allowances Act; they share 50 percent for transient single men's payments that we make where we now pay for administration and with the federal government giving us 100 percent of the cost of transient single men in Manitoba. We certainly on this side of the House believe that the Federal Government must pursue and find a contributory pension plan made available to the citizens of Canada and all the incentives at the federal

(Mr. Johnson, cont'd.) level to encourage and promote the establishment of such programs. But the role of the province is very clear, Mr. Chairman, at this stage of the development of social security in this country. In our Act we feel it is good, sound, legislation, aimed as we said last year, primarily at assuming those categories of assistance which we feel primarily a provincial responsibility and not a municipal responsibility; for example, child welfare, extra cash and health needs to those over 65 in need. The support and health needs of the aged and infirmed in institutions for care other than acute hospitals this is the hard core of assistance where municipalities welcomed help. You all know that certain municipalities as we have said found this area most difficult in the past. There has been a real deterrent in the past in this area for the municipalities developing residences for the aged, the assurance today that they will get provincial support and the maintenance of those in care institutions which they may have to provide is now being realized. I feel that this may assist greatly the municipalities in the development of residences for the aged facilities in the local communities. The support of those who are disabled to the point where they require someone else to look after them. This group includes the physically and mentally handicapped and gives the armament to the staff, in these cases of real need where we all believe that some help must be available. These various types of common human need are the hard core groups that we first brought under the Social Allowance Act on February 1st, 1960. We must place first things first. The honourable members will say as they did last year that two tenths of the Act has been proclaimed and that, they call a delay. We agree that we must work as quickly as possible to proclaim the remaining sections, however, while on paper the proclaimed sections only represented as the honourable members say, three tenths of those categories we have outlined in the Act, I want to say to you that it represents in our opinion, in the opinion of my officials, eight tenths of the cases which we will encounter. Those categories of assistance which we have not yet proclaimed include the cases of desertion up to four years, cases where the husbands in jail where they are now a municipal responsibility and cases of unmarried mothers with two or more children, within municipalities and of course the unemployable, physically disabled yet not requiring someone else to look after them. I admit that these are categories that we have not yet proclaimed. My staff assures me that we must absorb eight tenths of the problems and get caught up with the job. We shall then declare these other categories which in our opinion while numerous, is not a case though anywhere as large as that in the sections proclaimed to date. Members might be interested to know that the case load under the Social Allowances program of extra cash assistance and medicare load under the Social Allowances Act is now pretty well up to the whole case-load of the Old Age Assistance Department and Pensions Board. There then remains as I have mentioned before the Indian and Metis problem. We have said in this Act that these people are citizens of this province for these Indians and Metis off reserves, we are treating them as other Manitoba citizens. This has been a subject of much discussion and effort on behalf of this government. For your information we presented a brief to the joint committee of the senate and commons last year who are investigating the problems of Indian and Metis. I believe that the brief was excellent and we had discussions following this with the federal authorities in this whole area, and with Indian Affairs and the Minister of Citizenship and Immigration. There are as we know 25,000 Indians in the province living on reserves; there are 22,000 people in addition to this known as Metis or people of Indian origin living off reserves, in the Indian way of life. Our program now reaches these people. On reserves the federal people are continuing of course, to pay 100 percent of the welfare costs of their responsibilities and are continuing to administer on reserves. As yet we have not yet completed any arrangement to take over this group mainly for two reasons: 1. We certainly want to absorb the heavy caseload in the present program that we have already stepped into and we have gone forward trying to develop a community development program in partnership with the federal authorities to go into this area slowly. I have no doubt that in the course of years, possibly many years from now, we will have reached a point where all assistance given to all of these people in the north will be under on jurisdiction. I believe that this over the course of years will be a fact both in provision of health and welfare services. I would like to point out at this point that with Indian health services our northern health services are complimentary in that we split the north country at this time between us and offer the same benefits to both Indian on reserve and off. This brief summary has tried to point out that

(Mr. Johnson, cont'd). . . . before we move in this area with the development of our community development, with numerous meetings between the federal and Indian Affairs people we have jointly agreed on the present program. Community development then is the first step in tackling this problem in this area.

MR. GRAY: Mr. Chairman, after all we are human beings and the threat over us to keep us until early morning because we have expressed our opinion in the opposition on the many important questions should not be an excuse for the Leader of the House to keep us here until after 12 o'clock. We have to stay another three months I'm willing to stay; if we have seven sessions a week I will be here but I'm not prepared to come in 9 or 10 o'clock in the morning and stick around until 1 o'clock or midnight and by the time we get home we'll have to get up in an hour or two. I think it is an imposition. I wish to protest again.

MR. ROBLIN: Well, Mr. Chairman, I'd like to just point out to the honourable member that this was thoroughly discussed when the rules were revised and it was agreed that we would take the average of the time that it usually took to pass the estimates and that there would be no attempt on the part of the government to work longer hours than the customary one during that period, because it was considered under normal circumstances we would probably be able to finish our work very close to that time. It hasn't been the case now. But this was a clear understanding; it was agreed to at the committee and I don't think I'm stretching the point to say that it was an agreement in which the government majority did not rule but rather it was understood by those concerned and particularly the Party Leaders that this would be an acceptable way of doing the business. Now I live up to my part of the bargain and I don't get fretful when the 65 hours are rolling by although some might think we should, but I don't think the Honourable gentleman's being quite fair to us because after all this thing was carefully talked out and this is what we decided we should do.

MR. PREFONTAINE: This might have been carefully talked out in committee but I don't think it was in the House. As far as I'm concerned, I think it's the first year that I have seen so much time taken by the Cabinet Ministers during the estimates. We have had how busters here, Hutton-busters and Evans-busters, and Lyon-busters and the Johnson-buster -- I don't know how you call those but we've had the Cabinet Ministers using most of the time of the 65 hours and I say that has not been the practice or the custom in this House. I've never seen it done before. Was it planned that the Minister should take so much time in answering questions and making so many speeches so that we would be hurried and hurried at the end of the session. I don't know! It seems that it was a planned proposition on the part of the government and I say that it is not fair now that we should be asked to work so late.

MR. ROBLIN: Well, my honourable friend has no right nor any justification whatsoever in making such an imputation and he knows it very well. He knows it very well! I've had the privilege of sitting where he sat and this is nothing new; we've gone through this before in the old days and I think the Leader of the Opposition will recall that he did insist on our getting through the work and I probably grumbled at the time, I guess we all do -- it's human nature. But members asked the Ministers questions and I must say that some of the questions that provoked some of these replies could well have been left unasked because they covered ground that was thoroughly plowed, if I can use that word, last year. What I would suggest, Mr. Speaker, is that the Minister having made his opening statement on Public Welfare, we can leave these estimates but I would suggest to the committee that it wouldn't take very long for us to go through the supplementary and interim supply resolutions which are more or less of a formal character and advance them to the stage where we get first readings of those Bills tonight so they can come up for a second reading in due course as the end of the month is approaching. So if that seems acceptable, what I would suggest is that we leave our estimates at the present, have the Resolution read respecting interim and supplementary supply, put them through a couple of stages and call it a day.

MR. CAMPBELL: Mr. Chairman, before we do that, I have never believed in us spending our time debating whether we're going to transact business or not and take as much time debating it as we would to transact the business. But since the Honourable the First Minister has mentioned what we used to do when we were sitting over there, I think I should make it plain that what we did was insist at that time that there was no 11 o'clock rising rule. I always maintained that; it was the fact and neither custom or the rule had established an 11 o'clock

(Mr. Campbell, cont'd.)..... rule and frequently we used to have it argued from this side that there was an 11 o'clock rising tradition, if not a rule. Now I never objected to going a little bit beyond that time. I don't now, but I think it has always been the custom in this House and certainly I know of nothing that was done in the rules committee that my honourable friend mentions; I know of nothing that was done there that we made any agreement as to going, continuing for any definite length of time. We agreed, as he has said, quite properly to an 11 o'clock rising rule until 65 hours had been consumed in the committee. It was said that after that that there would be no rule. I'm quite in favour with that. On the other hand I think my honourable friend will be ready to agree and others who were here that all we ever asked any group to do was to complete what would appear to be a reasonable amount of business and I think we completed a reasonable amount of business tonight by 12 o'clock and I think it was just being a little bit arrogant to continue past 12 o'clock when we had completed as much business as we had. Now if we hadn't completed the business I agree with my honourable friend. But we had done the business, we had done and certainly I was not one that was taking much part but the people, who were, were I think not being long, not being verbose considering the importance of the matters that were being discussed. And I think it's just plain (interjection) well, I wasn't going to say that. I just think it's just plain carrying it too far when you start into another ten million dollars after 12 o'clock when there have been so many items already passed -- I suppose \$12 or \$15 million and that's my only point. And I think the First Minister just overdid it on the first evening.

MR. DESJARDINS: Mr. Chairman, I would also rise to protest. I don't think that it's right to keep on this political circus -- that's all it is. We're here to do a job.

MR. SMELLIE: You weren't there.

MR. DESJARDINS: All right -- no you weren't here last week and that's probably why we're here now.

MR. SMELLIE: I was here.

MR. DESJARDINS: All right, Mr. Chairman, I was saying that I wanted to protest and I still do, it doesn't matter how many of them are yelling at once out there, I still think that this is not right. Not only not right for the members here; we have a certain responsibility and I think that every member will have to admit that it is -- for a good government, you need good opposition also. We have to pay attention to everything that's said out there. Now they come in, the Ministers one at a time, and I'm not saying that they're wrong, they can talk as long as they want but it is very clear that the government is trying to shove this through -- that's exactly what it is. (interjection) No I guess not! That's exactly 65 hours. Who agreed on 65 hours? The First Minister said that normally we would be finished. What is normally, if we all shut-up and let him shove all his programs right through? We only meet once a year and we're entitled to know what is going on. We're not ready for this; you know it! Who thought that you'd go "pages" the way we're going as fast as we would tonight. We can sit here as long as you can. But I mean are we doing the people of Manitoba a service when the people are half asleep when we're not ready for this. Is that what you want? Are you ashamed of what you're trying to do of your program? If not, I think it's about time you let the people go to bed and that they come in freshly tomorrow and start all over again. We can go a little past 11 o'clock, fine, but not try to overdo it. I wonder what the Honourable the First Minister would say if he was in conference in Ottawa with all the other provinces and the Federal Government had tried to do the same thing. How many of us would yell if somebody would say you have to work so many hours. It's not that we object to being here, it's not that we don't want to stay as long as they can but we have to be on the bit, we have to know what's going on and that's exactly what we want. It's no use coming here and just going by page -- if that's the case, why don't you just pass everything all together and we'll go home because that's what it's going to end up.

MR. SMELLIE: Mr. Chairman, the honourable member is very diligent now in the duties of the Opposition but he hasn't been here all evening; he was very diligent in finding out what was going on between Montreal and Chicago in the early part of this evening and now he objects because those of us who were here all evening want to stay until we get some more work done.

MR. DESJARDINS: No -- Mr. Chairman. I object! I object and I can see the First Minister is really enjoying himself right now; he's not playing around with his mustache anymore.

(Mr. Desjardins, cont'd.).... He's really happy! But I'm saying that this isn't just for the people of Manitoba. I don't give a darn about them and I don't care about myself and if I want to go out and I can stay here as late as any of you but I don't think that this....

A MEMBER: Why don't you shut up?

MR. DESJARDINS: Because I don't have to shut up! Because Mr. Smellie or anyone else won't make me shut up. No one! I think that it is unfair if we can go ahead and listen to the First Minister trying to railroad things through -- that's what he's been trying to do. That's fine with us but let the people of Manitoba know what you're trying to do because there's no great rush. Nobody is going to run away with these estimates. If any of you want to try and make me shut up, many of you should try.

MR. ROBLIN: Mr. Chairman, I've got the floor and I wouldn't dream of trying to make my honourable friend from St. Boniface shut up because I know when I'm licked. He can keep going louder and longer than I can and I'm willing to admit it. I daresay that he was fulfilling his duty to his constituents with all that due diligence that he speaks of tonight in the course of his own conduct and I leave that with him. But I think that the House is being -- I think that the committee is being a bit hard on me because the very first time that anyone said, on the other side, that it was time that we should call it a day it seems to me that I reacted in a reasonable way by accepting the suggestion so I really don't feel too badly about this myself. I do think though that it is a fact, maybe it's because the previous First Minister of the province was a better manager than I am, but he used to get his estimates through lots quicker than this and 65 hours was the average of the time. In fact it was a lot less than that in days gone by and that's the reason why we set on this figure and that's the reason why we (interjection) well, if you judge the debate by the amount sometimes some very small amounts get a great deal of debate. However, I don't intend to pursue the argument with my honourable friend from St. Boniface any further. I'd like just to repeat my original suggestion that we should leave this and I would like to advance the supplementaries and the interim this one step this evening because we are getting close to the end of the month and this is the first chance we have of doing this so I think we should do it. It shouldn't take more than about five minutes, I shouldn't think, unless we run into trouble that we don't usually have. And I would like to propose, Mr. Chairman, that you read those resolutions and we'll get that underway and then we can call it a day.

MR. MOLGAT: Mr. Chairman, before we move on with that, I wonder if I could ask a question of the First Minister. Could he tell us what the next order of business will be on the estimates after Public Welfare.

MR. ROBLIN: Yes, after Public Welfare, we will be dealing with Mines and Resources. Now I just want to issue a caveat here and that is this, that it may be that we will swing into Municipal Affairs between Health and Welfare and Mines and Resources, depending on what happens in the House tomorrow because the Minister of Mines and Resources may not be able to be here tomorrow evening. And if we should be through Health and Welfare by then which one can't tell, we may go on to Municipal Affairs instead. But it's either one or the other and I hope that will be all right.

MR. CHAIRMAN: Department 3 - Treasury - Item 3

MR. CAMPBELL: Mr. Chairman, the Honourable the First Minister mentioned both interim and supplementary.

MR. ROBLIN: Yes. I think that the thing to do -- is it not the correct course, Mr. Chairman, to deal with the resolutions that were referred the other day on interim supply and on which members have received copies. That's what we will be doing now and then we'll be dealing with....

MR. CAMPBELL: We got supplementary; did we get interim?

MR. ROBLIN: Interim doesn't require a message from his Honour so we can deal with them directly now. We can deal with supplementary first and then interim.

MR. CAMPBELL: I don't think we got them, Mr. Chairman.

MR. ROBLIN: I just have to ask the Clerk of the House about this because I understood they were all in order. Mr. Chairman, the Clerk reminds me that as far as Interim Supply is concerned, we don't deal in details, it's just one tenth of the main estimates. We just have one resolutions voting one tenth of the main estimates as that's the usual custom.

MR. CAMPBELL: But, I think we always had a Supply Bill before us or a sheet with the..

MR. ROBLIN: There will be a Supply Bill but it has to go through this committee and then the Ways and Means and then the Bill is distributed.

MR. CAMPBELL: Quite right but there was also a sheet supplied always similar to the..

MR. ROBLIN: Well I think the Clerk is following the usual procedure, Mr. Chairman, and he tells me that one is not furnished at this stage.

MR. CHAIRMAN: These have been distributed.

MR. CAMPBELL: Yes, but this is a supplementary that we are talking about.

MR. ROBLIN: Yes, supplementary first.

MR. CHAIRMAN: supplementary.

MR. ROBLIN: Yes, they are distributed.

MR. MOLGAT: Mr. Chairman, I think in the past that interim was supplied on a sheet. I certainly have here interim supply estimates 1959-60, which was supplied to us. I don't know if that's not the normal practice or what, but I certainly have my sheets here.

MR. ROBLIN: Mr. Chairman, I think the procedure is as I've outlined it to you regardless of what my friend has there. I have a statement here from the Clerk of the House who prepared the order of business and that's what he tells me. It's purely a formal resolution to vote one-tenth of the main estimates.

MR. CHAIRMAN: Department 3, Item 3 - passed; Item 5 - passed; Department 4 - Provincial Secretary, Item 3 (b) - passed; 5 - passed.

MR. CAMPBELL: What is the idea of the Civil Service Superannuation one, Mr. Chairman.

MR. ROBLIN: Mr. Chairman, that is a large sum because we amended the Civil Service Act and it came into effect on July 1st, 1960, after the estimates for that year were passed and brought all formerly provisional employees under the Act. That resulted in a demand for this large sum of money.

MR. CHAIRMAN: Department 5 - Education 1 (b) - passed; (c) - passed. Department 7 - Attorney-General 3 (a) - passed; (b) - passed; 3 - passed; 5 (a) (2) - passed; (b) (1) - passed; 2 - passed; (d) - passed; (d) (2) - passed; 9 - passed; (9) (b) - passed; Department of Health and Public Welfare 3 (a) - passed; 3 - passed; 6 - passed;

MR. MOLGAT: Mr. Chairman, that represents a very substantial sum of money. What was the reason for the large amount of understatement in the original figures?

MR. ROBLIN: It is aid for municipal assistance expenditures, Mr. Chairman, and these additional requirements resulted from the fact that the gross claims of those were larger than those that were anticipated when these were made up. They're usually made up some three or four months before they are actually presented to the House so that it means they're well in advance of the year's business and it's quite easy to be off on these particular estimates.

MR. CHAIRMAN: Department of Mines and Natural Resources 5 (b) - passed; (c) - passed; Department 11, Public Works - (a) (2) - passed; Department of Labour Department 13 - Labour Item 5 (c) - passed.

MR. ROBLIN: And now, Mr. Chairman, we think we have the resolution on Interim Supply which I would ask you to read.

MR. CAMPBELL: Mr. Chairman, I'm going to still protest on this one. I insist that we have been in the habit of having a statement before us on Interim Supply, and even though it's a tenth of the regular estimates I would suggest that -- I have no objection to the supplementary but I would suggest that we have several days yet before the end of the month and I suggest that we leave Interim Supply stand until tomorrow.

MR. ROBLIN: Mr. Chairman, I have no objection to that provided that the House will give me an indication that they would be willing to approve the passage of that particular bill through without the usual time element in the procedure being followed, because if we did that and it got left over say till Monday or next week, we might find that the time element was running out on us. But if it could be understood that we would have leave to introduce it in a rather expedited way, I haven't the slightest objection although I'm still assured by my friend who sits at the table that this is all strictly puk'ka.

MR. CAMPBELL: I'd certainly be very, very glad to give on behalf of our group the assurance that we would, if necessary, pass all the items by leave because after all it is a

(Mr. Campbell, cont'd.)... formality to a certain extent. I'd just like to check that other point again.

MR. GRAY: Mr. Chairman, agreed in this corner of the House.

MR. ROBLIN: Mr. Chairman, that completes the work of the committee. I move the committee rise.

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

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

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

MR. ROBLIN: Mr. Speaker, I beg to move, seconded by the Honourable the Minister of Industry and Commerce that the resolutions reported from the Committee of Supply be now read a second time and concurred in.

Mr. Speaker presented the motion.

MR. CLERK: 1. Resolved that it be granted to Her Majesty a further sum of money not exceeding \$14,300 for treasury for the fiscal year ending the 31st day of March, 1961. 2. Resolved that it be granted to Her Majesty a further sum not exceeding \$187,300 for the fiscal year ending 31st day of March, 1961. 3. Resolved that it be granted to Her Majesty a further sum not exceeding \$10,000 for education for the fiscal year ending 31st day of March, 1961. 4. Resolved that it be granted to Her Majesty a further sum not exceeding \$64,000 for Attorney-General for the fiscal year ending 31st day of March, 1961. 5. Resolved that it be granted to Her Majesty a further sum not exceeding \$650,000 for Health and Public Welfare for the fiscal year ending 31st day of March, 1961. 6. Resolved that it be granted to Her Majesty a further sum not exceeding \$20,000 for Mines and Natural Resources for the fiscal year ending the 31st day of March, 1961. 7. Resolved that it be granted to Her Majesty a further sum not exceeding \$8,000 for Public Works for the fiscal year ending the 31st day of March, 1961. 8. Resolved that it be granted to Her Majesty a further sum not exceeding \$1,100 for Labour for the fiscal year ending March 31st, 1961.

MR. SPEAKER: Are you ready for the question?

Mr. Speaker presented the motion and following a voice vote declared the motion carried.

MR. ROBLIN: Mr. Speaker, I beg to move, seconded by the Honourable Attorney-General that Mr. Speaker do now leave the chair and the House resolve itself into a committee to consider of the ways and means for raising of the supply to be granted to Her Majesty.

Mr. Speaker presented the motion and following a voice vote declared the motion carried.

MR. SPEAKER: Will the Honourable Member for St. Matthews please take the chair.

MR. CHAIRMAN: Resolves that towards making good and certain for the sums that money granted to Her Majesty for the public service of the province for the fiscal year ending the 31st day of March 1961, the sum of \$955,300 be granted out of Consolidated Funds.

MR. ROBLIN: Committee rise.

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

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

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

MR. ROBLIN: Mr. Speaker, I move, seconded by the Honourable Minister of Health and Public Welfare that the resolutions reported from the Committee of Ways and Means be now read a second time and concurred in.

Mr. Speaker presented the motion.

MR. CLERK: Resolved that towards making good certain further sums of money granted to Her Majesty for public service of the Province of Manitoba for the fiscal year ending the 31st day of March, 1961, the sum of \$950,300 be granted out of Consolidated Funds.

Mr. Speaker presented the motion and following a voice vote declared the motion carried.

Mr. Roblin introduced Bill No. 64, an Act for granting to Her Majesty certain further sums of money for the public service of the province for the fiscal year ending the 31st day of

March, 1961.

Mr. Speaker presented the motion and following a voice vote declared the motion carried.

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

Mr. Speaker presented the motion and following a voice vote declared the motion carried and the House adjourned until 2:30 o'clock Friday afternoon.