Legislative Assembly Of Manitoba

DEBATES and PROCEEDINGS

Speaker

The Honourable A. W. Harrison

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THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Thursday, March 16, 1962

Opening Prayer by Mr. Speaker.

MR. SPEAKER: Presenting Petitions.

MR. W. B. SCARTH, Q.C. (River Heights): Mr. Speaker, I beg to present the petition of Arthur Uniacke Chipman and Others, praying for the passing of an Act to incorporate St. John's College Endowment Foundation.

MR. SPEAKER: Reading and Receiving Petitions.

MR. CLERK: The petition of Harry Shnoor, praying for the passing of an Act to validate a Certain Devise in the Last Will and Testament of Esther Shnoor, Deceased.

The petition of Frederick J. Douglas and Others praying for the passing of an Act to incorporate The Church Home for Girls.

MR. SPEAKER: Presenting Reports by Standing and Special Committees.

Notice of Motion.

Introduction of Bills. The Honourable Minister of Agriculture.

HON. GEORGE HUTTON (Minister of Agriculture)(Rockwood-Iberville) introduced Bill No. 72, An Act to amend The Rivers and Streams Act.

MR. SPEAKER: The Honourable the Minister of Agriculture.

MR. HUTTON introduced Bill No. 70, An Act to amend The Fruit and Vegetable Sales Act.

MR. SPEAKER: The Honourable the Attorney-General.

HON. STERLING R. LYON, Q.C. (Attorney-General)(Fort Garry) introduced Bill No. 71, An Act to amend The Liquor Control Act.

MR. SPEAKER: The Honourable the Member for Assiniboia.

MR. GEO. WM. JOHNSON (Assiniboia) introduced Bill No. 26, An Act to amend An Act to incorporate Trafalgar Savings and Loan Association.

MR. SPEAKER: We have with us this afternoon, 26 pupils from Churchill School, Grade VIII. They're under the guidance of their teacher, Mr. MacKenzie. The school is located in Osborne constituency and represented by Mr. Baizley in the Legislature. I am sure that the students by their visit this afternoon will receive some pleasure from watching the proceedings of the Legislature, and I am sure that they are proud and happy to go to Churchill School. They must recall sometimes thatChurchill is a rather famous name in British history, as Sir Winston Churchill was a wartime premier of Britain and a very distinguished public figure. We hope that their stay this afternoon will be pleasant and profitable.

Orders of the Day.

HON. GEO. JOHNSON (Minister of Health)(Gimli): . . . to table a return to an Address for Papers of Tuesday, March 6th, on the motion of Mr. G. Molgat, Leader of the Opposition.

MR. SPEAKER: Orders of the Day.

HON. STEWART E. McLEAN, Q.C. (Minister of Education)(Dauphin): Mr. Speaker, before the Orders of the Day, I should like to lay on the table a return to an Order of the House, No. 14, agreed to on March 6th, 1962, on the motion of the Honourable Member for St. John's.

Also Mr. Speaker, before the Orders of the Day, I have a statement that I expect to read to the House. The Federation of Malaya has a rapidly growing economy and is anxious to expand the industrial arts and vocational programs in its schools. To do this it requires trained teachers and the logical place to produce them is in Malaya. The government of that country has appropriated money for the construction of a school in which it will train teachers of industrial arts, but it does not have a sufficient number of trained people who can plan, establish and operate such a school. It turned to Canada and asked that the External Aid office in the Department of External Affairs, operating under the Colombo Plan and Commonwealth Plan and Commonwealth Education Schemes, to provide a part of the staff and some of the equipment for the school. A fine site has already been selected in Kuala Lumpur, the capital of the country.

Some time ago Canada asked Manitoba to help in the recruitment of a principal, a shop director and three teachers. The Government of Manitoba agreed to assist. After consideration it was agreed that Manitoba would find suitable people for these positions and employ them and send them to Malaya on the secondment basis. This plan appears to be working well.

(Mr. McLean, cont'd.)

On March 25th next five Manitoba teachers will leave for Malaya, B. F. Addy, Director of Vocational Education for the province will remain in Malaya for two months and will give assistance and advice in preparing the plans for the new building and the drafting of the courses to be offered. After his return to Canada, he will maintain his liaison with the Malayan Department of Education. S. P. Didcote, now Shop Director at Manitoba Technical Institute will serve as Assistant Principal and his presence will bridge the gap between Mr. Addy's departure from Malaya and the arrival later of a principal when one is secured. N. J. Topolniski, now Supervisor of Shop Courses in Manitoba schools will assist in the layout of shop space and remain as a teacher.J.A.Zuzanski and R. J. Toutant, who have just come to our staff from Winnipeg and St. James respectively, will help plan courses in their subjects and will remain as teachers. The original assignments of all of these persons except Mr. Addy will be for one year with a provision for extension to a maximum of five years.

By having these members of our staff serve Malaya, we will create a real link with another Commonwealth country. Personal communications have already been established between members in the Department of Education and in Malaya and we have a substantial connection with the project from the earliest planning stages. We have been told that this is the first secondment arrangement between the External Aid office, a Commonwealth country and a provincial Department of Education, and it is intended to serve as the forerunner of similar arrangements under Canada's Colombo and Commonwealth Education plans. Although Manitoba will pay salaries and related expenses in the first instance, an agreement has been reached under which Canada will reimburse Manitoba in full for all the costs incurred in this project.

During the first week of February, B. Scott Bateman, Deputy Minister of Education, visited the Federation of Malaya on his return from the Commonwealth Education Conference held in New Delhi, India. Mr. Bateman met with the government officials with whom we will be working on this project and laid the necessary groundwork for the staff which will follow.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, I want to thank the Minister for the statement he just gave us. Certainly all the members of the House, and I am sure all Canadians, realize the responsibilities that we have in the world today in helping the under-developed nations, and certainly our own close ties in the Commonwealth would indicate that probably the first steps should be taken with those nations that have that association with us. It seems to me that the proposal that the Minister is now making to the House is the direction in which we should be heading, and that is that the work in this field should be done through the auspices of the federal government with the provinces naturally, having responsibilities in the field of education, providing staff, but it is much better to be doing this in a combined basis through the federal government rather than for the provinces to be operating on their own in this field. So, for our group we certainly are very happy to hear that this development is taking place and will be carried on in other areas.

MR. RUSSELL PAULLEY (Leader of The New Democratic Party)(Radisson): Mr. Speaker, may I say that while sometimes people are critical of the use of provincial monies outside of the province itself, that this is one field that the government has entered into that has had the continuous support of our group. I can say that without hesitation, Mr. Speaker, when the first proposition was laid before this House, I think we were the first, other than the government, to endorse it. In the world today we're all very cognizant of the fact that we must all live and work together, and there is no better way in which Manitoba and Canada can make a contribution to the future destiny of the world than by joining together in the educational fields and working together as we are.

MR. HUTTON: Mr. Speaker, before the Orders of the Day, I would like to make a statement to the House with regard to a further policy to deal with some of the effects of the drought last year, this one in connection to the supplies -- of making available supplies of seed oats in the Province of Manitoba.

The acreage annually sown to oats in Manitoba, approximately 1.8 million, is second only to that devoted to wheat production. Oats are thus a very important field grain crop. They are also the most important grain for livestock feed. As a result of a short 1961 crop and the keen demand for oats for feeding, this grain is now in short supply in some parts of the province. It is imperative that farmers have supplies of seed oats available to them. Surveys to date

(Mr. Hutton, cont'd.) . . . . indicate that a great many farmers have not yet made arrangements for their seed oat requirements. It is imperative that immediate action be taken by these farmers for the following reasons:

We cannot afford to have the oat acreage materially decreased due to the importance of feed oats to the livestock industry and due to the fact that the oats sown early may have to be used as a substitute for regular cattle pastures. There are acute shortages of oats in some parts of the province and surplus in others. Distribution must take place and this takes time. There may be a shortage of good quality seed oats. If this is the case the need must be known to seed companies soon so they can arrange movements into the province. Weight restrictions are usually in effect on our highways from approximately March 31st to May 25th. Truck movements should be made before this time. If municipalities are to be involved in purchasing and distributing seed to their farmers they must be made aware of the farmers' requirements at an early date so that they can make necessary arrangements.

In order to stimulate this necessary movement of oats the following policy is being considered, this to financially assist in truck movement. The policy will provide for the payment to bona fide farmers and ranchers in this province. Assistance to the amount of 5 cents per ton mile on the homeward movement of oats. Assistance shall only be paid on the one-way mileage in excess of 50 miles and the maximum payment per ton shall be $9.00. The policy would provide assistance on a maximum of 300 bushels of seed and/or feed oats per farm. Assistance payable on 300 bushels of oats moved a total one-way mileage of 150 miles would be 8.5 cents per bushel. The maximum assistance of $9.00 per ton is payable on a one-way mileage of 230 or more miles. It is important to note what this policy can do for individual farmers. The 300 bushel maximum may be considered to include 125 bushels of seed oats and 175 bushels of feed oats. The 125 bushels of seed is sufficient to sow 75 acres of oat crop. The average acreage per farm devoted to oat production is 40 acres in this province. The 175 bushels of feed oats is considered to be sufficient to carry a herd of 25 cows in a hay shortage situation for a period of 30 days. The 300 bushel maximum can thus do a great deal to alleviate both the feed and seed shortage situations.

I'll just list the terms of the program. Applicants must be bona fide farmers or ranchers resident in the Province of Manitoba. This freight assistance applies to the movements of oats by truck only. This freight assistance shall be granted only on shipments of oats originating in Canada. Assistance will be paid on the one-way mileage in excess of 50 miles. For instance, if oats are moved 125 miles the assistance granted will be 75 times 5 cents per ton or $3.75 per ton. In order to qualify for assistance the oats must be transported during the period March 15th to May 15th, 1962 inclusive. Application forms may be obtained from agricultural representatives, secretaries in municipalities and local government district administrators.

I would also like to say at this time that this policy has been considered by the Drought Committee — members of the Drought Committee who met for some two hours yesterday afternoon -- and it was the feeling that a program of this kind was needed in order to stimulate action in this field and get the available oats in Manitoba into a position where they can be utilized. I should also add that we are not making an announcement at this time with regard to rail freight transportation assistance, because the matter is still under negotiation, but we expect that we will be able to make such an announcement at an early date. I should point out, however, that in the case of the movement of oats by rail that the assistance will in all likelihood only apply to oats that carry a control sample certificate. The reason for this is to safeguard the importation and introduction of noxious weeds which are not at the present time prevalent in the Province of Manitoba.

MR. MOLGAT: Again I want to thank the Minister for the statement that he made. It's of course impossible on the very short notice to assess whether this assistance will be sufficient or not to meet the problem that is facing us. I am very happy to see, however, that he has taken steps to do something about this situation. Certainly it's urgent that it be done now, because if we let the situation continue then by the time spring comes along and the possible heavy demand for seed oats, the result could be a very substantial rise in price, so we'll be happy to assess the statement the Minister made when we get copies and see whether in our opinion it's satisfactory. I think one further step should be taken by the government and that is to make an assessment of the availability of seed oats in other localities. We are told, for

(Mr. Molgat, cont'd.) . . . . example, that the Province of Alberta has substantial surplus. Now there should be some work undertaken, I think, by the department to make sure that we can contact those sources or the farmers can do so. I am somewhat unhappy that some 10 days ago, when we brought this matter in the House, the Minister did not at that time see the urgency of having it discussed at that time, but I am happy that now he is able to make a statement.

MR. SPEAKER: Orders of the Day . . . . . statement.

MR. HUTTON: Mr. Speaker, I would like to enlarge upon the statement that I made in respect to the availability of seed supplies.

MR. SPEAKER: Order -- you may not debate his statement.

MR. PETER WAGNER (Fisher): Mr. Speaker, I would just like to direct a question because it seems to me that the statement is out of order, so I'll just direct myself to a question. The Minister mentioned that there is availability of seed oats. Now my question is: does the farmer procure himself the oats? He finds another place to get the oats or the Department of Agriculture is going to tell him where the oats can be found?

MR. SPEAKER: Orders of the Day.

MR. PAULLEY: . . . . on the statement of the Honourable the Minister and that's simply this, that is was quite a comprehensive statement and until such time as we've had an opportunity of studying the same I think any comments at all should be reserved.

MR. SPEAKER: Orders of the Day.

MR. HUTTON: May I answer the question that the Member for Fisher put?

MR. SPEAKER: You may answer the question.

MR. HUTTON: The Department has been keeping very close tab on the supplies of oats in the province, and we have carried out surveys. We have, I think you will have noticed in the paper, we have been making an appeal to the farmers to list their requirements and also their supplies with the department. As a matter of fact at the present time we have some 50,000 bushels of seed oats listed with the Soils and Crops Branch, and I am sorry to say that in spite of what we believe must be a shortage in some areas, we have had little or no enquiry for these supplies. These supplies are held by seed companies and by individual farmers. We do know that supplies are available in Alberta for instance, and anyone -- any municipality that is interested in these supplies can certainly get the information from us. I would point out, however, that as residents of Manitoba we should first of all utilize the supplies of oats that farmers and elevator companies are holding right here in Manitoba before we go off to Alberta and there are many tens of thousands of bushels that are available for use and we are bringing in this program to endeavour to stimulate the movement of this grain. We're not in the first instance so concerned about the numbers of bushels that are available in Manitoba but in getting them distributed and used. We feel that this program should help, and if it doesn't then we can only take for granted that the farmers are not concerned about supplies and must have them. Some information coming out of the meeting that was held yesterday was the fact that neither the farm organizations nor the municipalities nor companies representing the farmers, such as the commercial organizations, have had any call or any enquiry to speak of, in respect to the need for seed grain, and this in spite of the fact that to the best of our knowledge there is bound to be some shortage this spring and so it is as a result of our surveys and our investigations that we are implementing this program and not because of the volume of requests or any volume of requests, for that matter, from the farmers themselves.

MR. WAGNER: Mr. Speaker, a supplementary question. First of all I want to thank the Minister for the long answer and furthermore I'd like to ask, can he tell the House here what more or less the price of a bushel of such oats would be to the farmer?

MR. HUTTON: I don't think it would be correct for me to try to indicate the price of seed oats, but what I can indicate is the amount of assistance that would be available in freight, in getting these oats home. On a 230 mile haul, or with the maximum of assistance of $9.00 per ton, it would be approximately 15 cents a bushel assistance that we would offer.

MR. SPEAKER: Orders of the Day.

MR. D. L. CAMPBELL (Lakeside): Mr. Speaker, before the Orders of the Day are proceeded with I would like to direct a question to the Honourable the Minister of Agriculture and Conservation. Is the federal government assisting in the freight assistance, and I recognize that it's limited at the present time according to the announcement to truck haulage -- is the

(Mr. Campbell, cont'd.) . . . . federal government assisting in that freight assistance? And my second question Mr. Speaker is: is it not a fact that seed barley is also quite scarce in several areas of the province?

MR. HUTTON: The answer to the seed barley, we examined this situation yesterday, and I think the Honourable Member for Lakeside will appreciate that we have members of the Canadian Wheat Board or have a member of the Canadian Wheat Board, on the Drought Committee, and members of the major grain companies, the various grain companies, and in their opinion although there might be local shortages of seed barley there wasn't an over-all shortage and they didn't feel that the question of transportation would be a major problem. That is, they felt that the areas of shortage would be much smaller and that available supplies would lie in closer areas.

In respect to the question on federal government participation, we have requested the federal government to assist on this program and indications are that they will, but they haven't said so yet. And in the case of the assistance on movement by rail, the railways also are involved so I'm not at liberty at the present time to make any statement in regard to this. But we have asked for assistance and I notice from a statement, I believe it was in the Free Press, where the Parliamentary Assistant to the Minister of Agriculture was speaking in, I believe it was Regina, Mr. Warner Jorgenson, and he indicated that they were considering these programs, of assisting in these programs, and we trust that they will help us on this.

MR. SPEAKER: Orders of the Day. Second reading of Bill No. 38.

MR. E. R. SCHREYER (Brokenhead): Before the Orders of the Day, I'd like to direct a question to the Minister of Education. I would like to ask him if the department has succeeded as yet in drafting a syllabus outlining the course of studies that will be offered at the new MIT and, if so, will copies be available before we enter into estimates on that department?

MR. McLEAN: I will be able to tell the members of the House and Committee, on estimates, the subjects that will be offered at the Institute of Technology. I don't think that any syllabus will be available for the members at that time.

MR. SPEAKER: Orders of the Day.

MR. MOLGAT: Before the Orders of the Day there was a newspaper article last night -- this is a question addressed to the Attorney-General -- regarding a report made by the John Howard and Elizabeth Fry Society. I wonder if the Attorney-General has seen a copy of this report yet and will copies of the report be made available to the members of the House?

MR. LYON: I have seen a copy of the report; I have only the one copy. I would imagine if application is made to the John Howard Society copies could be obtained from them.

MR. SPEAKER: Orders of the Day. Second reading of Bill No. 38. The Honourable the Provincial Treasurer.

HON. DUFF ROBLIN (Premier and Provincial Treasurer)(Wolseley) presented Bill No. 38, An Act to amend The Loans Act for second reading.

Mr. Speaker presented the motion.

MR. ROBLIN: Mr. Speaker, we covered the ground pretty thoroughly in respect to this matter at the committee stage, and I don't think that there is anything that I could usefully add to what was said then except to repeat that the main principle behind this bill is to facilitate the handling of treasury bills.

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

MR. SPEAKER: Second reading of Bill No. 45, An Act to amend The Mental Diseases Act. The Honourable the Minister of Health.

MR. JOHNSON (Gimli) presented Bill No. 45, An Act to amend The Mental Diseases Act for second reading.

Mr. Speaker presented the motion.

MR. JOHNSON (Gimli): Mr. Speaker, this is an amendment to The Mental Diseases Act. The principle here is that the present Act has been interpreted by the Court of Appeal to say that the authority of the Superintendent of what is known as the Psychopathic Hospital -- we now hope it's going to be known as the Psychiatric Institute -- is not vested -- they have ruled that this authority is vested in the superintendent himself and not in any other physician or psychiatrist. Now the practicalities of the matter are that this has resulted in a lawsuit because on one occasion the provincial psychiatrist did not himself personally admit the patient. And with the increased activity in this area it is felt highly desirable that this power be vested by the Minis

(Mr. Johnson, (Gimli), cont'd.) . . . .ter in other than the superintendent by permitting the superintendent to appoint the other psychiatrists in the institution and as admitting authorities. I think this is sensible and practical. The other, it is just a process of evolution. There was a time when the hospital opened, 1917 I believe, it really was -- there was just the one authority then.

The other parts of the bill referred to this, the second section here, the way the hospital operates, the resident psychiatrist who's on duty at the time is thereby permitted to admit a patient who might come to the hospital at irregular hours, and it also permits the following admission. It gives the staff about 18 hours before they have to have a complete psychiatric history made. The present Act is in that respect too tight on time.

Lastly, the present Act says that any Justice of the Peace, constable, interested relative, if they feel that a person is mentally disturbed they may bring the patient to the hospital. This third section in this bill makes it clear that the hospital itself has no liability in the case of people who bring mentally ill people to them until such time as they have admitted them. I think these are very straightforward changes and for the proper efficient operation of the facility.

MR. T. P. HILLHOUSE, Q.C. (Selkirk): Mr. Speaker, I will vote for the second reading of this bill but I reserve the right to look into the principles that are involved because I feel that this bill may be granting immunities to people which should not be granted.

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

MR. SPEAKER: Second reading of Bill No. 46. The Honourable the Minister of Health.

MR. JOHNSON (Gimli) presented Bill No. 46, An Act to amend The Private Hospital Act for second reading.

Mr.Speaker presented the motion.

MR. JOHNSON (Gimli): Mr. Speaker, this bill is a companion bill to the changes which are being contemplated in the Manitoba Hospital Insurance Act, in reference to private hospitals. The members of the committee will realize that the only private hospitals in the province are company hospitals in the mining communities. These are the only hospitals that are licensed privately in the province at this time and it substitutes "the commission" for "the Minister" with respect to registering and licensing and inspection which are three of the functions which will be passed on to the commission with the companion legislation.

Also at the present time the fee -- there's a fee of $5.00 registration fee and a $10.00 licensing fee charged to these company and private hospitals, which we think is unnecessary at this time in the evolution of hospital services, and these are the two principles that are embodied in this bill.

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

MR. SPEAKER: Second reading of Bill No. 47. The Honourable Minister of Health.

MR. JOHNSON (Gimli) presented Bill No. 47, An Act to amend Chapter 91, 46 and 47 Vic., intituled "An Act respecting the Winnipeg General Hospital" for second reading.

Mr. Speaker presented the motion.

MR. JOHNSON (Gimli): Mr. Speaker, with this General Hospital bill, its self-explanatory note in the front of the bill points out the intent of this particular bill. We feel that with the large amount of public funds which are now paid to hospitals through the consolidated revenue, etc., that it probably is not proper for the Minister of Health, the First Minister, or the Provincial Treasurer, and the Minister of Education to be on the board of that particular hospital. This legislation has not been changed since 1919.

The other change here with respect to the representation of the City of Winnipeg on the board of that hospital is in compliance with the request from the City of Winnipeg by resolution to lower their membership on the board.

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

MR. SPEAKER: Adjourned debate on the proposed resolution proposed by the Honourable Minister of Welfare. The Honourable the Member for Selkirk.

MR. HILLHOUSE: Mr. Speaker, if the Honourable Member for Rhineland wishes to speak I'll allow him to do so. I'm not ready to go on . . . . . .

MR. J. M. FROESE (Rhineland): Mr. Speaker, I'm not prepared at this time.

MR. SPEAKER: Order stand. Committee of Supply.

MR. ROBLIN: Mr. Speaker, I beg to move, seconded by the Honourable Minister of Health that Mr. Speaker do now leave the Chair and the House resolve into a Committee to consider of the Supply to be granted to Her Majesty.

Mr. Speaker presented the motion and after a voice vote declared the motion carried, and the House resolved itself into a Committee to consider of the Supply to be granted to Her Majesty, with the Honourable Member for St. Matthews in the Chair.

MR. CHAIRMAN: Department VIII. Resolution 48. The Honourable Member for Gladstone.

MR. NELSON SHOEMAKER (Gladstone): I would like to thank most sincerely the initial report, but nevertheless very comprehensive one, that we listened to with much interest yesterday afternoon. I was particularly interested in it and enjoyed very much his comments on his trip to Europe, Norway, Sweden and so on. It seemed to me that the approach to the entire field of health in England, in listening to the Minister's report, was that they are attempting to reduce the number of beds that are required; they're paying particular attention to alternative care of all kinds, and I think that that is the right approach to have. I expect that as a result of his trip overseas that we will see more action in the field of alternative care and so on. I have said on many occasions, Mr. Chairman, that if I have a favourite cabinet minister on the other side of the House it is the Honourable Minister of Health, and I would like to repeat that again. Now I know that that makes it difficult to criticize him after having made a statement of that kind, and I don't think you will find my remarks today too critical.

I was particularly interested, too, in the tribute that the Honourable Minister paid to his staff. I would like to join with him in that regard and include the Neepawa Health Unit as well, but on that subject I would like to know if a medical doctor of health has been appointed at Neepawa yet. I believe that we are presently without one and have been so for six weeks or so, I believe -- I am not certain whether he is being replaced or not. I was glad that the Honourable Minister did pay tribute to the medical profession, the hospital boards and everyone else that assists in the field of health and public welfare. I know that there has been a feeling in the past by certain medical men that their services were not valued by the department as they should be, and it is a fact that many of our present programs, particularly in the field of Medicare, the success or failure depends entirely on the co-operation that the department receives from the doctors and all volunteer groups, so I was glad to hear him pay tribute to them and state openly that he did appreciate their co-operation.

I think the Honourable Minister's report in many aspects was excellent. He told us how the number of T.B. patients had been reduced in number in the last 10 years. The same with polio -- it was the first year in many years we had a polio-free year. In the field of mental health, the report that he gave to us was very, very encouraging. There was one field that the Honourable Minister did not dwell on very long, and I expect that he intends to do that a little later on in the estimates, but the estimates before us total in dollars something over 20 million, about 20 1/2 million, and of the 20 1/2 million, about 51% of it is accounted for under Manitoba Hospital Services, premiums, or plan, and it is one big item there. Hospital Insurance Plan -- $10,378,000, so it does account for about 51% of the total estimates under the Department of Health. Now, Mr. Speaker, I realize that this is the first year that we are going to deal with the two estimates -- that's the one in the health field and one in the field of welfare, two separate ministers -- and you may find from time to time that I do get off into the welfare field and I hope that you'll excuse me. I believe that even the Minister had to -- the Minister of Health probably on some various occasions did dwell on welfare at certain times.

In addition to serving as omsbudman in my constituency, as every other member does I suppose to some degree, it is in the field of health and welfare that I personally spend most of my time in serving my electors. There's no question about that. Last Saturday, for instance, when I was home over the weekend, I had no less than four calls and they all were in the field of health and/or welfare, old age assistance pensions, blind persons' allowance, and social allowances, and Medicare cards, and it's amazing the way that this department is growing by leaps and bounds and there's several reasons for that, but I do appreciate Mr. Chairman, the co-operation that I have received from all of these agencies, from the Old Age and Blind Persons Allowances Board, from the Portage Office of the Welfare Office, I believe they call it now -- they used to call it the Department of Health and Welfare -- I appreciate very much the

(Mr. Shoemaker, cont'd.) . . . . assistance and co-operation that I received from each and every one of them, and I think the Minister does appreciate that I do not submit names to his department or to the Welfare Office in Portage simply to embarrass the government. I do not do that. I am very conscientious -- I think the Minister will agree with me on that. I try to screen out some of the applicants that come in to see me and if I don't think that they qualify I do not submit their names. I try to be fair in that regard.

Over the weekend I did a little research work of my own and I must say that the former Minister of Health, Mr. Bend, and the present Minister of Health had something in common, and that is that they both seem to never find it difficult to speak for hours on end, and I found a report headed, and I quote: "The Final Debate on the Hospital Services Insurance Act, Bill No. 92, April 5, 1958," and it was on the second reading of the Bill we didn't have a Hansard in those days but they had ways of recording what was said, and here the former minister had 19 full pages of what he said at that time, and there were two points of interest in it. There were a lot more than that but two that I was particularly interested in, and one was this, that I found that the then-leader of the Official Opposition and the present Premier agreed with me on so many points, points that I have been rather laughed at now by members opposite, and I find that the Honourable Leader of the Opposition and the present Premier was in favour of -- apparently by this document that I have before me he was suggesting that they have a deterrent at that time, and I would like to quote Mr. Bend, just one sentence on page 2, and he's answering the Honourable -- he says the honourable member, but immediately above it, he's referring to the Honourable Member from Winnipeg South and I believe that was the Honourable Member for Winnipeg South, and I quote, " and the Honourable Member spoke and said, 'if you use this deterrent you could cut down your premiums; you could cut down the premium that you're going to give or charge to the people.'" Now, of course, Mr. Bend said that he wasn't in favour of it, but what I'm pointing out is that the then-leader of the Opposition was. Then again he points out that if -- or Mr. Bend does -- that actually about the only saving that you would enjoy with a deterrent would be that it might prevent the abuse of hospitals.

Another interesting thing is, and you've heard me say this before, Mr. Chairman, that why couldn't we have two or three different plans that we might offer to the public? That is, a $25.00 deductible or a $50.00 deductible, and let the people take the choice. I want to quote Mr. Bend again on that one because the -- I am quoting Mr. Bend again, "Now then, the Honourable Member from Winnipeg South raised a very good question here when he said, 'What about alternatives? Why should you just have one? Why couldn't a person come in and say, 'well I want a deductible of so much? I'd like a $50.00 deductible; I'd like a $25.00 deductible.'" And Mr. Bend says, "Unfortunately, Mr. Speaker, that is one thing we cannot do. The way the Act is written at the present time in Ottawa, it's uniform terms and conditions and that is religiously applied."

Now one of the most important points that I would like to raise, and we have raised it before, is this: The people of this Province, I think ever since the plan was introduced, believe that Ottawa is paying 50% of the premiums. I don't know whether they care or not, the great majority of them, but most of them believe that Ottawa is paying 50%. Well even in April, 1958, Mr. Bend says, and I want to quote again:"Now then, to give you the exact way in which this $27 million is raised," because that's what he says it's going to cost in the first year of operation, "I had my figures wrong a few minutes ago. From Ottawa on the basis of their formula we will get $12,500,000 which is roughly 46%,from premiums we will get 43%, and from the province 11 percent. In other words $3 million from the province, $11.5 million from the premiums, $12.5 million from Ottawa." That's what he said then, and as I said before the people, by and large, the insured people by and large really believe that Ottawa is paying about 50% of the premiums.

I had a farmer in the Arden district not too long ago -- this was before the premiums were reduced, I'll admit that -- he said to me one day, "Do you know that the Manitoba Hospital Services Plan is costing me $250.00 a year?" I said, "Well if it's costing you that, it's costing us $500.00 a year. Because if you say it's -- it's just twice as bad as you think it is." Now I want to explain how he arrived at the $250.00. He has two married sons living in the same yard, help farming with him, so he would have three times, at that time $72.00 and then he had a crippled sister, not crippled to the extent that she qualified for total disability pension but cer-

(Mr. Shoemaker, cont'd.) . . . . tainly unemployable, and he had to pay her premiums so he had three premiums at the $72.00 and one at $36.00, and I think that comes to about $250.00. Now in examining today the way that we share in the Manitoba Hospital Services premium, it looks to me as if Ottawa pays about 36 percent. It looks as if the province pays about 37 percent -- that's today -- and the premiums about 27 percent. Now I'm including the provincial tax. That's the way it looks. I don't think I'm too far out on that and I say, Mr. Chairman, that since it is a fact that we will soon have four years of experience in this field of hospitalization that it's high time that we pressed Ottawa for a new deal in light of four years' experience. Now it was put in four years ago when the people thought Ottawa was paying 50 percent. We know now that they're not, and I don't think that it is too unfair at all to ask Ottawa to look this thing over and come up with a new formula. I know that it is most difficult to compare the hospital plan to any form of insurance, and I think the Free Press hit it right when they compared it in this way, and I quote: "Once it is understood that the Manitoba Hospital Services Plan is not insurance, but a form of social security, it becomes clear why its costs have risen and will continue to do so." And that's one thing perhaps, Mr. Chairman, that we overlooked, that it is a form of social security in effect.

I said before, Mr. Chairman, and I was particularly glad to hear the Honourable Minister tell us what his plans were in the field of alternative care, because I believe that this is one field that will certainly have to be developed if our plan is going to operate effectively and efficiently and economically. I think it is imperative that we do more in the field of alternative care. I have told the House twice about what happened to my own aunt and I am not going to tell you that story again, but I have one that is pretty nearly -- well it isn't quite a parallel to that, but I believe it does point up the situation that presently a lot of people of this province find themselves in. And this concerns a fellow that doesn't even live in my constituency. I believe he lives in the constituency represented by the Honourable Member for Lakeside -- (Interjection) -- I'll look after it. But his wife is crippled and has been crippled for some time -- two or three years I guess. Nobody is denying that fact. She cannot qualify for -- well I was going to say she couldn't qualify for old age assistance but on second thought I believe she would be presently receiving old age security, so that point wouldn't make any difference, but she was removed to the hospital and she stayed there as long as the authorities would let her stay there -- I don't know just what that length of time was -- and while she was in the hospital, true, the Manitoba Hospital Services Plan paid the hospital bill, but, come a day, and when they said, "Well, you'll have to get out of this bed; we need this bed for other people and there is nothing more we can do for you here that can't be done in a private nursing home, or at a home of your own, or in one of the institutions." So her husband, being a man in his eighties, he said, "I can't look after you so I'll have to put you in a home," and I think she was removed and presently is in the -- is it the Fairview Home at Portage la Prairie -- I don't know. It's well operated anyway, a home at Portage, but now that she's there, who pays the bill? Why, he has to pay it. That is, his wife was removed from a hospital bed that cost probably $18.00 a day to one that costs $5.00 a day, but he pays the bill, so I say that until we do find more ways, more alternative measures to assist these people, that our plan will not work as efficiently as it should. Now this case is not an indigent, and Mr. Chairman, I heard the Honourable Minister tell us the other day how many indigent persons in this province were being looked after, and that's all to the good, but it never struck me as being quite fair when this man has to pay his premium, his wife's in the home and he has to pay the hospital bill as well, simply by reason of the fact that he's got over $999.00, but he soon won't have that because it's costing about $1,500 a year more or less to look after his wife. I think we should have more home care, more nursing homes, and more elderly persons housing and so on.

Now, Mr. Chairman, you have heard me in the past suggest that we should probably give some consideration to a deterrent of some kind, and I still think that it isn't such a bad idea. I realize the objections that there are to it. I would like the government to give some consideration to introducing in the Manitoba Hospital Services Plan a no-claims bonus for those persons, after a given number of years, who do not need to use their Manitoba Hospital Services Plan. Now this has been worked effectively in the insurance industry and this government is now using it in the Crop Insurance Agency. Now it's true they have had no experience yet, the Crop Insurance Agency, but I believe that it is designed so that a no-claims bonus

(Mr. Shoemaker, cont'd.) . . . . after ten years will reach 40 percent discount. I have the tables here before me somewhere, but I intend to use that when we come to the Department of Agriculture estimates. But the fact that the insurance industry have used it most successfully for a number of years, the fact that this government is going to use it in their Crop Insurance Agency, suggests to me that it could be used effectively in this field as well. Now if there's something that I think I know a little bit about, it is the insurance industry, because I've spent about 25 years of my life at it and I know the effect it has had in the automobile insurance industry. It has reduced the claims frequency considerably. It has done that and it has encouraged many, many people to pay their small claims. Just as recently as three weeks ago, I believe, we had a chap come into our office with $568.00 cash to pay three third party claims himself rather than put it through his insurance -- rather than make a claim on his insurance policy. Now I don't know just the particulars of why he did not want to register a claim on his insurance policy with a claim that size, but nevertheless he paid us $568.00 so that we could in turn pay three claims for which he was liable because he wanted to have a clear record on his auto insurance; thereby maintain the good record that he had up to now. It is not my job, Mr. Chairman, to devise the formula that you would use. We are in the opposition; the members opposite are the government, but I suggest to them that they might give consideration to this and it might be surprising the results that would follow.

Now, Mr. Chairman, I haven't been watching the clock -- I guess that you have -- and as I said before I do not intend to compete with the Honourable Minister when it comes to talking. I would like to repeat once again that I appreciate the help that I am presently receiving from both the Minister of Health and the Minister of Welfare, and I will be prepared to make a further contribution as we proceed in the estimates. Thank you very much!

MR. JOHNSON (Gimli): Mr. Chairman, before taking more questions I am taking this opportunity to distribute to every member of the House a copy of the Hospital -- the government's interpretation of the Hospital Plan. These are largely the recommendations of Dr. Willard that I spoke about yesterday, the recommendations of the Manitoba Hospital Survey Board Report and they're put in alphabetical order for your consideration and knowledge -- the name of the hospital, a description of the project and the year in which the present grants allow these to continue. I would inform the House that at the risk of being windy again, last night I indicated that we had divided the reports into those under way which have been reported in annual reports, those projects which were approved prior to the survey going in, such as projects under way, for instance for Baldur, Brandon, Dauphin, Rehab. Hospital, General and one at Stonewall, and then we had another group of projects approved by the Advisory Board but had not started prior to the Willard Commission, Altona, Ashern, Gilbert Plains and McCreary. These facts are in the annual report. They're projects for which grants are required which are not part of general hospitals such as the Cancer Foundation Building and health units.

And then there were certain projects recommended as emergencies in the Willard Commission report. When you get your copies I could indicate which ones these are to you. We felt that we hadn't quite -- it would take us some time to complete, to interpret the Willard report and negotiations with Ottawa with respect to the amount of grant monies available to us which would indicate how fast we could proceed with the implementation of our program, so we called in these hospitals and sought the advice of the Advisory Hospital Commission, and it was decided that certain of these hospitals should be called in and included right away in order to prevent a hiatus of six months before the House met and I could share this with you. If you have your sheets, the emergencies were Altona, The Fox Memorial in Carberry, the Eriksdale Hospital, Ste. Anne -- (Interjection) -- have you got the sheets? The ones which Willard said we'd have to do something about right away were Altona, Carberry, Eriksdale, Ste. Anne, Swan River, Winkler, Misericordia Nurses Residence and the Victoria General. These were the projects where there were emergency problems and these were discussed with the hospitals concerned as soon as we had made our preliminary review of the report.

There are numerous minor projects, just interior renovations of a minor nature in many of the smaller hospitals in Manitoba, which have been going forward. The big policy decision was that emphasis be given to extended treatment hospitals and projects involving acute hospitals, acute treatment beds which are associated with the development of chronic facilities, and I could indicate to the House that included in this group are the municipal hospitals in Winnipeg,

(Mr. Johnson, Gimli, cont'd.) . . . . as you will see here, the St. Boniface General Hospital, Morden, Portage, Steinbach and Dauphin. The reason for this was, as you all know who have perused the report, the board felt very strongly that as soon as possible pilot projects should be approved and developed, and to implement this concept of a more dynamic care program for the -- especially aimed at our senior citizens. And then we have projects associated with active treatment hospitals for example it will complement the development of chronic facilities and these call for projects at St. Boniface Hospital, Portage and Steinbach.

And then we added our mental health needs into our grants -- availability of grants. Now the honourable members can find all this detailed in the Royal Commission report where it tells the amounts, the total amounts that we think would be expended in each year, all the work to go forward as we visualize, plus the source of funds to implement this down below. And if you'd use the Royal Commission report along with the report that I have tabled, this is the proposal that we are making. Now I want to make it clearly understood that we have written all but a very few, one or two of these hospitals, and told the boards, told them when we expect their project would be going forward, and discussed the recommendations of the Survey Board report with them, and in most instances I can report to the committee there has been a general acceptance of the Survey Board Report, and after discussions with all of the hospitals -- for example, one group who operate four hospitals in the province were anxious to do their program in stages and agreed that they couldn't go forward, for example, in the year that we had recommended. We merely say to the people: "This is the year in which grants would be available in order to carry out the program that we have visualized, and in line with the Survey Board report." Where we have disagreed with them, they're really of a minor nature. And after we have discussed it with all of the hospitals, then we're in a position to finalize or to give the final approval in principle, and then of course it will go before the advisory groups for final approval and then into operation. Now, you may say, "How can you commit future governments, or future -- in the future, five, ten years ahead?" I think we have to be entirely frank and realistic about this. Certainly we'll have to approve plans from year to year. There will undoubtedly be variations to this as we review the various hospitals, their programs, in any one year. But we are saying simply in this report, "This is the year in which you can go forward and which grant funds are expected to be available. Once you bring in your preliminary plans we will go over them with you again." There are 62 steps we have worked out under the construction division of the Plan which lead the hospital groups through the various stages and necessary requirements before they can begin building. That's why we thought it was important to get those emergencies under way last June.

Now we have to look ahead, as I said, eight to ten years, and here we have a survey report calling for $35 million. We have $15 million under way as you see in the table of the Royal Commission report, and you have your mental health needs. And we have made provision for $1.25 million a year as a government contribution towards the grants. This determines the speed of implementation.

The federal authorities have -- I sent this under confidential cover recently to the national Minister in the hope that I would allow him to see the problem in the Province of Manitoba in asking for increased construction grants for the coming year and I have nothing official, but I have reason to believe that we'll be able to get matching federal grants on the basis that we put up the 1.2 million a year. So I thought I would table that before the honourable members proceeded with questions.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, a question to the Minister. This list that we have here, does that represent just the work in the existing hospitals, or replacing the hospitals now in existence, or has that project any new hospitals, say in a new district? Or maybe if I'd ask the next question it might explain what I mean. On page 5 it lists in Winnipeg, Grace Hospital, the new 250 bed hospital and student nurses' residence. Well, does that mean that this is a new Grace Hospital adjacent to the existing hospital, or should that read St. James, or is there anything new on this proposed Grace Hospital, the Grace Hospital being moved to St. James? Is there anything on that at all?

MR. JOHNSON (Gimli): Yes, this is -- probably the only reference made in the Survey Board report to the possible relocation of an existing major hospital was the request, as you recall, at the time of the survey, that consideration be given by the board towards relocating

(Mr. Johnson (Gimli), cont'd.) . . . . that facility in St. James. In principle we have spoken to the Grace Hospital board and advised them that with the priorities placed on extended care and mental health facilities, that grant funds are at this moment not likely to be available before '64 or '65 in full for them to proceed. First you must recall too it takes, in many cases it takes an institution like that maybe a year and a half to plan to get everything ready. At the present time I have written to the Grace the information I have tabled with you here and I am still in the midst of negotiations with them and I think they have not quite decided just what is the exact course they will follow at the moment.

MR. DESJARDINS: . . . from this that definitely there will be at least an extension to the Grace Hospital, or maybe another location, and seeing that this is the priority in '65 - '66 that at that time a decision will be made. In other words the location is more or less left in abeyance for the time being. There's no decision made as yet, is that it?

MR. JOHNSON (Gimli): No, Mr. Chairman, that's the point the -- as you know, two years ago, or last year, the Grace Hospital just completed its new wing in its present site, and if there were a change in plans, if they were not to develop in St. James it would be necessary to work with them on the present structure on the present site.

MR. J. M. HAWRYLUK (Burrows): Mr. Chairman, just a question. On more than one occasion I've appealed to the Minister of Health to consider a hospital in the north end, taking care of West Kildonan, East St. Paul and right up to Middlechurch, which I think is a population of 100,000 people, and at the time the Honourable Minister said that there were surveys being made, but I see no mention of any hospital being considered in the north end of this city, and I just wondered whether that's an oversight or whether it's not considered at all, and I notice the people up there have been asking me and I think there have been other comments made about that and I don't know why it hasn't been considered at all.

MR. JOHNSON (Gimli): Mr. Chairman, the full discussion of that is recorded in the Manitoba Hospital Survey Board Report where it is felt that for that area of the city, the Survey Board have recommended in the future the expansion of the facilities in the Concordia Hospital to serve that area. This was given a lot of study by the Survey Board and this was the recommendation made, if you have read that section of the report. This was one of the requests put to the Survey Board, or one of the studies we asked them to make, and I would suggest the Honourable Member reread that. In the meantime we are willing to consider any applications like that at any time. I believe recently the City of Winnipeg has been discussing this matter further, but we spent 18 months with this Survey Board doing the study which has been done and if you follow that report closely you'll see there are many, many factors affecting the development of new hospital facilities in various parts of the city, and this is dealt with at some length in there.

MR. HAWRYLUK: Mr. Chairman, just another question. The reason I say that -- why I can't understand, even if I haven't read the report, is the fact that we did have two hospitals at one time. We had the Children's Hospital and we had the St. Joseph's Hospital in the north end area. I mean, Concordia's away out in the Elmwood area and I still feel that the north end still takes care of, as I say, 100,000 people which I think they're entitled to a hospital of some kind, and I think every consideration should be given.

MR. CHAIRMAN: The member for Seven Oaks.

MR. ARTHUR E. WRIGHT (Seven Oaks): Mr. Chairman, after listening to the Honourable Minister for two hours and five minutes yesterday, I recalled my boyhood. Mother had a huge medical book with some very revealing pictures, and every time I had a chance to sneak a look at it I would do so. Our family doctor was my idol then and I wanted to be one, but continually looking at all the flaws and ailments of humanity, I began to wonder if there was such a thing as perfection, and after hearing the Honourable Minister I am still in a daze, but that's not his fault. One could not but be impressed by the magnitude of the task which lies ahead of him. The honourable doctor mentioned the fine work of the increasing number of volunteer groups dedicated to health work, and I wish to express the appreciation of our group for their efforts in this important work. Mr. Chairman, I recall the former Minister of Health, Mr. Robert Bend, who has been mentioned here this afternoon, saying that he expressed great concern lest these public-spirited groups would withdraw their support once we started to talk about a more comprehensive scheme of medical care. I think the trend is that we don't have

(Mr. Wright, cont'd.) . . . . to worry about that part of it.

The people of Canada in looking around at the health plans of many lands, are demanding a more comprehensive type of care than that provided by private plans now in existence. The Honourable Minister mentioned the new concept of care in regard to the treatment of the mentally ill, which resulted in 176 less patients at Selkirk Mental Hospital last year. In our group we have realized for a long time that the incarceration of the mentally ill in under-staffed institutions was wrong. We knew that more trained personnel was required and we also realized it was going to cost money. Every dollar spent on the rehabilitation of the mentally ill pays a good dividend, and I was happy to hear the Honourable Minister say that in 10 to 15 years we will only need about half the present number of beds in our mental hospitals. Now if we are to achieve this, and when we realize that in 1959 Brandon and Selkirk Hospitals were overcrowded to 123% of rated capacity, it's quite apparent that a very great number of trained personnel with a smaller type of hospital will have to be provided. It's a sad thing to note the number of children born mentally deficient and to hear that psychiatric facilities for children are very limited. After hearing of the success of the "live in, work out" plan of psychiatric care of the Montreal General Hospital I had hoped it might be adopted here. Under this type of treatment a person is able to go to work and upon returning from work goes back to the hospital where he receives treatment and if necessary sleeps, and most patients in the category that are treated for this are released and cured in about 28 days.

I would like to read from page 56, Mr. Chairman, of the submission by this government to the Royal Commission on Health Services, because it has something to say about this. Section 56 says, "The immediate need is for adequately trained staff. Greater incentives are required to attract interested educated personnel into the field of mental health. There is a chronic shortage of fully qualified psychiatrists. . This will be gradually overcome by our expanded university training program which will, when fully implemented, graduate five certified psychiatrists each year. To meet current needs in our mental hospitals an additional 24 fully qualified psychiatrists are needed immediately to staff positions presently occupied by less qualified personnel. In order to fully implement the newer concepts in the treatment of the mentally ill, it is estimated that an additional 200 employees, mostly nurses, occupational therapists and psychiatric social workers are required at the present time. Only by the provision of more intensive care, obtaining more staff, will we reach our objectives of reducing the need for institutional beds. The requirements for qualified staff will be further intensified with the continued development of community, mental health clinics. Mentally ill persons require care and treatment of a highly skilled nature. No differentiation should be made in the approach to try treatment of mental illness as compared to treatment of other types of illness."

We will have to provide bursaries on a far greater scale than we have in order to encourage young people to enter the healing arts. I had hoped to hear of a start of a geriatric centre close to one of our larger hospitals, and thinking of our larger centralized medical centres, I wonder how much planning goes into them. One sees buildings of all sizes being erected with little or no green belts and with insufficient parking facilities. To hear that last year was the first polio-free year since 1918 was certainly good news, but when I heard the honourable doctor tell the House the other day about the new Sabin oral vaccine and how much of it was going to Saskatchewan because of their advanced immunization program, I wondered if we are not lagging behind. A news item in The Tribune March 7th states that Saskatchewan has ordered enough vaccine from the Connaught Laboratories at the University of Toronto to protect more than 900,000 people. Mr. Chairman, I know that the population trend in Manitoba is from the rural to the urban areas, but I am wondering if we are not denying our country friends their share of proper medical attention. Seventy-five point eight of our doctors are practising in the metro area. This leaves the rural areas with a ratio of 1.2 doctors per thousand of population.

Again, Mr. Chairman, the submission to the Royal Commission clearly sets this out. Section 210, and I quote, "There has been little done in establishing incentives to attract doctors to rural areas. The province for some years have offered bursaries to needy medical students with the provision that on graduation such a recipient would practise for one year in rural Manitoba for each year of assistance given. Nominal grants have been given to doctors in outlying areas for public health duties performed on behalf of the Department of Health.

(Mr. Wright, cont'd.) ..... Provisions under The Health Services Act for municipal doctors, whereby doctors are partially reimbursed from funds obtained through taxation are used infrequently at the present time. Some communities have discussed the feasibility of erecting a doctor's residence and office but this has not been done in many instances. Many communities regard a hospital as a prime incentive to attract a doctor, and the construction of a hospital may in fact be largely carried out with this motive in mind. This measure has not been too effective in some instances."

I notice too, Mr. Chairman, that while the estimates for Northern Health Services in total have increased by some $23,000, salaries are down $1,800. Perhaps the Minister will explain this when we come to the Items.

I would like to say a few words on dental services. Here again we come to this question of the shortage of professional help. In the metro area we have one dentist for 3,143 persons--close to the national average, Mr. Chairman--while in the rural areas we have one dentist for every 6,800 persons. At an examination awhile back of 124,000 children entering school revealed that only 16% had received proper dental care. The development of the new dental school and the added emphasis to preventive education is a step in the right direction.

In discussing the Willard report, the Honourable Minister warned that hospital care should not be over-emphasized. I take it from this, Mr. Chairman, that the honourable doctor is placing the emphasis on prevention of illness to a much greater degree than we now have it. This is all to the good, but here again we'll run into the serious problem of shortage of trained personnel. I think the sole right to license all professional medical groups, including optometrists, chiropodists, chiropractors, osteopaths and naturopaths, should be vested in the University of Manitoba. The affiliation of the various groups with the university would make for greater harmony among the healing arts.

The Honourable Minister gave us an interesting account of his trip to Britain and the continent and he concluded by saying: "Let's not make the same mistake they made." If I have not quoted him correctly I wish he would say now, because I want to ask him if he thinks the British were ill-advised in implementing the National Health Plan. If he thinks they were, I would remind him that while the Labour Government introduced the idea, it was a coalition government that started the program. Winston Churchill himself welcomed the advent of the National Health Service and no government dare abolish it. I would like to quote from The Welfare News of recent date, quoting Winston Churchill. Winston Churchill in 1944 said: "The discoveries of healing science must be the inheritance of all, that is clear. Disease must be attacked whether it occurs in the poorest or the richest man or woman, simply on the ground that it is the enemy and it must be attacked in the same way that the fire brigade will give its full assistance to the humble cottage as readily as it will give it to the most important mansion. Our policy is to create a National Health Service in order to ensure that everybody in the country, irrespective of means, age, sex or occupation, shall have equal opportunity to benefit from the best and most up-to-date medical and allied services available."

Mr. Chairman, this is an ideal that will not die and while powerful forces are at work to scuttle the plans of the government in our sister province of Saskatchewan, they will fail. I think Abraham Lincoln summed it up best when he said: "Public opinion is everything. With public sentiment, nothing can fail; and without it, nothing can succeed. Consequently, he who molds public opinion goeth deeper than he who enacts statutes or pronounces decisions." Mr. Chairman, the die has already been cast, and as a Star Weekly editorial recently said, "Saskatchewan may trail blaze again."

MR. DAVID ORLIKOW (St. John's): Mr. Chairman, I want to confine my remarks this afternoon to a discussion of the mental health program of the Province of Manitoba, because, Mr. Chairman, the problem of mental health is undoubtedly the greatest unsolved problem which faces Canadian people. It has been estimated that one person in ten in Canada will require assistance in the field of mental health. It has been estimated that half the hospital beds in the Province of Manitoba are now occupied by people who are mentally or emotionally ill. It has been estimated that between 30 and 50 percent of the people who visit all doctors go there because they have mental or emotional problems, and yet, Mr. Chairman, we face a situation where in the entire Province of Manitoba there are at the present time only 27 qualified psychiatrists. That being the case, Mr. Chairman, I must say that while I could agree 100 percent

(Mr. Orlikow, cont'd.) ..... with the sentiments expressed by the Honourable Minister yesterday about what is needed; about the fact that the building of more buildings, the provision of more hospital beds for mentally ill people will not solve the problem, and that what we need to do is to get staff. What we need to do is to take the problem into the community rather than isolate it in the old traditional hospitals. I must say, Mr. Chairman, that it seems to me that the Minister has confused his desire with a program, because the minister says, "we need staff", and therefore he assumes that we have staff. Well, Mr. Chairman, I have had the opportunity, and it's not secret and I presume the Minister has also had the opportunity of reading the brief which the Manitoba Psychiatric Association presented to the Royal Commission on health services some time ago, and if one compares their assessment of what is going on in Manitoba and what is needed with what the Minister talked about yesterday, one would think they were talking about, not only about two different provinces but about two different planets; because any similarity between their assessment and the Minister's, and any similarity between their recommendations and the Minister's, are purely coincidental--(interjection)--That's my opinion, Mr. Chairman, and I intend to summarize their assessment of what the situation is in the Province of Manitoba and to summarize their recommendations of what is needed, and to let the members of the House assess for themselves how close we are meeting what they say.

Now, Mr. Chairman, what is the situation as they see it? As I said, half of the hospital beds in the Province of Manitoba are occupied by people who are mentally or emotionally ill. We have in the Province of Manitoba, at the present time, only 27 qualified psychiatrists. This is the total number working either for the government in the various institutions, or working in private practice--27 qualified psychiatrists. The Manitoba Psychiatric Association in their brief suggest that the minimum number required in the Province of Manitoba to meet the needs of the people of Manitoba is 90. The Minister says that this is my opinion. I suggest to him that he give some thought to that figure and that he compare the 90 that the Manitoba Psychiatric Association says we need with the 27 we now have, and with the training program--I think he said of five a year, which he says we have begun, and let the Minister and the members calculate how many years it will be at this rate before we reach the number which the Manitoba Psychiatric Association says that we require in this province. In the provincial mental hospitals and in the other provincial services there are now established positions for 26 qualified psychiatrists, but at the present time we only have 8 qualified psychiatrists in the provincial service and, of these, four are engaged in almost full-time administrative work.

Now, Mr. Chairman, I want to digress just for one minute to say this, to make it very clear that I am in no way being critical of the work which is being done by this staff. I said last year and I want to make it clear again, that I think we get tremendous service from the staff. I think the criticism is not of the staff. The criticism which is justly deserved is of the government of Manitoba, present and past; of the Legislature of the Province of Manitoba, present and past; and of the people of Manitoba, present and past; because they just don't realize the importance of what is required. So I want to make it clear that I am not being critical of the staff. I think they are working tremendously hard to try to do a job and they need to be given all the credit we can give them, but this does not absolve the government or the Legislature or the people of Manitoba for not providing the money or providing the staff to do the job which is required.

Now we have at the present time active out-patient clinics at Selkirk, Brandon, and at the Psychopathic Hospital in Winnipeg. I digress for a moment to say that I was glad to hear the Minister say yesterday that, after I think three years of prodding, and I don't want to even take a small part of the credit for myself, but after three years of my reminding him and I don't know how many other people have done it, but we're getting around finally to changing the name of that hospital, because that name was a misnomer and in many cases scared people away because they just didn't understand what they were trying to do there. Now the patient load, even with the aid of the physicians in training who are being used where qualified psychiatrists should be used, is excessive in these out-patient clinics. The patient load in the Brandon Hospital and the Selkirk Hospital is excessive. These are the facts. If the members want to turn to Page 94 of last year's journal, they will see the answers the Minister gave to a series of questions which I asked. In the Brandon Hospital there are two certified psychiatrists, one of whom is the administrator. In the Selkirk Hospital there are two certified psychiatrists, one of whom

(Mr. Orlikow, cont'd.) ..... is the administrator. Now I ask the Minister and I ask the members, how much individual attention can these two certified psychiatrists give to more than 1,000 patients who are in each of those hospitals? This is not being critical of them. This is facing the cold hard facts as they are. If the patient load is going down, it's no thanks to the government program; to a large extent it's thanks to the fact that there was developed in the last half a dozen or more years the new tranquilizer drug which is the main reason for the reduction in the patient load, not the fact that we have a staff which has the time to devote to the patient which ought to be done.

Now, Mr. Chairman, we have mental health clinics in three or four areas. What about the dozens of other towns and cities in Manitoba in which there are no mental health clinics? When will these be available? Well I suggest to you, Mr. Chairman, that from anything the Minister has reported up till now, it will probably be 15 or 20 years at a minimum before these are provided, because the training program so far enunciated by the Minister just doesn't give us the staff to really extend this program. Now because the psychiatrists we now have are concentrated in the three provincial hospitals, many patients who require hospitalization must go long distances from home to get the attention. This hinders their rehabilitation and prolongs their hospital stay. The Minister said this very well yesterday. I ask again, what are we doing to really get down to grips with this problem? We only have eight certified psychiatrists in our institutions. We have a shortage of private psychiatrists in Winnipeg and we have no psychiatrists doing private practice in the rest of the province. This limits to a tremendous extent the amount of help that can be given to the thousands of people who are unfortunate enough to be ill. If we are to meet the needs of the people of this province in this field we must face the fact that, first of all, there must be a sharp increase in the number of psychiatrists and other specialists in this field because the psychiatrists cannot do a job adequately, Mr. Chairman, unless you have a sufficient supply of psychologists who can do the testing; unless you have a sufficient supply of properly trained psychiatric social workers. I want to tell the Minister that if we have social workers at Selkirk we haven't got enough, and they're not trained. I am not saying that they are not doing the best job which they can, but they certainly can't do the job which properly trained people can do in this field.

Now psychiatric practice should be organized on smaller regional psychiatric in-patient units of from 100 to 200 beds, with provision for day care and out-patients. These should be located in the larger cities and small towns of this province. Now our Minister said this yesterday. I want to know what plans we have for doing this. I would be glad if the Minister could announce that he has a plan so that in the next five years we will have half the province covered, or in the next ten years we will have the whole province covered. Because I want to say, Mr. Chairman, and I say this with a good deal of regret because there's no member of this House that I like better than the Minister, but we've been listening to these lectures of his for three or four years now and the number of qualified people is, at the present time as far as I can tell, not much greater, if greater at all, than it was when the Minister took office. Now the number of qualified psychiatrists working in the provincial institutions is completely inadequate to give much, if any, individual attention to patients. The patient load is much too great for the doctors to give the kind of attention which is required according to the modern standards, and yet we have had very little increase in the number of qualified people in the last several years. It has been estimated, Mr. Chairman, that we need at least three times the numbers of presently available psychiatrists, and even more of other personnel such as psychologists, psychiatric social workers, speech therapists, and so on. Our present program of training is not at all adequate in attracting sufficient people into this specialty. There must be an increase in the facilities for post-graduate psychiatric training and other specialties by an expansion of present resident training and the augmentation of teaching hospital staff. I want to know, Mr. Chairman, why it is impossible--and if we're doing anything, I would like to know in some detail what we're doing in the way of loans or bursaries. Surely there are doctors, graduate doctors who would be interested in going into the field of psychiatry and of practicing in the Province of Manitoba, if this province was willing to invest some money in their training. Now I think it would be money well worth spending if we set aside, say ten bursaries of $1,500 a year, to let graduate doctors get training in psychiatry, either in Manitoba or away from the province. If we put the same qualifications on our loans in this field as we have done with others in other fields, require them

(Mr. Orlikow, cont'd.) ..... to come back to practice in the Province of Manitoba for some specified period of time, I'm certain that we could really begin to move in this field.

Now psychiatric services for children are in a deplorable state. The rural areas with the exception of Brandon, have virtually no service at all. In Winnipeg, the Children's Hospital Child Guidance Clinic provides both diagnostic and treatment services, but they are still unable to cope adequately with the ever-increasing needs. There is need for a residential treatment unit for seriously ill children.

We have one full-time psychiatrist for the five provincial correctional institutions and one federal penitentiary. I'm sorry that the Attorney-General isn't in his seat today, but I can assure the House that I certainly intend to raise this when we get to his estimates. The provincial psychiatrist in this field has no assistance from a full-time psychologist and so the psychiatrist can offer little beyond diagnostic evaluation in selected cases. The Courts ask for assistance from the Psychopathic Hospital but there is no real program of selection or referral and what we have is done on a haphazard basis.

Now one of the important fields which is not being dealt with, Mr. Chairman, in the field of mental health, is research. The major health problem facing society today is research in this field and we are doing practically nothing in this field. The Advisory Committee on Mental Health to the federal government has recommended that one twentieth of each dollar spent on mental health should be appropriated for research purposes, and yet in the Province of Manitoba there are no research workers in mental health. Why? Because there is no future and no security of tenure in research work. Funds are available on a year to year basis only. There is a lack of planning. There is a need for establishing research centres with full-time professional workers assured of tenure of employment and freedom from restrictions on the work on which they embark.

Now I want to deal just briefly with the specific recommendations which were made by the Manitoba Psychiatric Association in their brief to the Royal Commission, and I can list them for the Minister and for the members of this committee. No. 1. The concentration of 4,000 mentally ill and mentally defective patients in three large rural understaffed, overcrowded, provincial government institutions, far removed from families and home communities. This is the number one problem. Second--Greater Winnipeg has only 75 psychiatric beds in General Hospital for short-term care. This does not meet the demands and necessitates transfer of patients requiring longer term treatment to rural mental hospitals. Now the Minister announced yesterday that the General Hospital would be encouraged to build a 150 bed unit for people who are acutely mentally ill, and this is certainly to be commended, Mr. Chairman. It so happens that the Province of Saskatchewan is now building a community mental health hospital at Yorkton, also of 150 beds. I checked with them today and I want to tell the Minister what their plans for staff are at that one institution--five qualified certified psychiatrists, two qualified psychologists, 69 psychiatric nurses--for one institution of 150 beds. Now compare that, Mr. Chairman--and I'm not suggesting for a moment that the Province of Saskatchewan has reached the millennium, that they have solved their problems--but compare that, five certified psychiatrists for one institution of 150 beds with our eight psychiatrists in the entire provincial mental health field. 3.--third recommendation of the Manitoba Psychiatric Association--Outpatient services, both rural and urban, are insufficient to meet patients' needs with regard to prevention, diagnosis, treatment, follow-up and rehabilitation of the mentall ill. 4. There is a severe shortage of psychiatric personnel. There are only 27 qualified psychiatrists in Manitoba where, according to population, we should have a minimum of 90. There is also a serious lack of trained psychiatric personnel. That is psychologists, therapists and psychiatric social workers. 5. There is a necessity for further development and expansion in child psychiatric services for the establishment of suitable residential facilities for chronic psychotics and severely disturbed children. 6. There is a marked lack of facilities and funds for basic research in mental illness. Mr. Chairman, these are the observations of the people best qualified in this field; and I leave it to the members of this committee to judge how far we are from this situation.

Now I want to deal just with some of the--because I recognize that the Minister will say that no province has achieved the standards set by the Manitoba Psychiatric Association, and this is true. I want to show how little this province is doing as compared to other provinces. I have the latest statistics published by the Dominion Bureau of Statistics--mental health statistics.

(Mr. Orlikow, cont'd.) ..... They deal with 1959, but, Mr. Chairman, there's not too much difference when you compare them with the 1962 figure. And what do we find? Well the per capita operating expenditure of mental institutions--and if you look at them you see that the Province of Saskatchewan in 1959 spent almost $10.00 per capita; the Province of British Columbia, just over $8.00; the Province of Ontario, just under $8.00; the Province of Prince Edward Island, just under $8.00; the Province of Manitoba, $6.00. There is the comparison, Mr. Chairman. If you look at the amount, the total expenditures for mental health, the Province of Saskatchewan in 1959, which had almost the same population as we did, spent $8,678,000; Province of Manitoba, $5,252,000. Now it's true in 1962 we're up to over $6 million, but the Province of Saskatchewan has moved to over $10 million. So you can see, Mr. Chairman, how short we are in this respect. Or if you look at another interesting figure, Mr. Chairman, the cost per patient day of operating the mental hospitals for the year 1959, the average for Canada, $5.31 a day; the Province of British Columbia, $5.65 a day; the Province of Alberta, $5.61 a day; Province of Saskatchewan $5.43 a day; Province of Ontario, $5.50 a day; Province of Manitoba, $3.71 a day. Mr. Chairman, I raise these not to be critical, and again I want to make this very clear that I'm not being critical of the staff, I'm being critical of we, the Legislature of the Province of Manitoba, and I say that when the Minister gives the kind of report which he gave yesterday, that what he's doing is confusing his desires with his intention to do anything in the near future.

Now, Mr. Chairman, I took the trouble last year to write to some of the other provinces to ask them what kind of services they were providing and what kind of staff they had, and I want to read the figures which I got from these provinces. I'll be very happy to turn these letters over to the Minister and he can look at them. I certainly asked nothing that was secret and I got the answers which they supplied us. The Province of Ontario, the Minister of Health, Dr. Dimmon, replied on March the 30th of 1961, and this is what he said: "Staff Summary: physicians--certified psychiatrists, 110." Now it's true Ontario has six times or six and a half times the population of the Province of Manitoba, but you can calculate how close we are--8 into 110--8 as compared to 110. "Psychiatrists in training, 36; psychologists, 85; social workers, 115." That's the Province of Ontario in 1961. They're probably better by now. The Province of British Columbia, 57 doctors--I'm sorry the Minister of Health in British Columbia didn't say how many of those were psychiatrists, but one can assume, I think correctly, that probably two-thirds of them are psychiatrists--58 social workers, 19 psychologists. The Province of Saskatchewan, as of March 21st, 1961, certified psychiatrists on staff, 19; residents and partly-trained psychiatrists, 22--as compared I think the Minister said to 8--psychologists, 18; psychiatric social workers, 30. Nurses on the staff of the three mental institutions, graduate psychiatric nurses, 562; psychiatric nursing students, 400. Now how does that compare with the Province of Manitoba? Well I think it's obvious.

Now the Minister talked about the mental health clinics which we are going to establish. I think he said last year, and I was critical last year and I will be critical again, that the mental health clinics, the community clinics which are being established are being staffed with people who are not qualified certified psychiatrists. Now in the Province of Saskatchewan, they have seven full-time community mental health clinics--in Regina, in Moose Jaw, in Saskatoon, in Swift Current, in Prince Albert and in Yorkton. Each one of these is directed by a qualified psychiatrist. They have 17, I think, part-time mental health clinics. They have one at Weyburn, North Battleford, at Assiniboia, at Kindersley, at Biggar, at Rosetown, at Maple Creek, at Shaunavon, at Melford, at Tisdale, at Nipawin, at Davidson, at Estevan, at Leader, at Fort Qu'Apelle, at Grenfell and at Kamsack. Mr. Chairman, it's not surprising, therefore, that they are spending this year $10 million for mental health, where we are spending six. So, Mr. Chairman, I want to say that while I can agree with nearly everything which the Minister said in sketching the objectives of the department with regard to mental health, I want to say this year as I have said in other years, that the objectives do not mean that we are achieving the objective, that merely to say that this is what we intend to do, does not mean that we are doing it; that merely to say that we have plans does not mean that the plans are in effect. If one looks at the situation as it really exists; if one takes into consideration that of the few people who are being trained, and they are all too few, that we cannot expect, on the basis of past experience in this or in any other field that all these people will stay with the province. So I can only conclude,

(Mr. Orlikow, cont'd.) ..... Mr. Chairman, and I say this not in a spirit of criticism but merely in a spirit of disappointment and regret, that in the field of mental health in this province, if we are moving at all, we are moving too late and too slow.

.....Continued on next page.

MR. CHAIRMAN: Resolution 48 --

MR. WAGNER: Mr. Chairman, I was waiting possibly the members to my right were going to say something, but I would like to change the subject now from mental possibly to insane or sane subjects. Before I start, Mr. Chairman, I would like to extend my good wishes and regards to the Minister and the Deputy Minister and the staff, because as far as the Fisher constituency is concerned, I don't need to remind the members no more that it's mostly disorganized territory and naturally we're under the local government district and therefore we have a lot of problems that we have to deal direct with the provincial department. Sometimes I find myself in such a position that I even have to phone after hours to the people in the department or the Minister himself, asking for urgent information or assistance, and I must admit that I receive very courteous assistance within the government policy however. To me, Mr. Chairman, the Welfare Department did not as yet leave the Health Department, to me it's still one, so I want to pass this commendation to the Welfare Department, likewise as to the Health Department.

I would like to digress from Manitoba as the Honourable Member for Springfield feels that I like always to talk about the federal matters, but I feel at the moment that the provincial government has great influence on the federal government, and particularly the Manitoba Government surely has great influence on the federal government, because yesterday I saw a cartoon that our First Minister is just about to shoot our Prime Minister with an old, old bow and arrow and it seems to me that the Prime Minister of Canada is kind of worried that our First Minister means business. So, however, maybe our provincial government will take action and try and influence the federal government instead of us talking about a provincial health scheme maybe we can have a whole federal health scheme regardless whether the rich or poor, whether they are healthy or sick, they shall be taken care of. However, when one is healthy he is happy, and if he is happy he is healthy. However, anybody can dispute that by saying that I am not happy about this and about that; surely I am not happy about our provincial health scheme, but I am happy that I am healthy. So you can dispute that in any manner you wish.

However, it seems to me that we have recognized in Canada as a whole and in Manitoba such schemes as education and schools and hospital and hydros and telephones and other institutions strictly, not I would say state controlled but government implemented and it comes from the government source. However, when it comes to the health scheme it doesn't seem to iron out the same way; it doesn't seem to pan, some people like to distort that, oh it's compulsory, it's dictatorial and the doctor will lose patient relationship, and so on. As far as I am concerned, Mr. Chairman, I believe it's not such a thing. Doctor and patient relationship is lost when the patient goes to the doctor and cannot afford to pay that bill then that same patient doesn't go to that same doctor again because the doctor tells him well pay me for the last bill. However, I must say the Minister of Health is very aware of that because not once I spoke with him and with his department, that patients come to me and say, "Pete, we cannot pay the bill, possibly the province would pay the bill." Naturally the province hasn't got that policy. They say if the patient was an indigent he should have gone to the out-patient department. Then who is holding that bag? The doctor himself, and he writes monthly or every two weeks to the patient, pay me the bill, pay me the bill; and naturally the patient cannot pay the bill, due to the financial burden, and the doctor and patient relationship is lost right there. And furthermore on the offset who's suffering -- the doctor or the medical profession? If we would have an over-all health scheme the doctor would just write down to the department of that particular concern or to the government that I looked after so many patients and this is it. I don't see nothing compulsory about it, that it's so wicked, it's so terrible, because here in Manitoba we have compulsory health scheme. We tell the people even which doctor they are going to go, what they are going to get. We just tell them, and if you don't want to you're just not going to be looked after -- and this is the out-patient department. When the person is indigent it gets instruction to go to the out-patient department and the out-patient department looks after the person; and the person has no choice of the doctor. Naturally there are many doctors and they give the best treatment as far as I am concerned, and yet the patient has nothing to say about it. Then when the final examination comes along I believe the specialist gives the final examination before the patient is operated on or hospitalized and the doctor is not paid by the patient, but sends his bill to the Province of Manitoba. The Manitoba Government pays the doctor. Does then the doctor feel

(Mr. Wagner, cont'd.) ..... that the patient relationship is lost? I don't think so. I would say that the doctor at the out-patient department is sure of his money because he's going to get it, and the doctor in private practice, he has patients that they are not paying him, he's losing money. So naturally we want to have a healthy nation here in Canada and I don't see where the doctor would lose public relationship or patient relationship because it would be an over-all health scheme.

However, Mr. Chairman, I am looking forward, possibly in the near future in 1962 -- I didn't hear all of the Prime Minister's speech on TV last night -- but he surely is speaking now in his very friendly voice and he made the remark which I'll never forget. He stated that "There are a lot of people that they cannot be heard by the government and there are the voices in the country want to be heard, however, as I am the Prime Minister I hear them without a direct approach." Possibly the wording is not right, but that's what was expressed. However, Mr. Chairman, then I look for 1962 an over-all health scheme. And it's not a new health scheme, we have here 52 countries in the world that have this health scheme and I hope that Canada will be the 53rd in the near future. I have here a paper stating Medical Care plans throughout the World, and the source says: "Why do our medical friends tell us that a medical care plan for Saskatchewan would be vicious and improper." Information based on social security programs throughout the world, 1958, published by the United States, Department of Health Education and Welfare. So here we have -- a lot of countries realize the need of over-all health scheme. I would prefer taking myself from the outside world here into Canada, and when Saskatchewan Government went out to the people during the election campaign with the idea of stating that we are going to bring a provincial health scheme they got back into office. Yes. And here I have another paper stating: "Everyone wants the medical care" and the following excerpt states: "Who approved of the provincial health care?" Saskatchewan Farmers Union; Saskatchewan Federation of Labour; Saskatchewan Urban Municipality Association; Swift Current Health Region No. 1 -- there's something to look at -- continuing, Committee of Regional Boards of Health; Canadian Public Health Association, that's Saskatchewan branch; Canadian Association of Social Work, northern and southern Saskatchewan branch; Saskatchewan Saskatoon School .....; the Saskatchewan Psychological Association. These people approved. Let's take some of our farm groups. National medical care program okayed by Canadian Federation of Agriculture. Let's take Manitoba Farmers' Union. They claim since 1953 they want a national health scheme. Co-ops. Just as recently as January 24th, 1962; "Co-ops want medical care plan." And this is what I want to put on record, Mr. Chairman, because this is a good resolution and it states this: "The annual meeting of Federated Co-operatives Limited held in Saskatoon last week passed the following resolution concerning medical care. There was only one dissenting vote. "Whereas we taxpaying citizens have provided the school and university facilities that permitted the medical men of today to obtain their education plus subsidizing each of them during those years of learning; and whereas we as citizens through taxes and construction build to maintain the hospitals in which most medical men earn a large portion of their income; and whereas the Manitoba medical men, in a statement to the press on January 16th publicly opposed the proposed medical care plan in Saskatchewan; and whereas the failure of a prepaid medical care plan to get under way in Saskatchewan at this time would retard the formation of a national health plan for at least one generation; Be it resolved that we, the delegates at this the 33rd Annual Convention of Federated Co-operatives Limited, respectfully request the Saskatchewan medical men to reconsider their stand and begin immediately to negotiate with our duly elected representatives as would any other group of citizens of democratic lands." Federated Co-operatives is recognized as the most authoritative voice of consumers in Western Canada; the 170 delegates at the convention represent hundreds of thousands of consumers from the Lakehead to the Rocky Mountains.

Now, Mr. Chairman, I don't see who is opposed to the over-all health scheme. It seems to me that the majority of the people wish to have an over-all health scheme and why are we so slow about it. I just don't know. Possibly maybe our government seems to be dragging the feet.

Mr. Speaker, getting back onto the out-patient department. I just wonder how large a figure do we look after or we treat through the out-patient department, and I must admit that it is a very large figure. I am sure, and I know, from my own experience, that these people are getting well treated by well-organized staff and doctors, and yet to my knowledge, to my opinion,

(Mr. Wagner, cont'd.) ..... this is health scheme -- compulsory health scheme. But what I would suggest to the Minister, if it's possible, to speed up that out-patient department, to get in the patients sooner to their beds if necessary, because it takes quite a long time to get a patient from one desk to the bed. It takes as long as four hours. I had an experience not long ago, I took one indigent person to the St. Boniface out-patient department and those people are working as fast as possible, sometimes even on the run, and it's not fair. But however, he started from one desk and then to the other and then from one room to the other and then to the x-rays and down to the report and the statistics that are taken -- it took me four hours before I took the patient to bed. Possibly somewhere we can speed it up. Maybe we can eliminate or expand or something -- actually I felt that the patient goes through very much scrutiny, possibly we can eliminate something. I have no suggestion though; but possibly the Minister is very well aware of it and maybe he could say something about it. However, turning back myself to Manitoba, the hospitalization, sometimes I feel that some people get more than the other. Possibly it's just my feeling, but even some of my own constituents have been looked -- in my opinion they received better attention than some others. So I would like to have a uniform somehow -- naturally it's very hard to bring that because nobody can look into one's head and know what the person is thinking.

Before I sit down, Mr. Chairman, I would like to bring to the attention of the Minister how often these hospitals are checked and particularly around the country. For example kitchen -- who looks after -- who is the sole boss. I know the matron is there, but it has been brought to my attention that lots of goods -- shall I use that word -- disappear from the hospital and naturally it's taxpayers money and the check is not very closely made. I was given, by one of the officials of a country hospital, a good paper clipping and he vouched that it's exactly -- he is suspicious that it's happening in their own hospital, and no doubt it's happening elsewhere, and I shall read it. It may sound funny, but it's true as the officials of rural hospital areas have proven that it is very close to the truth. So it is written to Dear Ann -- you know -- Ann Landers in the Tribune and was written February 3rd, and here's one of the employees write: "Dear Ann Landers: I am employed in the kitchen of a government institution and there is so much monkey business going on that I can't keep still any longer. This is not a special institution. I have worked in institutions elsewhere and it's the same. I've seen institution employees eat gift food which was sent to patients and then deny they saw the package. I have watched employees take home roasts, chicken, cans of coffee and jars of fruit -- trays of crackers are hidden in the oven because no one wants to count them out -- quarts of hot coffee, platters of crisp bacon and eggs, bowls of butter and stacks of bread disappear into employees' dressing rooms. When the Board of Directors and visitors come they are served filet mignon and fresh strawberry shortcake, then they go home and tell everyone the food is great. No one ever pops in unexpectedly to see what is really going on. Don't tell me to report it, I tried this once and I was laid off the following week. Something must be done from the top. God help the taxpayers." Now, Mr. Chairman, the answer to this: "Dear Friend, I consider your letter a public service. I am sure many institutions need cleaning up and such complaints as yours can help trigger action. A badly run institution is an outrage in a country as well off as ours. It would be unfair, however, to accuse all institutions of waste, incompetence and negligence. You said no one ever pops in to see what is really going on. In Ohio last year many newspapers printed a page one picture of Governor DiSalle, just after a surprise visit to a mental hospital -- what he saw had made him ill. Ohio State Institution under Governor DiSalle has been vastly improved; most of this continent's institutions still have a long way to go." In other words it seems to be funny, and it's out of proportion, but it possibly has a lot of merit and it has been brought to my attention through the rural area where I have attended. However, Mr. Speaker, I leave to the Minister to decide when he pops up on the shortcake.

In conclusion, I want to make one more short quotation on the over-all health scheme, and this is October 20th, 1961, Free Press by Dr. Simon Btesh: "Health plan inevitable. Some form of medical care plan will eventually be in force in every country in the world", says Dr. Simon Btesh of the World Health Organization. Dr. Btesh, on a tour of Canada following a world health conference in Los Angeles, praised Saskatchewan's recently established health plan saying it had potentiality of building something very good for the people of the province, like Breat Britain. He predicted the province's plan will eventually work in a way similar to

(Mr. Wagner, cont'd.) ..... that in effect in Britain which he says has definitely proved itself. He belittled the contentions of opponents that prepaid medical care destroys the incentive of doctors and lowers medical standards. There are always adjustments to be made when a plan is instituted he said, but once the people and the doctors adjust to it, it works very well. Now, Mr. Chairman, I am looking forward that this government shall influence the Federal Government by stating that we should go into an over-all health scheme in Canada.

MR. CHAIRMAN: Resolution 48 - passed. Resolution 49, Health Division (1) --

MR. JOHNSON (Gimli): Mr. Chairman, I don't want to hold up these estimates, but I should answer the questions of the honourable members to date, or some of them, if I can. I certainly appreciate all the kind words about our staff and the department as a whole, and I do appreciate the criticism of the Honourable Member from St. John's who is very concerned in the area of mental health.

First of all I do feel that the Honourable Member from Neepawa -- I can assure him that we will have a physician or medical director in his unit, I think either today or tomorrow -- I believe it's any day now -- to get on in that very large area. I was particularly heartened by the report of the advisory meeting of the Neepawa Health Unit Board which met recently; a very enthusiastic and very excellent health unit board. I just want to briefly refer to a few matters here. The Honourable Member from Neepawa has touched on a few points which I have dealt with at previous sessions and continues to be a matter of continuing interest to himself, and I'm sure conviction re the use of deterrents in hospitalization and so on. As you know we made a very detailed study of this at the time of the 61-63 estimates and I also have read the comments that preceded the introduction of this Act with respect to the use of a deterrent. The deterrent either has to be of such an amount that it is a real deterrent financially, or it has to be -- if it's just a token amount as a deterrent, it really, I don't think, is a deterrent. A deterrent in itself as you would call it, isn't going to reduce over-all costs. One thing you have to continue to bear in mind is that the hospital costs are fixed. Once you build that bed the hospital's there for the next 50 years, it has to be staffed, it has to be occupied, or it has to be operated. Your costs are fixed. The only real control on hospital costs in the world today is going to be the number of beds you build and staff. This is really the only effective deterrent. I think we can, on one side of the coin, be accused of penalizing those who really become ill, and after all, I believe in some form of local responsibility and deterrent in respect to services, I think we all have some compassion in that area; but when a patient's admitted to hospital we all have a moral and legal obligation to see that the high cost acute hospital bed is properly utilized. The deterrent in one sense is not a money maker if you make it too stiff you are really putting a deterrent against those who are going to use the hospitals the most and probably need the help the most.

I would continue to remind the honourable member that on the Royal Commission on Health I think we spelled out very clearly that we felt that the federal government should be sharing in interest and capital and depreciation of buildings, besides the operating. They certainly are only contributing around 36% when you rule out mental and TB and the present formula. We also made a pitch in that brief for increased hospital construction grants or a continuing survey of hospital trends and costs, because $2,000 a bed is not a very realistic figure in acute hospital construction today. I think that one thing we must continue to remember too, is under the present scheme in rural areas our surveys have shown that with a dynamic program as we plan to and hope to develop staff and the rehabilitation concept, the figures are changing across Canada and everywhere almost daily, or these days, on just how many chronic beds do you need in a community. Ontario are talking about one per thousand. Dr. Willard has intimated possibly 1.5 is an ideal that we should aim for. Britain, I think, is 1.4 per bed. I think we all agree that these beds should be built in the future adjacent to acute general hospitals so we don't duplicate expensive facilities that may be required. We can build these beds much more cheaply and serve their proper function. I think then that we have a pattern laid down. I also think it's been our philosophy that if a patient is sick and under the plan and is insured that their costs should be paid in full without the deterrent in view of the premium charge, and I do feel that we also feel that below the plan, below the need for acute medical and nursing care, that our proper role as a government is to meet the needs of those who need help and outside of the hospital. I think there's a great need for the community to be concerned about its aged with respect to

(Mr. Johnson (Gimli), cont'd.) ..... housing and hospital accommodation. The community can measure this much better than we can. However, we're going to continue to review these matters continuously and certainly we have to remain flexible.

With respect to reimbursing those who don't use the plan -- you mention the fact that in crop insurance and other insurance areas for non-use we get a refund. I don't know, I think the Canadians have said as hospital costs rose and we held our breath that in this area we must pool resources. We must also realize hospital costs, as I mentioned earlier, are fixed costs. Pooling resources is very necessary, and if we are going to be giving rebates I think we'd be penalizing certain age groups if this was the way we were going to do it, because the average person over 70 receives 16 days of care a year on an average and our latest figures -- benefits rather from the Hospital plan; and the younger, healthier person receives 7.5 days of care. I think we must realize too, that half of the cost of the Hospital Plan which is paid by the federal authorities, or 47% now excluding mental and TB, and 36% including mental and TB, and our cost is raised by federal monies from the Federal Treasury. The point I'm trying to make is that I don't think it's realistic to try and develop into this type of -- it's really not an insurance scheme, it's a Manitoba Hospital Services scheme more than it is an insurance scheme, and I don't know how you would divide this up.

Re third party liability. I didn't get the honourable member's point there but I would be -- any problems in that area I think our legislation is pretty clear cut. I'd like to discuss that matter with him.

I appreciate the remarks of the Honourable Member for Burrows. He, I think, certainly reiterated the stand taken by this administration to the Royal Commission. We mentioned also the Geriatric Centre which in these estimates that are before you we're hoping to develop such a teaching centre adjacent to one of the acute hospitals, as the report indicates. I don't think Saskatchewan's that far ahead of us in our Sabin program, I think we work pretty closely with the federal government and the other provinces in the development and testing of this vacine with our virus laboratory. I commend Saskatchewan for sneaking in there first with the first order for 900,000 doses; but I think we sort of hoped that it would be available across Canada all at once, and I think it probably should have been that way. However, we're going to be having observers out there during the first testing and be working with them to a degree, I hope.

In the Northern Health Services you asked why the salaries are down. This was because one of the staff was moved into the central office in Winnipeg, a health educator, which removed about $7,000 from that budget. Otherwise most of those salaries have been increased in the past year.

Dental services. Well, we certainly know of the need in this area. We hope that the 19 students, is it, that graduate this year will find their way and begin to tackle this problem. I think it's much like the annual report that we've published again and as we stated in the Royal Commission, I don't think we or any other province in Canada are very proud of the availability of dental service. There's a great need in this area.

The Honourable Member from St. John's is certainly true in stating that public mental illness is certainly the greatest single problem facing Canada today. I would like to make it abundently clear to my honourable friend, however, that we have not got our heads in the sand. This is a constant source of worry to the department, the heavy load being carried by a few in our large institutions. However, when you talk of bursaries for graduate doctors, I don't know of a province in Canada who have the funds available for training in psychiatry than we have within the province. I think on graduation any young physician who wishes to pursue a career in psychiatry gets between six and seven thousand dollars a year the first year, $7,600 the second year, up to close to 96 in the third and fourth year. We ask for at least one of those years be spent in a provincial institution, the others in teaching hospitals, the Children's or the General, or they can go away for a year and we provide bursaries equal to the pay. My advisors tell me that this is as generous as we have to be in order to attract. Certainly I think the challenge to a physician is partly the pay, but I think also partly the concept. Where is the province going? Is this a challenge to me to get into that province and practice. And I hope and pray that we will get more enthusiasm from our newer graduates. We can look for little help from Britain from now on for new graduates. 50% of their interns are from other parts of the world today. We're going to, as we said last year, start, we have eight or ten in training at the moment.

(Mr. Johnson (Gimli), cont'd.) .....

In Winnipeg we do have four qualified psychiatrists at the psychopathic hospital, two in Selkirk, two in Portage, two in Brandon. Three are just eligible for writing their certification now in Brandon, one in Selkirk and another certified man in general work at Selkirk. We have a staff of five in our community mental health program for a total of 31 staffed there now, three psychologists in the mental health program, six other junior medical officers and five psychiatric boys, nine social workers in that program — we're adding seven more this year. I think we are making a start in community mental health. I don't think it's entirely as black as the Honourable Member from St. John's has said.

I'm very happy to hear that other provinces are beginning to get some psychiatrists. I would point out to him that in the past year the provincial psychiatrist has tried very, very hard to get another man into a particular job that we wanted filled, and we have not had any luck at this point in getting a particular type of qualified psychiatrist. I'm only too conscious of this. I do think that he must take some comfort in the fact that we have 176 residents in our two large hospitals this year, that we are yearly adding staff, for instance in Brandon there are 16 being added this year; in Selkirk 24 staff, calling for psychologists, social workers, nurses, etcetera. It is very difficult in these areas, especially with nurses, nurses aides and so on, we do have a high turnover, especially in places like Portage. And that's why I think the Committee should realize it's all the more important to get these smaller units on the road, where better working conditions instead of increasing the large institutions where they become -- staff turnover is extremely high and we must do this. In the sheet that's before you, we hope between now and '67 to bring about a gradual transition within our availability of funds and staff, but certainly I don't think that we're lacking in centres to new graduates in medicine to come here and practice psychiatry, the challenge is tremendous.

The Member from St. John's made reference to the out-patient clinics, they are doing a tremendous job. I certainly agree with him the patient load is excessive but they too are having great difficulty in the teaching hospitals, getting further help in the psychiatric out-patient areas. What plans for community mental health says the Honourable Member from St. John's. Well, we have some long-range plans we hope to kick off with, we have the facility at Selkirk going ahead to serve the eastern Manitoba and the Inter-Lake. We do have the facility in Winnipeg in our planning books and hope to get on with this as soon as possible. We have plans for a centre in the northern part of the province and the southern part of the province and I do think that we do want to give priority to this and emphasis to this and at the same time carry forward our normal program. Re mental research, we're not entirely devoid in research in this province in mental illness. Under the mental health branch we have continuing projects going forward; we support quite a bit of research in mental illness. I have a page full of them here. They may not mean too much to the honourable members but they're on-going, done partly by staff in the course of their work. I think probably he is referring to some full-time psychiatrists working in the institutions in nothing but pure research. The emphasis is so much on treatment now that I probably -- we haven't got that particular type of personnel at the present time.

The Honourable Member from Fisher brought up some very excellent points. I can't imagine what institution the lady was referring to in writing this article. I do know that whenever it has been brought to my attention that this sort of thing might be going on, I've had investigations made by the dieticians, full-time dieticians on the staff and they have always made full reports which I couldn't justify, or I couldn't find any blatant cheating or anything of that nature. On the other hand it may be just the need for more of a community mental health program in the case of that particular individual, maybe she needs a little help.

Both members spoke of the need for a national medical care plan, and I guess we should add our niche to the list that the honourable member presented. We have made our submission to the Royal Commission on Health Services and probably will have an opportunity to debate that on that resolution. These are only answers probably to part of the questions answered, Mr. Speaker, but I will try and sort out more further if the members wish....

MR. CHAIRMAN: Resolution 48 -- passed.

MR. A. J. REID (Kildonan): Mr. Chairman, I'd like to make a few general remarks on the health program, but I don't think I could do it in the allotted time. If you'll give me the assurance that I'll have the opening remarks at 8:00 o'clock we could carry on, but --

MR. CHAIRMAN: Resolution 49. 2(a) Psychiatric Services.

MR. MOLGAT: Did the member ask that it be held over or what --

MR. REID: ..... a few general remarks, but I can't get finished in the time that --

MR. ROBLIN: ..... my honourable friend to start right now and make his remarks and then he may have the first opportunity at eight o'clock to continue. So if he has something to say, Mr. Chairman, let him say them now and if he doesn't finish by 5:30 he may have -- I think the committee would be glad to hear him first thing at 8:00 o'clock.

MR. REID: Well, Mr. Chairman, the health plan as it exists in Manitoba now, I don't think the people are too happy with it. Why? Because it seems to be a competition between the province, the hospitals and the medical profession as to who will get the largest share of the revenue. In other words, Sir, we have what you would call a squeeze-play. On the one side you have the province trying to squeeze out all they can from the citizens and form a provincial income tax to finance hospitals; on the other side we have the hospitals and the doctors charging exorbitant rates and fees, forcing the cost of hospitalization and medical fees up and up. It was shown just recently, Sir, when the hospital premiums dropped, provincial government put on income tax, picked up more than the premiums dropped. No sooner was that done than the medical profession seen fit to raise the medical plans up, so the system of hospitalization and the medical plan went up far in excess of the small reduction of premiums. And the citizens, Sir, are caught in this formidable vice but they can't do anything about it except, of course, to pay more all the time. True, we hear of the 4,000 or odd more cases of Medicare who will receive all services free, but to hear the government speak about it, Sir, you would think everybody in Manitoba was being assisted. Well, Sir, such is not the case. The truth is it's costing the rest of the public quite a bit more. It is a hardship on all wage earners, small businessmen and many old age pensioners. But we must remember, Sir, that many old age pensioners are independent, still pay their own hospital premiums and pay their own medical plan, they're not all being assisted by the province, just a small percentage of them. And as I mentioned previously, Sir, it's because these three bodies, namely the provincial hospitals, Medical Association and the province are all anxious to have surpluses at the end of the fiscal year at the expense of the citizens. For example, the Manitoba Hospital Services plan -- a provincial scheme last year will have a surplus up over $2 million. Previously, Sir, they had large surpluses, and they anticipate another larger surplus for the coming year. True, the hospitals have received warning, in fact they had a meeting here last fall -- this is from the Winnipeg Tribune, October 3rd, 1961: "Hospitals receive warning -- Speaker urges cut in cost." "An expert on hospital financing called on the Manitoba hospitals to exert more effort in controlling costs and rescuing themselves from the real trouble they now face. Andrew Pattullo, Director of Hospital Division of the Kellog Foundation, Battle Creek, Michigan, was speaking to about 200 delegates at the opening session of the 10th Annual Manitoba Hospital and Nursing Conference. Mr. Pattullo said that even with the shortened hospital stays, the absolute rise in hospital costs have been much greater than any other segment of our economy. The hospital field individually and collectively must exert more effort to control our costs. He said hospitals have not been able to introduce economical methods to offset the rise in labour costs, and since labour represents such a significant proportion of our total costs -- 60 to 70 percent, our field is in real trouble. Hospital administrators have to realize they are running big business, Mr. Pattullo said, while a hospital field wants to retain its identity as a non-profit institute, the fact that it is now a large scale and complex organization, demands the skill of industrial management. The hospital today must accept the fact that it is both a public utility and a business and should not apologize for being either, because it is a business, he said, there should be no room for sentiment in allowing small hospitals to remain as fiercly independent as they have in the past. We must move energetically to raise the level of care in all hospitals, he said. The individual hospital autonomy should be preserved, but if preservation means a perpetuation of our present system or condoning mediocracy in any degree it is a luxury we cannot afford Sir."

So we see, Sir, the hospitals have been warned, but regardless of all the warnings that hospitals receive from administrators and possibly from this government, they keep on charging higher rates for services all the time. Why? Because they know the citizens must pay their premiums, and this is their largest source of income, paid from funds on behalf of the patient. Doctors, Sir, are rated as the highest paid profession in Canada, on an average, but

(Mr. Reid, cont'd.) ..... yet in Manitoba their average is $3,000 higher than any other place in Canada, where the people certainly aren't as wealthy in comparison as to other parts of Canada. And we had a good example recently, Sir, why medical fees are kept at such a high rate and continue to increase. First, a brief here on a shortage of doctors. This was at the hearing before the Medical Association from a Tribune, January 15th: "The Royal Commission on Health Services was told Monday it should give top priority to measures to provide for more well-trained physicians. A brief from the Faculty of Medicine, University of Manitoba, called for development and strengthening of medical teaching centres. This would improve health services, encourage a high rate of scientific development and medical research and act as essential foundation for a comprehensive health program. The brief said planned facilities at the University will enable the training of 72 students yearly compared with an average of 60 students that they have at the present time for the last past five years. The immediate problems, the brief said, was to increase the number of good students entering medicine. It proposed methods to be devised to increase the number of students entering university generally: Measures to lessen the financial burden of long training; availability of more funds to provide payment of students engaged in work connected with medicine during summer months; increasing scholarships and loan funds and extension of specialized funds to subsidize medical students.

Do you want to call it 5:30, Sir? Pardon? It is 5:30 now if you wish to call it. Okay.

Shortage of doctors and the reason why. I got another clipping here, of February 12th, 1962, Tribune: "Doctors fight move to ban surgery help in teaching hospitals."

MR. CHAIRMAN: I call it 5:30 and leave the Chair till 8:00 o'clock.