

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Thursday, March 17th, 1966

MR. CHAIRMAN: Before we commence our proceedings, I'd like to draw the attention of the members of the Committee to the fact that we have in the gallery to our left tonight 51 students from Grade 12 from Roblin Collegiate with their teachers, Mr. Ronald and Mr. Ziolkoski. We hope they will find the evening interesting and educational, and we hope they will come back again.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, before the dinner hour, the Honourable Minister had a statement to make on the Children's Hospital. Well, I don't intend to prolong this any further, but I will let him examine his conscience and I'll read from the Manitoba Hospital Commission, the Annual Report for 1965, on Page 11: "We have listed here the principal functions of the Commission as set out in the Department of Health Act, " and under (f) "to ensure adequate standards are maintained in hospitals including supervision, licensing, equipping, inspection, or to make such arrangements as are necessary to ensure that adequate standards are maintained."

Now, he can answer for himself if he feels that adequate standards are provided for the sick children of the province, and I think that we should be governed by that. It's no use getting involved in certain things that were done, and the cost and so on. When something has to be fast it is the responsibility and the duty of the commission to provide for the standards and that certainly hasn't been done, so I suggest that we proceed with this as soon as possible.

Now, Mr. Chairman, the Minister read a statement on Medicare. I don't think that this was quite good enough. It was clear that the government does not accept the compulsory part of Medicare. I, speaking for myself, had said at one time that I felt that the important thing was to see that everybody received adequate medical care, and I still think this is the most important thing. I also said that in a country as rich as ours there shouldn't be any need for compulsory, and I felt that also in a country as rich as ours that the people of Manitoba certainly had a responsibility to see that everybody in the province received adequate care. And the government seemed to agree with me or I seemed to agree with the government on this.

There's another thing that I added. I also stated that the important thing, the number one point was to see that everybody received adequate care, and therefore, if it was impossible to have this care without a compulsory plan, the same principle that I adopted when we discussed the question of ambulances, I felt that we should then go to compulsion.

Now the government has made a statement, but they have to be ready -- at a certain time they will negotiate again no doubt, and I'm not suggesting that the government should tell us exactly how far they'll go because that would make it more difficult for the government to negotiate, but I think that the government, and I think that the Minister should be able to tell us how we can proceed with a voluntary plan. I think this is the important thing, because I think that although there are some people that might put this business of compulsory first of all, I think that other people feel the important thing is to see - it doesn't matter what you call it - is to see that everybody receives care. So I certainly would urge the Minister to be more specific in explaining the position of the government and how he feels, or the government feels, that they can proceed with what he has stated in -- well in the statement that he read to us yesterday.

This afternoon, the Leader of the NDP said that if we didn't want compulsion why did we have a compulsory hospital plan? Well that's a very good question, and Mr. Chairman, I said in the past and I repeat that I don't -- that I think this is wrong, because we have a contract and to have a contract you must have two sides; you must have partners. We have a contract now between the people of Manitoba and the Government of Manitoba. The government agrees to give service for premiums for membership. The people, if they fail to pay their premium, will be hauled into court, and as a last resort might even serve time in jail. Now what will the government do if it could not live up to its part of the bargain? And I say that the government is not living up to the part of the bargain. It's not a question of putting the blame on them, so that now, this is something else. But this is why I feel that compulsion is not right.

What is an emergency? We are told that we should have an emergency. The waiting lists in the hospitals now are longer than ever because there's practically no turnover at all because the emergency cases take all the empty beds - the available beds. Now the big word is "emergency" - but who determines what an emergency is? We all read just a few weeks ago where a former Winnipegger died in Toronto. He tried to get in hospital three or four times;

(MR. DESJARDINS cont'd).....he couldn't get in, and he died. This was an emergency.

Now, we also have selective surgery. Well, Mr. Chairman, no doubt that you've noticed on your way up here the guard that's running around with the horse collar, this white collar around his neck, and I'm sure the Minister of Health has noticed this man. --(Interjection)-- Well, I don't know. If it's not a horse collar, I think you know what I mean anyway. It's a collar and you must feel like a horse if you've got to run around with that collar all around. Now this gentleman - his name is Alfred Ashton - was told that he would have surgery. He was told this on February 15th. Mind you, this has been going on for a long time; he's been suffering; and that man will be operated on on May 30. Well, he's not going to die because of this in the meantime, but is that fair to make somebody wait that long, to suffer that long? Can we imagine how this man feels? I mentioned his name because we see him every day when we come in. I suggest to the members that they go and have a talk with him, ask him how he feels. Now, you mean to tell me, well this is fine. Let this man wait this time, the same period of time, before paying his premium and you tell me, Mr. Chairman or Mr. Minister, what's going to happen to him. So this is one of the reasons why I'm not too much in favour of compulsion.

There's another thing when we get this Medicare. If we get this it's going to be worse in the hospitals because we'll have more patients. The waiting list will even be longer. And what's happening to the people up north, the trapper and so on, who has to pay? And if he can't see a doctor, he can't find a doctor, what is he paying for? Unless we're ready to bring him in, in the hospital fairly soon.

Now this is the reason why I think that the government first of all should be ready, and I think we should insist, as much as possible, that the Minister should give us this information, how they propose to establish this plan, this Medicare Plan, and then we'll be able to see because some of the people in this House, I would say - I'd be unfair if I didn't say all of us - are more interested in seeing that the people get proper care. Now I feel that if at all possible, if we can do it without bringing in this element of compulsion, we should go ahead, and it's up to the government to suggest -- they claim that they can do it, and I think that the government, that the Minister should definitely explain how he can do it. We can't just take a statement in general the way he did, asking more and more from Ottawa without explaining how this can be done. This is too important.

Now, last evening, Mr. Chairman, I was talking about the building of acute beds. I suggested that because of the set-up, because of the help that we get from the federal, we go ahead and build a lot of these acute beds. It's cheaper; the government pays for half of it. But who pays those federal taxes? I still say that we have to put all the same people, the same group responsible for all the different steps of care; acute care, extended treatment, extended care, and even the home nursing. And when this is done I think we will find that we will have more acute beds than we have now. It stands to reason, Mr. Chairman, that if you have somebody that is in a certain hospital, General Hospital let's say, and they could go to a nursing home, why should they go to a nursing home and pay when everything is free, meals and everything in the hospital? I think we have to remember that this is all money, and I think that we should try to do this as economically as possible without having the standard and the treatments suffering. So I think that this should be on the priority of the Minister. I think that this should be done.

We can't keep on building and building hospitals. I think that maybe it's safe for awhile because we're so far behind, but eventually we'll have to find out and we'll have to start from the bottom to see how many people could go home if we put a little more money in this home nursing care. This took an awful long time to come. It's going now so I won't knock it, but I think that it should go a lot more than it is going now. And then there's the extended care. That certainly doesn't cost as much as the acute beds in these hospitals. So I think that this is the thing.

And before building too many acute beds we should ask ourselves a few questions. How many patients now occupying these beds could be transferred to extended treatment beds, and then how many occupying extended treatment beds could go home, go to convalescent homes or go on home nursing.

Then, another important thing - and I'll come back to this, because I think this is where the government has failed the people of Manitoba or the department has failed the people of Manitoba more - is how many of these beds can be staffed properly with the required personnel? And another thing, what could be done if we start using these beds to the best advantage? What happens on a weekend? If somebody is admitted to the hospital on the weekend, he gets an extra

(MR. DESJARDINS cont'd).....two days. There's an article here that I could read; maybe it'll explain what I mean: "If you dislike hospitals don't become a patient on a weekend because then your chances of remaining in hospital for a longer period will increase. A recent research" (and that was done at the Winnipeg General Hospital) "indicated that a person admitted on a weekday stays an average of 12 days; a patient admitted on Friday or Saturday will stay 15 days. It was estimated that if the average period were reduced from 15 to 11 days, somewhere in the region of 15, 000 extra beds a year would be freed." Mr. Minister, 15, 000 extra beds. "It needs 46 beds to carry this load," he said, referring to the prolonged stay. "If one bed costs in the region of \$10, 000 nearly half a million dollars per annum is used up."

Now why doesn't the Minister look into this? We've talked about this. The department have sent certain people to study this years ago, and what is being done? The doctors don't like it. What about the people of Manitoba? What about this costly equipment? And I'm not too sure that the doctors don't like it. A lot of them would do anything to be able to admit one of their patients to have this operation. This man would like it. The guard would like it. He'd like to go - I'm sure he'd like to go next Sunday and have his operation instead of waiting till May 30th. I'm sure he would. Why don't we think about this when we're spending all this money? This certainly would determine a lot in acute beds and this is something that should be done. Let's use what we have now before we start building, Mr. Chairman.

Now when we're on this question of admittance, may I ask the Minister what plans has he, what has he done to get ready for the athletes in the Pan-Am Games? We'll have emergencies there, broken legs and so on. What is being done for the people, for the athletes, Canadians living outside this province, and the foreigners - people that aren't Canadian, the athletes that aren't Canadian. Let's not wait until the last . . . and be stuck with this. Are they going to take some more beds that we can't use? Or what's going to be decided on that? I'd like the Minister to tell us, and if he hasn't thought about it, I think he should because this is a point that will have to be looked into fairly soon.

Now, Mr. Chairman, that brings us now to the important thing, and I certainly think that this is where the government has failed: the second part of the Willard Report. This document here, Mr. Chairman, Hospital Personnel. June 17, 1963, this book was tabled. What have we got? What have we done? This government, until just a few months ago, has completely ignored this report. Oh, the Minister will tell us that we are studying this. I know; he named a committee of 11 to look into this, in the end of '65. This came in in 1963. What were the terms of reference? I think we have it here, on Page 8. "In this Report on Hospital Facilities, the survey board indicated that a second section would follow which would deal with the subject of hospital personnel, educational facilities for hospital personnel, a nursing school and a residence facility. Terms of reference for this part of the survey were set out by the Honourable George Johnson, M.D., Minister of Health, on behalf of the Government of Manitoba as follows: To study and advise on: 1. The adequacy of the supply and distribution of hospital personnel. 2. The adequacy of educational facilities for training hospital personnel in sufficient number to staff present and future hospital facilities, and to make recommendation as to how the personnel needs of hospitals can be met, with particular reference to the five-year period, 1961 - 65."

Now, Mr. Chairman, can the Minister tell me that there was anything done on this? Before the Minister of Health asked for something and he got it and he ignored it. And this is a weakness. We are going to spend now in excess of \$21 million to build beds.

How are we going to staff these beds? Do you want an example? Is this how we're going to staff these beds? We're closing some now. "Misericordia General Hospital. An official there said the shortage of nurses forced a shutdown of between 45 and 50 beds for several weeks." The Misericordia Hospital has 410 beds. We are going to build more beds. "Victoria General Hospital reported that only 6 surgical beds for female patients -- two rooms had to be taken out." In my opinion the nurse shortage was downright critical this year, but last year it affected 12 beds. "The civic hospitals said 36 of the 444 long-term treatment beds at Princess Elizabeth, King George and King Edward hospitals are out of action because they can't be staffed. St. Boniface had a good idea. We solved the situation by asking our doctors not to slate elective surgery or elective treatment admissions for the weekends." In other words, go easy. Slow down. "Grace Hospital said a full ward of 16 beds had to be closed for three weeks recently because there were no nurses. Thirty beds are out of action at the Winnipeg General Hospital, Executive Director Dr. L. O. Bradley said. Deer Lodge - Assistant Administrator Dr. Macdonnell said of the hospital's 640 beds a whole ward of 30 beds is not operating." Why?

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

"There is no question in my mind there is an over-all shortage of nurses in Winnipeg and probably not just in the summer months. The hospitals take the situation seriously but neither panic nor the absorption for the staff" Now we name a committee that's going to look into it. Why? It's all in here, if the government takes the trouble of reading it. Does that make sense or are we going to spend 50% of what has been spent so far since '48 because it is an election year? Are we going to stick the people of Manitoba with this? Can't we start working on weekends? Can't we start working on staff? And Mr. Chairman, if it wasn't for the student nurses subsidizing this plan, it would be an awful lot worse. We'd have to close hospitals here in the Greater Winnipeg area because we couldn't staff them.

General Hospital, as I said yesterday, in a private ward the nurse in charge was a third-year student and the other nurse was a second-year student. Mind you, they give very good service but they are not even qualified. Are they paid? I asked about ten students "What are you going to do when you graduate?" One didn't know; the other one might stay for a year; the eight others were all leaving the province. But we are going to build more hospitals. Where are we going to get these nurses?

This is something very important. How could this government claim to be a responsible government, when it's going to go ahead with this building without knowing how it's going to staff the hospital. How is it going to get the proper personnel? Are we going to cut down on the course of nursing pretty soon? If we do, we might have the personnel but we are going to cut down on the standard of care. Is that what we want?

Mr. Chairman, the government has failed completely by ignoring the second phase of the Willard Report, ignoring it completely, and now to be on the safe side they name a committee who's going to study, who's going to do the same thing that has been done here. There's a limit to trying to hide the high committees of boards. Even if we do increase these boards to make room for our friends we can't hide all the time. I think that the Minister must tell us how he will staff these beds before we proceed with any more construction. You don't play around with \$21 million without knowing who's going to staff these hospitals.

What is being done in Deer Lodge? This is a question that we have asked many times. The Federal Government has offered, the Minister of Veterans Affairs has offered to negotiate with us. We are told that we wrote a letter in '63. Mr. Chairman, I request that the Minister table all documents between his department and the Department of Veteran Affairs. Apparently there are quite a few beds we can have now. Oh the First Minister was quite incensed when my Leader mentioned this a few weeks ago and they had some patient in Deer Lodge. That's not good enough. I asked a question that was never answered: When did the first patient go in; how many have we got now; and what kind of a deal have we got? Well I shouldn't say this. The Minister said we have no deal so he was frank on this, but I want to know a little more about that. Why haven't we got a deal? Why?

Well Mr. Chairman, I took a lot of time in the Committee yesterday and quite awhile again today. This certainly is enough. I'll follow the remarks of the Honourable Minister very closely because I have asked him quite a few questions that I would like -- I don't think that we should -- if he prefers to make some of his remarks, not to delay this later on in the estimates, that's fine with me, to give some of the answers. But the only thing, I want to remind him again that I would like to have a little more information on -- I would like him to clarify this, the annual report of the Manitoba Hospital Commission. I think we should have a budget on capital cost and also on operation. Right now everything is mixed up. We have a grant from the Federal Government - we don't know what is for new construction, what is for operating costs. We have a grant from the Province - it's the same thing. And we are spending so much money. We go to the people through a TV program or something and tell them what we are doing. All for nothing mind you. This is what we tell the people of Manitoba. I think that the Minister, if he hasn't done so, should have somebody study this right now because we will certainly wish to have a lot more clarification before we approve this item.

MR. HRYHORCZUK: Mr. Chairman, before the Honourable Minister gets up to answer the questions that have been asked, so far we have talked about hospitals that are already in existence and I would like to make a plea on behalf of those communities that have neither hospitals nor doctors. They have no doctors because there are no hospitals, and there are no hospitals because the policy of the government is such that they will not build new hospitals and I have no quarrel with that particular policy because I think that there are good and sufficient reasons for the policy as it stands today.

(Mr. HRYHORCZUK cont'd).....

However I am informed, Mr. Chairman, that some of these communities have approached the government for a substitute replacing what would be a hospital, and I think they call it a Doctor's Clinic. I believe that this has been in the back of some people's minds for quite a number of years. The doctors themselves, a graduate doctor or one who would practise out in these communities, is not in a position to finance the facilities he requires, and I believe there are at least two applications before the government now for what I mentioned as Doctor's Clinics, and these Doctor's Clinics, if I understand them correctly, encompass a doctor's residence, an office, examination room, a minor surgery room, one or more rest rooms, and an ambulance; and I'm quite sure that if the government supplies these communities with these Doctor's Clinics that there are doctors that would gladly go into the communities and give them this service. Insofar as the people residing in the communities are concerned, they are contributing towards the hospitals already in existence, and they haven't the kind of service that those that are in the immediate vicinity have. There are people that are as far as 40 and 50 miles away from a doctor's services and as far as that away from a hospital.

Now I don't think that the government has made a firm offer or has a firm policy in this connection - I think the matter is under negotiation. But I would suggest, Mr. Chairman, that these Doctor's Clinics receive the same treatment and the same consideration that a hospital would; that the construction grants be given to them on the same basis and that they be given grants, operation and maintenance grants, in the same way as hospitals. And I would very strongly plead with the Minister that a policy be arrived at within the next week or two. The reason I mention this is that at least two of the areas are anxious to go ahead with their Doctor's Clinic, and the municipalities cannot set their budgets until they know what the government is prepared to do. Now I'm not sure that there is any Federal contribution to a scheme of this nature. I doubt whether there is, but I also think that if the Federal Government was approached that they would react favorably, and I would suggest that the grant be made on the same basis as the hospitals since they actually do replace the services of a hospital, and that a firm policy be formed by the government and within the next short while, so that the municipal councils that are interested can have these included in their coming fiscal budget.

MR. MOLGAT: Mr. Chairman, I was interested in pursuing two particular fields on the Minister's Salary. One of them is the question of retarded children in the Province of Manitoba and, in particular, one of the projects that has been suggested to the government by the Association of Retarded Children. It's my understanding that the Association proposed a Research Centre as their Centennial project, to be located in Brandon, and that they did approach the Minister in this regard but the Minister is not prepared to proceed with this Centennial project. I am told that the Association of Retarded Children across Canada have set up in the various provinces a series of projects, and that this has been done on I think a co-ordinated basis across Canada so that there will not be duplication, and that each province will benefit from the work that is being done in other provinces, and that the Manitoba project, as recommended, did in fact fit into an over-all scheme.

Now initially, when the Minister was approached, and I think this was back in August of last year, my understanding is that he refused the project and I would like to know from the Minister at this time whether he has reconsidered or is prepared to reconsider the position that the government has taken. Has he in fact checked across Canada what is being done in this field, what is the likely result of the refusal of the Province of Manitoba to proceed on this scheme that is proposed by the Association of Retarded Children? I understand that the recommendation was the result of a fairly complete study as well by medical advisors and that this was their recommendation. I'm told that the Minister is proposing instead some Sheltered Workshops in the Winnipeg area but that this is not the same type of program at all. So I would like to know from the Minister what the proposals are in that regard.

Then I would like to move on to another field altogether, and that is the Assiniboine Hospital in Brandon. Last year the government decided to close down the Assiniboine Hospital and this came to our attention at the very end of the Session. We asked the Minister then some questions and I would like to have further information from him at this time.

I'm told that as of the 1st of January of this year the Sanatorium Board of Manitoba, who had been operating until then the Assiniboine Hospital, ceased to be the body in charge and this was transferred I think to the Brandon General Hospital. I believe that there were some fairly lengthy negotiations prior to the turnover being made. It seems to me that we may be missing

(MR. MOLGAT cont'd).....some excellent opportunities here for the use of volunteers who can assist us in providing service. I think the Sanatorium Board is one of those bodies that has really performed an outstanding service in the Province of Manitoba. Their work, particularly in the field of tuberculosis where they began, of course, is notable; their annual Christmas Seals campaign and the work that the Associated Commercial Travellers have done with them, I think is one of those outstanding examples of the use of volunteers to assist in community projects and in government projects.

Now at the Assiniboine Hospital, while admittedly a good part of the facilities were very old, many parts of those facilities were very very old buildings, but they had proceeded with the construction of a central like physiotherapy building which was planned to be expanded from there, and it seemed to me that they were performing a very useful service, for that part of Manitoba in particular. It was a very well run operation. The people who were there and the families who brought patients there for long terms seemed to be very pleased with the service that they obtained, and I'd like to know from the Minister why the decision was taken to transfer this facility to another body. Why, when we had something that was in operation, that seemed to be successful, that had the support as far as I could tell, of the people who were involved, of the patients, why was the decision taken to cancel this out? And what are the plans for the future? I understand the proposal is to use the old facilities of the Brandon General Hospital. I don't believe that these are fit at this time for any patients. There will have to be some very considerable capital expenditures there in any case. It'll still be, unless the building is completely demolished and a new building built, but if the old building is to be used it'll be a multi-storey operation and I don't think that that is considered to be the best, particularly when you're dealing with long-term patients.

I would like to know from the Minister what the building plans are in this regard. Is he in fact prepared to proceed now or in the very near future with additional facilities at the Brandon General Hospital site, and if so exactly what does he plan insofar as amount of space; what is the capital expenditure that is visualized? My understanding is that the Associated Commercial Travellers have been prepared to assist in the capital cost of the expansion of the old site. I'd like to know from the Minister whether this was a fact and why it has been turned down by the province.

I'd like to know from the Minister as well whether it is correct that the Assiniboine Hospital has lost its accreditation. I understand that some time after the new year that this did happen, and if in fact it did lose its accreditation, why did this happen? What is the explanation for it? It seems to me, Mr. Chairman, that in the very brief discussion we had last year during the estimates, we did not get from the Minister a satisfactory explanation for this, and I'd like to hear from him now a complete report as to the reasons why all this has been done and exactly what are the plans for the future. It seems to me from everything that I've been told that we are losing here the services of a body that has done an excellent job - the Sanatorium Board of Manitoba, who are doing for us in other fields, the Rehab Hospital here, at the tuberculosis hospitals, a good job for the Province of Manitoba. We may be losing the volunteer services of the Commercial Travellers, who have been particularly interested in this, and I would hope that the Minister can give us a complete explanation.

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MR. PAULLEY: Mr. Chairman, this afternoon I dealt with one or two aspects of the Department of Health. At that time I suggested that a little later on I would deal with the question of handicapped children and mental retardates of the province. It seems to me, from the discussions that have just been made, that maybe, rather than wait for the individuals item, it might be as well to raise a point now as to the situation and the attitude of the government in the field of mental retardation, particularly as it applies to children.

Now the Minister this afternoon, in his reply to me, suggested first of all that I might go to Selkirk to see what the situation was at Selkirk. I'm sure my honourable friend the Minister of Health is aware of the fact that I have been to the Mental Hospital at Selkirk on a number of occasions. He then suggested, if I understood him correctly, that my next tour should be to the Portage Home of the Mental Retardates. I want to tell my honourable friend that this also has been done. I recall, Mr. Chairman, that last year I was criticized in some quarters because I spoke of the Portage Home without having been there, and I made up my mind that before we entered into the discussions of the Department of Health this year, that I would go to Portage la Prairie.

Mr. Chairman, I recommend to every member of this House that if they haven't been to the Home for the Mental Retardates at Portage la Prairie, that they should do so. I must confess in saying that they should, that the picture isn't very good. The picture I mean in this instance, Mr. Chairman, is when one comes face to face with the problems that individuals and parents have in respect of their children. But nonetheless, Mr. Chairman, I must confess that I have had a different outlook in the field of mental retardation as a result of my visit to the Home at Portage la Prairie. For here in that Home one can see why it is that His Excellency the Governor-General of the Dominion of Canada lends his support to the national crusade for Canada's mentally retarded. May I say, Mr. Chairman, my impression of the institution at Portage la Prairie was that one can see in a visit there the difference between the dark holes of Calcutta and modern up-to-date approach in the field of mental retardation.

The Minister, on the introduction of his estimates, mentioned the fact that provision is being made for the building of two more cottage-type units at Portage la Prairie. I may have been a little critical of my friend the Minister and the government this afternoon. May I commend them for the building of the cottage units at Portage la Prairie, for if one compares, Mr. Chairman, the cottage-type unit with what is known as the Atkinson Hall at Portage la Prairie, where I believe there's some 120 people in one common ward, one can see the advances that are being made.

Mr. Chairman, I want to pay a tribute to the Superintendent of the Portage Home, Dr. Lowther. This doctor, Mr. Chairman, went out of his way to explain what he was trying to do in the field of mental retardation at the hospital at Portage la Prairie before we went on our tour, Mr. Chairman, it was amazing for one, as we went throughout the wards, to see adults who hadn't grown up mentally show their affection to this man. As we went to the different wards and the different intelligent quotient levels, without exception, whether the individual was of low mentality or of high mentality comparatively speaking, the respect and the love that they exhibited toward Dr. Lowther was beyond comprehension unless you had seen it for yourself, and I say to the Minister of Health that in this man they really have a prince, a man who is dedicated to the service of humanity and who is doing a good job in this field.

We were able to see, as we went through the various wards in the hospital, the difference between the old and the new. The old drab walls, grey or cream, and the new wards with colors of pink and blue drapes. Draperies were unheard of not so long ago in such an institution. I'm happy to note that there is an uplifting talking place. It's not enough. I'm sure the Minister would expect me to say that it's not enough, that in his estimates where he mentioned the fact that he's got provision for a couple more cottage-type wards, I say it's not enough. The Minister would be disappointed if I didn't say so. So I want to lend my support to him in saying to the government that it is not enough; there is much more remains to be done in the field of mental health not only at Portage but at other hospitals as well.

While I'm talking of Dr. Lowther, Mr. Chairman, you know what he has done? I used, I think, the word "ward" a minute ago. The Doctor has changed the whole approach by just simply, in some respects by simply changing the name. Pine Grove Home. Elm Grove Home. He will not allow anyone if he can help it to refer to a grown adult, whose mentality hasn't

(MR. PAULLEY cont'd). . . . grown with his years, as a child. He says they are not children; they are merely adults whose mental capacity hasn't grown with the years. This is the type of approach that this man has, and I say that it's all to the good and I appreciate very much the courtesy that was extended to me and to those who accompanied me on the tour of the Portage Home, and as I said, Mr. Chairman, a moment ago, it would be well worth the while of every member of this committee to take the time out (and I'm sure that they would be welcome) to go to Selkirk, to Portage, to see for themselves the situation of mental retardation. Of course, it's not only insofar as Manitoba is concerned I'd suggest, Mr. Chairman, but of the whole Dominion, indeed possibly the whole of the world; and I say to the Honourable the Minister of Health, no matter how short or how long your stay may be in government as a Minister of Health, for goodness' sakes put a bomb under what is now called the Atkinson Home at Portage, the home for mental retardates, because here we go back to the dark ages.

It might have sounded this afternoon, Mr. Chairman, as though I didn't have too much confidence in the Minister of Health, but I think in this, Mr. Chairman, I can say that he would join with me in saying that when the dollars permit (and with this I have an argument with my friend,) that when the dollars permit there will be put a bomb to the institution that was built just after World War II at Portage.

Now Mr. Chairman I want to move along. The Leader of the Opposition has raised the question, and I think others have too, regarding the question of the suggesting for the building of a new unit for the mentally retarded in the Brandon area. We have as you know, Mr. Chairman, a National Crusade for Canada's Mentally Retarded going on at the present time, headed by the Governor-General of our Dominion, and the Manitoba Division of the Canadian Association of Retarded Children set up a project that they hoped would be accepted for the 1967 Centenary. The project, Mr. Chairman, for Manitoba was a model regional research center for the handicapped situated in Brandon. It was to be a pilot project to demonstrate the feasibility of comprehensive regional service centers in the thinly scattered population area, the aim of which was to bring the retarded within a reasonable range of training facilities while at the same time retaining the individual's tie with the family, and this project, so the Manitoba Association thought, would serve an area within a 50-mile radius of Brandon. It was anticipated that the cost of the venture would be somewhere in the neighborhood of half a million dollars with a yearly budget of about a quarter of a million dollars. The Government was asked for about \$392,000 initially and about half of the annual budget yearly. A lot of money, yes. Of course it's a lot of money. We realize that, but we feel also - the Association that is - that it was a well worthwhile project. The question arises now, really, what does the Minister intend to do?

I have before me a couple of copies of letters dealing with this particular subject, Mr. Chairman. The first one was addressed to the Minister from Mr. J. A. Klym, the president, of August 5, 1965, and I think it would be worthwhile to read it. "Dear Mr. Witney: We wish to bring to your attention the interest of the enclosed proposal for a Regional Training and Research Center for the Handicapped. This proposal was developed by the Manitoba Association for Retarded Children at a seminar at Rock Lake, Manitoba, which was attended by most if not all professionals who are in any way connected with mental retardation and the handicapped.

"The proposal was then studied by some of Canada's outstanding authorities on mental retardation through our National Canadian Association for Retarded Children. It is accepted as one of some twelve national projects, each of which specializes in some particular function related to mental retardation. In this context Manitoba's project has national significance and is an integral part in the over-all planning for Canada's retarded population. The Canadian Association plans to launch a national centennial crusade to campaign for voluntary and government support in these projects by the middle of September. The enclosed represents Manitoba's project. We are also sending the proposal to Dr. G. Johnson, Minister of Education, because of a possible involvement of the Department of Education. We would appreciate the consideration of this request."

And Mr. Chairman, the Minister did consider the request and replied about two weeks later to Mr. Art Hoole, the Executive-Director of the Canadian Association for Retarded Children. His reply was as follows: "Dear Mr. Hoole: The Government of the Province has been giving careful thought to the proposal in the submission of the Canadian Association for Retarded Children, Manitoba Division, for a Regional Training and Research Center for the Mentally Handicapped in Manitoba. Your proposal calls for a provincial capital contribution

(MR. PAULLEY cont'd)... of \$392,000 plus an estimated annual cost of \$125,000. You will appreciate that your request for such a large and continuing government commitment must properly be considered in relation to other responsibilities of the government in the field of mental retardation. I very much regret" -- I very much regret, and this isn't a quote from the letter, Mr. Chairman, I very much regret the competition that I have. I'll return to the letter. "I very much regret that there appears to be little likelihood this commitment can be accepted in the light of more immediate and pressing priorities in this field that the Government has under active study. The Government is now spending almost \$3 million each year in this field and we are receiving new proposals for an expanded program. When these proposals have been discussed further we would hope that your association would be prepared to discuss them with us, and in doing so, see if your association could assist these proposals as your Centennial Plan."

I might say, Mr. Chairman there was keen disappointment by the Canadian Association, as indeed there was by the Manitoba Branch, on receiving the Minister's reply.

MR. DESJARDINS: Mr. Chairman, I just wonder can we tune down those speakers up there; we can hardly hear what's being said.

MR. PAULLEY: I think Mr. Chairman, the Honourable Member for St. Boniface agrees with me. It seems that private conversations on the government benches are far more important than the field of mental retardation. (Interjection) Yes, I thank the Honourable Member for Lakeside. I believe he is right. Possibly instead of me speaking on behalf of the mentally retarded outside of the House I should speak on behalf of them inside of the House.

What I would like to know from the government, or from the Minister, Mr. Chairman, is, what next Mr. Minister? You have turned down the proposal apparently insofar as the development of the research facilities in the Brandon area. It appears to me from the information that I have received that the government has not given any firm commitment as to what it intends to do, so I have about four or five questions I would like to direct to the Minister. I would like to know from the Minister what he intends to do about the proposed project of the Canadian Association for Retarded Children. I want to know why they have refused to follow up the recommendation to set up a research centre in Brandon. I want to ask them to clarify what they intend to do, if they intend to do anything, and I want to know from them if they have a substitute for the proposition as suggested by the Canadian Association for Mental Retardates.

The other day we were pleased to receive from the Minister of Education a booklet entitled "A Study of the Education of Handicapped Children in Manitoba," pointing out the co-relationship between the Department of Education and the Department of Health in the field of mental retardation or handicapped children. We have here the booklet of the Canadian Association of Mentally Retarded, on which cover has the picture of His Excellency the Governor-General and a quotation from him saying: "How can such negligence be anything but a disgrace?" We have here in the review of the Department of Health for the activities of the year 1966, a synopsis of what the Department of Health is doing, and may I quote, Mr. Chairman, from Page 37 headed "Rehabilitation Services which states that this section of the Department of Health is responsible "for making available to all physically and mentally disabled children and adults of Manitoba the services they require to attain their fullest physical, mental, social, educational and occupational usefulness of which they are capable within the limitation of their handicaps."

I had this afternoon, Mr. Chairman, some criticism of the priorities of government. I pointed out this afternoon that where it did appear from the figures as I read them that the priority of expenditure of this government is in the building of roads. I've drawn to the attention of the committee this evening so far as the field of mental retardation is concerned, a project of a mere half a million dollars for the building of a research centre in the Brandon area to assist further in the field of mental retardation, which apparently has been rejected by the government. So I say, Mr. Chairman, to the Minister "What now? Whither goest thou?" Do you go down a four-lane highway of eight inch reinforced concrete or do you go down a path which could conceivably bring a little more comfort to those unfortunately handicapped or mentally retarded and to the parents of these children. Priorities, yes, Mr. Chairman, we have to have priorities. I appeal to the government to put their priorities in their proper place.

MR. SMERCHANSKI: Mr. Chairman, I'd like to first of all put in proper perspective the remarks that the Minister made in reference to some of the questions that I put to him in reference to the Children's Hospital. I did not give the impression that I was not complimentary to the staff nor the people at the Children's Hospital. I did state, and I'll restate that they are very dedicated, very conscientious and that their service is outstanding and according to their creed and belief and I at no time wish to question their sincerity. But I must tell the Minister that inasmuch as they are dedicated, it is nothing to be proud of when they are working in connection with their research problems and in connection with the dental attention that is required by the children to be shunted around from building to building, working in cramped quarters and this is not the proper way to carry on with the Children's Hospital. The facilities are completely inadequate.

The other thing I'd like to point out, Mr. Chairman, is that the operating costs of this Children's Hospital are certainly the responsibilities of this government because we have got a Hospital Commission and we did not have a Hospital Commission in the earlier days with which to compare the costs of operation. Therefore to say that in the earlier years there was much less money spent is unfair and is no comparison at all. Mr. Chairman, I did not wish to go into many details but I can assure my honourable friend the Minister of Health that as far as the laboratory facilities are concerned, they were very well thought of and they were most highly recommended by James A. Hamilton, who are hospital consultants, not only in Canada but in the United States, and are recognized as such, and this is based on their recommendation. This is based on their studies with which apparently the Hospital Commission elects to disagree. On what basis? On what basis can you dictate the requirements of a staff that is quite competent, able and capable to carry on their requirements in a proper building? I might mention, Mr. Chairman, that the reason for the 12,000 square feet instead of the 8,000 square feet which the Manitoba Hospital Commission is prepared to give these people, is that it is necessary to have this additional space simply because with the proposed proposition that this government is going to bring in in terms of voluntary or compulsory Medicare - that's of no consequence - that is the method in which it comes - but these are the conditions by which the Children's Hospital requires this additional space in the very near future and not to make any plans for it now is not proper planning. You cannot, you cannot take a laboratory facility and simply try to double it in the next few years because one piece of equipment is dependent on another and it has to be properly laid out in the first instance.

The other item, Mr. Chairman, on flexibility is a matter which the Minister himself admits that there is a need and a requirement of teaching in these rooms and I would suggest Mr. Chairman, that the smaller rooms which will not permit the flexibility in the Children's Hospital will not permit any additional individuals into any room when you may have two beds or three cribs in a room. Especially in the present day where you have a great deal of complicated and complex equipment that is used in the treatment of various children's diseases.

I might also point out to the Honourable Minister that in his remarks of 80 percent occupancy, suggesting that there is a possibility of 100 percent occupancy and therefore that there is the suggestion, Mr. Chairman, that we have an additional 20 percent capacity is completely unfounded, because I am sure that the Honourable Minister knows what is meant by the remark "lost beds". Eighty percent occupancy is considered to be 100 percent occupancy because you have children with disease that have to be isolated; you have the separation of sex at various stages of the children and 80 percent occupancy is considered to be 100 percent occupancy, Mr. Chairman, and to give it any other meaning is unfair. Mr. Chairman, it was the Manitoba Hospital Commission itself that came back to the Children's Hospital and made the request that a psychiatric unit be included in this hospital; and Mr. Chairman, this additional psychiatric unit which was requested by the Manitoba Hospital Commission and nobody else, runs at an initial cost of some one to one and one half million dollars and I think that the Minister must agree with me that this is so. I can assure you, Mr. Chairman, that these are the facts and these are the true conditions.

The other item, Mr. Chairman, to compare 1959 occupancy with 1965 is completely unrealistic because many of the children that should be properly treated in the Children's Hospital have to be treated in the general Hospitals such as the General Hospital or the St. Boniface Hospital or the Misericordia Hospital.

The other item, Mr. Chairman, let us not overlook the fact that the Minister of Industry and Commerce is working on a growth of industrial development in this province which will attract more people to this province which should increase the population of this province and

(MR. SMERCHANSKI, cont'd) . . . therefore it is only natural that in the initial construction program sufficient allowance for beds should be made, so that the hospital will have some excess capacity when it is completed, because you will not build this hospital, Mr. Chairman, in no 6 or 12 or 18 months. Therefore there is a certain limited small percentage for anticipated growth.

Mr. Chairman, I think that the government is fully aware that people like the Hamilton consultants are very competent in their field and they assure the various people connected with the Children's Hospital that their recommendation is the correct recommendation based on experience, based on knowledge, based on facts as derived from statistics, made available from other comparable hospitals on this continent, and yet, Mr. Chairman, the Manitoba Hospital Commission elects to disagree with the recommendation of this consulting firm.

In the article that appeared in the Free Press on March 10, 1966, and I make reference to it again, because this was the time when the green light was given. Now in this article it is quoted that automation, flexibility is a recognized fact in the Victoria Hospital and if it is so, why is flexibility not recognized in the proposed Children's Hospital expansion program? Mr. Chairman, it would have been better if the Honourable Minister would have taken it upon himself to answer some of the questions that he chose and elected not to answer to and I think that we would have been further ahead. I will again state, Mr. Chairman, that no amount of explaining will justify eight years of delay and no amount of explaining is going to justify seven years of frustration, with how many more to follow?

I think that this government, Mr. Chairman, has a responsibility to the taxpayers of this province by virtue of recognizing the need of a Children's Hospital. I think at the next election that the voters of Manitoba will have much to say in reference to this; because on the one hand, Mr. Chairman, we have this constant presentation to us of that dynamic, young, aggressive group that composes the Roblin Government and as forever being able to do these things, plenty of publicity, plenty of news coverage on the radio, on the TV; but, Mr. Chairman, it lacks action and it lacks somewhere along the line, the responsibility of somebody to get things done. Can this government honestly tell us that there is no need for a Children's Hospital expansion program? And if there is a need for a 80% expansion program, I suggest to you Sir that there is a demand and a requirement for a 100% expansion program.

The matter of a swimming pool, Mr. Chairman, was lightly glossed over by some remark that there is one in existence. Mr. Chairman, this is a pool for the psychiatric section which has been gone into in very close detail and because of the section it is going to be in, it is not desirable to mix this unit with the other parts of the Children's Hospital and there is an absolute need and requirement for this type of service. To say anything less is being most unfair to the staff and planning committee in reference to this project.

Mr. Chairman, the Manitoba Hospital Commission has all these facts. Maybe I am being unfair to the Honourable Minister of Health; maybe I am placing him in a position that I assume that he has all these facts before him, maybe I am unfair in that I am demanding answers from him which rightfully should come from the Commission; but whatever the case is, Mr. Chairman, I have to look upon him as being the boss or as being the father of this department and therefore if there is improper planning and inaction in his department or in a Commission that's responsible to his department, then something - I'm quite sure something, and he must agree, that something should be done. Because, Mr. Chairman, when you read the announcement on the Children's Hospital Expansion program, it says "No date set for the building"; and we talk about preliminary sketches, preliminary phases and then we talk about the next stage and then we talk about the detailed plan of the interior and the equipment. Surely, Mr. Chairman, these have been done. Surely these have been planned for and if the Honourable Minister hasn't got these facts before him, I would make the suggestion, Mr. Chairman, that somebody is withholding these facts from him, because these facts are completely so and to say anything different is being, I say again and I repeat it, unfair to the staff and unfair to the people who are connected with the Children's Hospital. This is possibly one of the last hospital institutions in our province that has the largest percentage of voluntary help. These people who give of their time and freely volunteering to do volunteer work in connection with the Children's Hospital - because it is the children and because you see these poor children in various stages of inability, this is the very reason why we have such a high percentage of voluntary work. These people are getting frustrated. They feel that their efforts are not recognized. They feel that they are not working in the common good interest of the hospital and surely, surely from that point alone, this government owes this group a certain amount of responsibility, to recognize

(MR. SMERCHANSKI, cont'd) . . . them, give them the assistance they want and get on with the project. For over seven years of frustration Mr. Chairman, and how many more?

MR. S. PETERS (Elmwood): Mr. Chairman, I only have one question to ask the Minister of Health. My Leader has stated our position and most of the Members in Opposition have said what I would have said, but there is one point that has not been brought to his attention and that is, ever since 1958 the first year that I entered this Legislature, I've been pushing for a hospital in the Winnipeg North area.

After the Willard Commission report was handed down, we were led to believe that we would have an extension of the Concordia Hospital in Elmwood of a new 150 bed hospital that was supposed to start in 1964. This is now 1966; there is no sign of a hospital; they pulled down the sign that the hospital would start construction in 1964. I would like the Minister to tell me what the situation is with the Concordia Hospital or a hospital for the Winnipeg North area? Do we have to wait until we get Conservative Members elected in Winnipeg North to get a Hospital? It's needed, it's been needed, the land was there, it's rapidly disappearing and if they don't get a move on pretty soon, there'll be no land left to build a hospital and we are going to be left out in the cold again. I would like the Minister to tell me what he's doing about a hospital for the Winnipeg North area.

MR. SHOEMAKER: Mr. Chairman, I would like to pay my personal respects in regards to my honourable friend the Minister of Health. He and I have journeyed - I was going to say from one end of Canada to another - it wasn't quite that bad, but we did cover I suppose 5 or 6,000 miles together and had a most enjoyable time and I have every respect for my honourable friend. I must say however, that I have always felt that he was out of place in his present post. I have always felt that. And I don't hold that against him because when the Cabinet made a reshuffle here awhile ago, and I suspect my honourable friend the Attorney-General likely said, I will have nothing further to do with education, this meant there would have to be a complete reshuffle, because you can hardly move one without considering the other nine or ten. I know how beneficial it is for a Minister to have not only ability but some diplomacy and if I were to judge, as I have said on so many occasions, the front bench in considering these two qualities, I would still name my honourable friend the present Minister of Education and the present Minister of Health as having both ability and diplomacy and personality if they were placed in their proper posts.

However, I still think a mistake was made. I still think a mistake was made when they shifted the present Minister, the Honourable George Johnson out of Health and Welfare, because that was the place that he knows the best - if there's a man that knows health and welfare surely it's a medical man. However, I expected four years ago that we were going to have a real major change in this whole field of health and welfare because when the government was out speaking, not the present Minister, the Minister of Education, the Hon. George Johnson, it refers to him as the "Gimli Doctor" in this article that I have. It says "the Gimli Doctor speaking at a nominating convention out in Elmwood, was pleading with the people out there to elect a Conservative". They didn't get along so good I guess Steve but they tried. They said then "the Gimli Doctor indicated that a stronger Roblin Government would have an easier time maintaining its present health and welfare schemes and introducing new ones." That was four years ago. And it said "We could look forward to getting a shot in the arm". Now that's a term you would expect a doctor to use, isn't it? They were going to give us, four years ago a real shot in the arm. Well I haven't felt the effects of it at all and maybe I'm immune to the type of serum that they're using. Earlier today my honourable friend the Leader of the NDP said that the reason, when he was trying to justify why he had to talk not only so long, but so loud, and I thought that what he was going to say, that the reason he had to talk loud was because everything that he said was falling on deaf ears.

Well there's a way to cure that because if we all had Medicare cards we could have hearing aids. And this is the time to raise I think -- Mr. Chairman, this leads me into the field of Medicare because my honourable friend the Minister, not the Minister but the Leader of the NDP was condemning the government for being so stingy in handing out Medicare cards. Now, to borrow one of his own phrases, I don't like to "butter him up" or his party but I think he has got a very very good point. I maintain that there would be a real saving if every recipient of a social allowance in this province was given a Medicare card whether or not he uses it. He isn't going to use it if he doesn't need it. The doctor isn't going to let him use it if he doesn't need it.

Now about six or seven years ago I wrote a letter to a very good medical doctor friend of

(MR. SHOEMAKER; cont'd) . . . mine and asked him what was wrong in this whole field of social allowance, medicare and so on; where could it be improved? Where could it be improved? And although this letter is five or six years ago I still maintain, and I am sure that any medical doctor would still maintain, that everything that is contained in it applies today - everything that he has said applies today. He says in part that - I think I will read so I won't be reading out of context two paragraphs because it points up exactly what I am saying. He says: "The care of the aged becomes increasingly difficult. We do not have nursing home accommodation, nor do we have adequate hospital space for chronic and convalescent cases. MHSC should be extended to cover nursing home care and grants should encourage construction of this type of accommodation as is the case with hospital construction. I would estimate " he says, "that over 50 percent of the cases in our hospitals are beyond the age of 65. " I still think that likely that is pretty nearly true. "The cost of drugs" (I'm reading again) "The cost of drugs and for that matter medical care, is interfering with the proper geriatric management. It is also partly responsible for overloading our present hospital space. Many cases now in hospital would be treated at home if the physician was assured that the patient would fill and would be able to pay for the costly prescriptions. Moreover, there is a certain element who delay early treatment through the fear of the cost and later require more extensive hospital care. " There's about five different points that are raised in this letter. What he is saying in effect is too many chronic cases are occupying our hospital beds today; too many and too costly.

Without mentioning any names I want to tell you of a little case that happened two months ago because I was in the hospital myself for two or three days in January. The ward immediately east of me and the ward immediately across from myself in the Neepawa Hospital had several people there that were over 65. I haven't quite reached that age yet. Most of those people that were over 65 could leave the hospital and be just as well taken care of at home with home care. One of the persons that was in there, a very good friend of mine, a bachelor, has been a lifetime bachelor, and he said "If I go home I haven't got anybody to look after me. I need a certain amount of medical attention" He was certainly semi-ambulant, he was up every day walking around but he felt, and I suppose the doctor was allowing him to stay there, he felt well because of the fact that he had no one at home to look after him, the best place for him to be was in hospital. I admit it was the best place for him to be but it was costing somebody 24 bucks a day to keep him there - or whatever the per diem rate is - between 20 and \$24.00 a day. We could have looked after him and many many thousands of other ones for probably two or three dollars a day and he would be satisfied.

Another point that my medical friend says here is this: "That because of the fact that a lot of people feel" - the doctor is doing the thinking for them here - he's saying that "I could prescribe drugs for a certain number of individuals, costly drugs, and if they would buy them and take them as directed, then it would not be necessary for them to go to the hospital to clear up a cold or a chest condition that they have. But if I confine them to a hospital they will get all of these drugs for free - and if they're there a week, what does it cost at \$24.00 or \$25.00 a day - you've got five or six days at \$25.00 a day plus all the drugs. We're giving them the drugs anyway. Why not give a Medicare card to these people, a lot of people that need it and then it will be a saving if we can prevent a lot of them from going to the hospital and occupying these very very costly beds, and it will make room for people that really need the beds. So, Mr. Chairman, I see nothing wrong, and I suggest it would be a real saving, if we were to give everyone who is presently enrolled for Social Allowance, a Medicare card.

Now I have already told you, Mr. Chairman, that that letter from my medical friend while there's no date on it I know it is five or six years old. I know that this article is less than 24 hours old because I just cut it out of tonight's paper, and it suggests the same thing as my honourable friend does. I wonder if my honourable friend the Minister has had time to read the Tribune. I would think if he limits his reading to only one paper it would be the Tribune and --(Interjection)-- You don't? Well surely there's no excuse for not subscribing to both of them because it doesn't cost us anything during the Session. So there's no excuse for not subscribing and if you get it for nothing you should read it thoroughly.

Now this article that I have is from tonight's Tribune and it's headed "Treatment at Home Cuts Hospital Bills". What did my friend the medical doctor say six or seven years ago? That's exactly what he said. I don't know - I was going to say what my honourable friend's saying - I'm not suggesting he's saying this but this article says "Increasing numbers of Winnipeggers who need medical attention and continuing treatment are now put on the home care programs at four city hospitals. These programs have expanded dramatically in the recent past and will go on

(MR. SHOEMAKER, cont'd) . . . expanding, the Manitoba Hospital Commission said. They are beginning to save sizable chunks of money otherwise put into the running of a few treatment facilities or extended care accommodation for the patients. Six or seven years after these recommendations were made, because I've been making them every year and I've been here for about seven years and I don't doubt but what I've read this letter

MR. DESJARDINS: Seven times.

MR. SHOEMAKER: Seven times. Once at every Session in the last seven years. At long last, at long last the Manitoba Hospital Commission is getting around to agreeing with me. But I'm not blaming the Hospital Commission; I'm blaming my honourable friends, because we in the Opposition are instructed to make our attacks on the Minister that's responsible and I often wonder whether they take it in that light. They should do it.

Now it goes on to say in this article that is in tonight's Tribune, my honourable friend the Minister - I don't think he's listening much to me but I would like him to read this article. I don't care much whether he listens to me or not, but it suggests here that this whole treatment costs about \$2.15 a day - as opposed to what? - \$25.00 a day. So no wonder they're saying that they are beginning to save "sizable chunks of money. That's the verbiage they use here. Have at long last found out that if you spend \$2.15 a day and save \$25.00 that that's the way us Scotchmen got along. And so once again I would like my honourable friend to continue to pursue this angle and it would result in a saving and result in we in the Province of Manitoba having more hospital beds available for those who are eager to get into them.

Now, Mr. Chairman, there's one other thing I would like to pursue for a minute or two, and that is this: I have always maintained that one of the - well, the major responsibility of the Minister of Health, the major one, we've been talking about priorities for a long time, the major responsibility of my honourable friend is to assure that every resident of the Province of Manitoba is able to get adequate medical attention when he needs it -- and we should pursue this angle further than we are and the one of preventative medicine. Now I think my honourable friend is quite aware of the fact that many many areas in the province do not have a sufficient medical staff at their disposal.

I understand, although it hasn't arrived in the House yet, but I know that the Town of Neepawa is introducing a bill here to allow them to proceed with the building of a medical clinic with some grants from the government and the whole purpose of building this medical clinic is to try and attract more of the medical profession to Neepawa. Neepawa now only has three doctors, three doctors and one dentist. I hope this conversation with my honourable friend from St. Boniface isn't recorded in Hansard here. We were just having a party caucus. But I wrote to my honourable friend on this subject matter - what, about four or five months ago I believe and I got a nice letter back from him and he said that they were studying this matter, and I don't doubt but what they are. We have been studying the denturists and the dentists for about two years and we're still studying them. --(Interjection)-- Well, I was talking about myself and my honourable friend the Minister. We, my honourable friend the Minister and I have been studying the dentists. Yes this letter from my honourable friend the Minister is signed September 8, 1965. I wrote him and tried to point out to him the real drastic shortage of the medical profession in both Gladstone and Neepawa, and I say I think that he has some responsibility in this regard to assure we people in the rural areas that our health will not suffer because of this fact - and it is a fact, there's no question about that.

Now Gladstone, the Town of Gladstone now only has one doctor and one dentist, one doctor and one dentist, and they are at their wits end to know what to do. In Neepawa it's getting to the point that the doctors are trying to co-operate with one another so they will get about one day off every six weeks, and taking turns on Sundays. They're co-operating to this extent. They are doing everything that they can. But there just isn't enough of them; there isn't enough of them. I suggest to my honourable friend it is high time that he did something, I don't know what it will be, but something to encourage the graduates to come out to the rural areas. I believe there is only two doctors between Neepawa and Dauphin, there may be more, my honourable friend can I think there's one at McCreary and one at Ste. Rose and then no more until you get to Dauphin - two in 90 miles. Going West I don't know what the situation is, but I don't suppose it is much better.

My honourable friend the Minister says, you may be interested to know also that the question of the shortage of nurses in the province is a matter that is being actively pursued. Well I know that a lot of these things are being actively pursued but they have been pursuing them for eight years and what we want is some action. I know that my honourable friends --

MR. SHOEMAKER, cont'd) . . . Mr. Chairman, this is something that is no laughing matter to us people in the rural areas; it is a real serious situation and I plead with him to do something about it, more than pursuing it. We have got to do more than that. We have got to get some action in this regard. --(Interjection)-- Yes, perhaps we need that shot in the arm that we were going to get four years ago and five years ago and so on. This is rather a good point my honourable friend has raised from Elmwood. When can we expect to get this shot in the arm that we were going to get four years ago? I don't recall, but I don't think, I don't really believe that the government in 1962 acquired any more members than they had immediately before that election. I believe they lost one or two, did they not? Well surely this isn't the excuse for not having received the shot in the arm before this? The Minister said, the Gimli Doctor, that's what they call him here - suggested that if they were able to get a few more Conservatives elected, we'd get the shot in the arm. Well they didn't get them elected, so maybe that's why we didn't get the shot in the arm.

I suggest, Mr. Chairman, that in the next ten minutes or so my honourable friend should reply to some of the questions that have been put to him in the last hour and fifty minutes. Surely he will not be accused of holding up his salary if he even takes a little longer than that to answer all of the questions that have been put to him in the last hour and fifty minutes.

MR. WITNEY: Mr. Chairman, if the honourable member is quite concerned about the shot in the arm, if he would like to follow me after we are through the House today, we'll be very glad to oblige him. We have three Doctors up there in the gallery.

With respect to Concordia there are 200 beds approved at the new site and the governing board is finalizing negotiations on an acquisition of land and we anticipate that there will be an announcement made in the next few days.

. Care Services. We have expanded our care services, particularly here in the Metropolitan area to four hospitals now and through Care Services we have been able to increase our home care activity by about 33 percent over the year before and through the Department of Care Services we have been able to process and give assistance to patients from 839 to 1,121 in 1965. These are people who would probably have been backing up into our hospitals. We are also working with the Health Units now and the Medical Officers of Health. The Nursing staff in the Health Units are anxious to become involved in home care to a greater extent than they have and we are looking at that matter at the present time.

The supply of doctors has been a matter of continuing meetings with the College of Physicians and Surgeons. The Faculty of Medicine at the University, the Manitoba Medical Association and the Department of Health and I believe from the meetings that we have had, the series that we have had, that progress is being made in that direction.

With respect to some of the questions that were posed by the Member for St. Boniface, he asks about the cost of premium collections. Those costs, while we couldn't break them down exactly as he asked them for, they are running about 55% of the total administrative expenditures. That means this year its about \$880,000 for the cost of collecting premiums and the premiums we are collecting are about \$13 million. We are installing at the present time computer methods in the Manitoba Hospital Commission which should provide a greater efficiency in the matter of collecting premiums.

On equipment depreciation allowances, the Manitoba Hospital Commission have met as late as January 20th with the Executive Director of the Associated Hospitals and his assistant and that matter is well underway.

On the basis of the secret formula that the Honourable the Member for St. Boniface spoke about, I would like to just have the Page boy take across to him a copy of a speech that was delivered to the 20th Western Canada Hospital Institute. It's on page 85 of this booklet and I think it would make some nice bedtime reading for the Honourable Member for St. Boniface, if he wishes to do so.

On physiotherapy in the St. Boniface Hospital, physiotherapy is now being given by those hospitals that have extended treatment care. The hospitals such as the Rehabilitation Hospital, Municipal Hospitals, the Dauphin Hospital and the Steinbach Hospital is gradually gearing up to it and when the St. Boniface Hospital has finished its extended treatment care hospital, which it is planning at the present time, the physiotherapy will be at that time declared an insured out-patient service to the people.

On the basis of the second report of the Willard Report, we have established new schools of nursing at St. James, Fort Garry, Brandon, new residence Misericordia completed, St. James opens this summer, Brandon and Fort Garry, We have increased the number of licensed practical nurses from 75 to 300 a year. The School of Medicine is graduating sufficient numbers,

(MR. WITNEY, cont'd) . . . well maybe not sufficient numbers, but are graduating a large number of people since the course started in 1960. We are very active in the field of Laboratory and X-ray Technicians through the Manitoba Institute and through our various hospitals such as the Brandon Hospital for Mental Diseases. On the question of retardation - and I thank the honourable member the Leader of the New Democratic Party for his comments with respect to the hospital at Portage la Prairie and the new superintendent. I am sure that as he starts his career as a new superintendent, that he will welcome the report that has been made.

In the estimates this year we are providing for an Office of Child Development which will be a psychiatrist, psychologist, a social worker and administrative staff. We are setting up a system now where we can provide for assessment, and diagnosis of not only mentally retarded children but also for emotionally disturbed children. We will provide the diagnosing and the assessment through the Office of Child Development. They will work through such facilities as the Child Guidance Clinic in Winnipeg and the Child Guidance Clinics in Brandon and they will be spreading out through the health units and we will be involving our health units to a more active degree than we have before.

The Department of Education will be taking over the education of retarded children from the ages of 6-18. That program was announced tonight. And then the Department of Health will be providing for facilities from the age of 18 onward. We are looking for co-operation with the Association for Retarded Children in helping to provide for pre-schoolers and for those that are not able to benefit from the education system and from those that come out of the education system. As a result of the new program which we have announced through the Minister of Education and through the Office of Child Development we felt that the government was embarking on a very large program and we did not, we said that we would not support the Association for Retarded Children in their centennial project but hoped that in their centennial activities that they would be able to provide ways and means of working in with the program which has been announced by the government, basically through the Department of Education and through the Department of Health. We are expanding our facilities such as Skills Unlimited in Winnipeg and setting up a new one in Brandon.

I think that those are the questions that I have to answer at the moment. Others can be answered the next time we sit. I would like to say that I'm awfully pleased that the drapes are in the Portage la Prairie facility at last. Thank you.

MR. CHAIRMAN: Resolution 36 (a) passed

MR. DESJARDINS: Mr. Chairman, not tonight Mr. Chairman --- not tonight, Mr. Chairman, because I think that before this is allowed to pass we certainly will need a statement from the Minister on the Medicare - how the government propose to operate a Medicare that's not going to be compulsory. We certainly need the list of 25 projects that are estimated at \$21 million before we even move from this. There's other questions such as, what the Canadian Pension Plan -- if any of this money will be available. Nothing has been said on Deer Lodge; on the Assiniboine Hospital, on administration of the hospital I haven't had time to read about the secret formula yet; I promise to read it tonight before going to bed. We haven't any statement of revenue for operation and for capital expenditure. I think that this should be broken down. Nothing has been said about the waiting list, how we are going to decide what an emergency is. Nothing has been said about the liason between the commission who is controlling the acute beds and also the extended treatment beds and the care services - controlling the extended care and so on. Nothing has been said about the geriatric hospital - the on again, off again building program at Tache Hospital. Nothing has been said about trying to do something to protect that fire trap, because this is an old building. Something should be done on that.

Now some of the questions - we went a little too fast. Home Care, I think this is important enough that we should have a little more said on that. Nothing has been said, Mr. Chairman, of utilizing the services and this expensive equipment during the weekends and so on to save all this money, this half a million dollars a year or so. We don't know what's going to happen to the athletes in the Pan Am Games, how they are going to be taken care of. And especially the accusation that I made against the government for the little they've done on the second part of the Willard report and the shortage of nurses. It's all right to say that the government has the

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MR. EVANS: Committee rise.

MR. CHAIRMAN: Before the committee rises, I'd like to take this opportunity to acknowledge the Honourable Member from Turtle Mountain for the shamrocks that were placed on our desks today.

MR. CHAIRMAN: Madam Speaker we wish to report progress and ask leave to sit again.

IN SESSION

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

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

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

MADAM SPEAKER presented the motion and after a voice vote declared the motion carried and the House adjourned until 10:00 o'clock Friday morning.