

THE LEGISLATIVE ASSEMBLY OF MANITOBA  
2:30 o'clock, Thursday, May 8, 1969

Opening Prayer by Mr. Speaker.

MR. SPEAKER: Presenting Petitions; Reading and Receiving Petitions. Presenting Reports by Standing and Special Committees.

REPORTS BY STANDING COMMITTEES

MR. SPEAKER: The Minister of Municipal Affairs.

HON. OBIE BAIZLEY (Minister of Municipal Affairs)(Osborne): Mr. Speaker, I wish to present the Fourth Report of the Standing Committee on Municipal Affairs.

MR. CLERK: Your Standing Committee on Municipal Affairs begs leave to present the following as their fourth report:

Your Committee has considered Bills:

No. 35 - An Act validating By-law No. 1756 of The Town of Virden,

No. 52 - An Act respecting The Village of Lac du Bonnet.

No. 63 - An Act to validate Certain By-laws of The Town of Dauphin and The Rural Municipality of Dauphin and to enlarge the Boundaries of The Town of Dauphin.

No. 76 - An Act to validate By-law No. 5/69 of The Rural Municipality of Strathclair.

And has agreed to report the same without amendment.

Your Committee also considered Bills:

No. 77 - An Act to amend The St. Boniface Charter, 1953.

No. 82 - An Act to enlarge the Boundaries of The Town of The Pas.

And has agreed to report the same with certain amendments.

Your Committee has also considered certain further sections of the draft of The Municipal Act.

All of which is respectfully submitted.

MR. BAIZLEY: Mr. Speaker, I beg to move, seconded by the Honourable the Minister of Tourism and Recreation, that the Report of the Committee be received.

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

MR. SPEAKER: Notices of Motion. Introduction of Bills.

INTRODUCTION OF BILLS

MR. SPEAKER: The Honourable the First Minister.

HON. WALTER WEIR (Premier)(Minnedosa) introduced Bill No. 24, The Executive Government Organization Act. (Recommended by His Honour the Lieutenant-Governor.)

INTRODUCTION OF GUESTS

MR. SPEAKER: I'd like to introduce our young guests, if I may for a moment. We have 40 students of Grade 11 standing from the Neelin High School. These students are under the direction of Mr. Jackson. This school is located in the constituency of the Honourable Member for Brandon.

On behalf of all the Honourable Members of the Legislative Assembly, I welcome you all here today.

ORAL QUESTION PERIOD

MR. SPEAKER: The Honourable Member for St. George.

MR. ELMAN GUTTORMSON (St. George): Mr. Speaker, I'd like to direct a question to the Attorney-General. What is the status of a civil servant whose wages are garnisheed by the Court?

HON. STERLING R. LYON, Q. C. (Attorney-General)(Fort Garry): It requires some further elucidation I think, Mr. Speaker, before I could attempt to answer that generalized question.

MR. SPEAKER: The Honourable Member for Turtle Mountain.

MR. EDWARD I. DOW (Turtle Mountain): Mr. Speaker, may I have the leave of the House to speak on a matter of privilege? I have a letter, Mr. Speaker, from a resident of Gillam who worked for three hours in a polling booth as policeman during the last by-election and he was paid the sum of \$2.50. I understand that the minimum wage is \$1.25 an hour, and the cheque was given to him by the Province of Manitoba. And I can go further, that the regulations for setting up a policeman in a polling booth is \$10.00 and the hours of operation of the poll are 12 hours, so they divided the \$10.00 amongst the four individuals.

(MR. DOW cont'd.)

Now, Mr. Speaker, as a matter of privilege, we are legislating laws as minimum wages; we have inspectors going out to enforce this on other people and yet the Province of Manitoba is only paying 83 cents an hour in this particular instance. I have a photostat copy of the cheque and I can give you the individual's name and the place, but I think this is one instance that we should be consistent in our legislation. I think the Minister should correct this immediately, and where the hours are involved, then the pay should be compensated with the Minimum Wage Act of Manitoba.

MR. LYON: Mr. Speaker, I'm afraid there was no question of privilege involved. If my honourable friend wishes to take up this administrative matter with the Chief Electoral Officer, he's free to do so.

MR. SPEAKER: The Leader of the Opposition.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, if I may, on a point of order, it doesn't seem to me this is a question of taking up with the Chief Electoral Officer because the Chief Electoral Officer . . .

MR. LYON: There is no point of privilege, so how could there be a point of order on the absence of a point of privilege?

MR. MOLGAT: Mr. Speaker, the Deputy Speaker of the House is giving you advice again. On his return from Rome he undoubtedly finds himself again equipped to give you advice as to what you should do. If I may, on a point of order, the question, Mr. Speaker, does not involve the Chief Electoral Officer, who does not establish the rates of pay; it involves directly the Manitoba Government.

MR. LYON: It might involve, Mr. Speaker, the Manitoba Legislature which passed the Act, and it is not a point of privilege.

MR. SPEAKER: I wonder, as a point of clarification, if I might not take this under advisement and discuss the matter with the honourable gentleman that has brought in the question. The Honourable Member for St. George.

MR. GUTTORMSON: Mr. Speaker, I have a supplementary question to the Attorney-General, the question I asked previously. If a civil servant has his wages garnisheed, will the province take off the wages that the Garnishee Order orders?

MR. LYON: So far as I'm aware, Mr. Speaker, in the absence of any individual detail - if my honourable friend would like to give that to me, I could check on it for him - but so far as I'm aware the province obeys any legitimate order of the court.

MR. T. P. HILLHOUSE, Q. C. (Selkirk): Mr. Speaker, I'd like to address a question to the Honourable the Attorney-General. I did address a similar question to your assistant while you were away, and my question is this: Are you aware of the fact that wages in Manitoba can be garnisheed before judgment? That practice is going on in the Court of Queen's Bench today. It's my understanding that the only prohibition against garnishing wages before judgment is contained in the County Court Act, but there's no similar provision in The Garnishment Act and this practice is indulged in quite freely by various finance companies in Winnipeg and in Manitoba, and I would suggest, and I hope that you will bring in the necessary amendments to The Garnishment Act this session to stop it.

MR. SPEAKER: The Honourable the First Minister.

MR. WEIR: Mr. Speaker, I'd like to table a Return to an Order of the House No. 7 on the motion of the Honourable Member for St. John's.

MR. SPEAKER: The Honourable Member for Elmwood.

MR. RUSSELL DOERN (Elmwood): Mr. Speaker, I'd like to direct a question to the Minister of Education. Apparently the University of Saskatchewan at Saskatoon is going to allow 30 needy rural students to pay their tuition fees with barley, and this barley is going to be then handed over to the Animal Science Department where it will be used. Would the Minister approve of such a scheme if it were brought up by the University of Manitoba Board of Governors?

HON. DONALD W. CRAIK (Minister of Youth and Education)(St. Vital): Mr. Speaker, we've been considering whether they arrived next fall with an armful of bricks, we might be able to put them to work building new buildings in which to be taught in.

MR. SPEAKER: The Honourable Member for Churchill.

MR. JOE BOROWSKI (Churchill): Mr. Speaker, earlier this week a Workmen's Compensation brief was circulated in the Legislature, put out by the Winnipeg Chamber of Commerce. There's some pretty scandalous recommendations in it. My question is to the Minister of

(MR. BOROWSKI cont'd.) . . . . Labour. Is he considering acting on any of these recommendations, and if so, when?

HON. CHARLES H. WITNEY (Minister of Labour)(Flin Flon): Mr. Speaker, the brief from the Winnipeg Chamber of Commerce is being given the same amount of study as any brief that's received from the labour people or any other group.

MR. BOROWSKI: . . . . answer the second part - when?

MR. WITNEY: When what?

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Speaker, I'd like to address a question to the First Minister. When will maps be available to members of the House of the redistributed constituencies?

MR. WEIR: Mr. Speaker, my understanding is that they're under preparation and will be around, and I would think probably as soon as the Bill has received Royal Assent, when it becomes legal.

MR. MOLGAT: Mr. Speaker, it seems to me that the Bill not having been passed through the House, that they would be very useful for the members to be able to get maps at least of the whole of the province. We've attempted in the course of the past week to get maps and we are told that these are not available at the moment.

MR. WEIR: Mr. Speaker, there were at least 57 of them distributed around the House so it's not that there aren't copies of the map available. As to where they are, I know that at least every member of the Legislature has one.

MR. MOLGAT: Mr. Speaker, I recognize that, but there were some changes made and there are only at the moment enough maps for each member in each group, and it seems to me that the constituencies themselves should be entitled to have a map. After all, the Bill has been passed. My honourable friends across the way are in the process of reorganization all the way through their constituencies and it seems to me that it would be very helpful if all of the constituencies involved could have maps.

MR. WEIR: Mr. Speaker, if I could give my honourable friend some advice they might start reorganizing too, they could use it. I might say thereorganization is taking place in the absence of any maps, the same as are available to others, and I think it's true to say that maps, including all revisions that have been made, are in the hands of every member of the Legislature, including any changes that were made in between times. The Report of the Commission was adopted with no changes at all and the Report of the Commission was tabled and a copy provided to every member of the House. The maps are under print. I don't know about our legal position, but certainly my understanding is that they're not all available as yet in any event, that hopefully they will be. And you never know, if we get a little move on, there might be Royal Assent sooner than we think.

MR. RUSSELL PAULLEY (Leader of the New Democratic Party)(Radisson): I wonder, Mr. Speaker, if I might ask a question of the Honourable First Minister. He just mentioned the words that were uppermost in my mind. Would it not facilitate matters if Royal Assent was given to the Bill now, or within the reasonable future, in order then that that would establish the legality of the Bill. I appreciate that it comes into effect, the new subdivisions, on the dissolution of the House, but I would suggest that if it's given Royal Assent early, it might facilitate overcoming some of the problems that we're having.

MR. WEIR: Well, Mr. Speaker, matters of Royal Assent on that and other bills are uppermost in my mind too, and it's just a matter of whose uppermost is higher and one of these days we'll have an opportunity to find out.

MR. PAULLEY: May I respectfully suggest to my honourable friend that I'm sure His Honour would be glad to come in and see us this afternoon in order to give assent to the Bill that we have passed.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Speaker, the First Minister became rather testy on the question of maps. My whole point is, Mr. Speaker, it seems to me that there ought to be sufficient maps available for all of the constituencies. Now the First Minister says that all the members - that's true - but it so happens at the moment that the members of the government have 31 maps and they aren't available the same to the other parties. I would like to appeal to the Minister to have them available as soon as possible.

MR. WEIR: Well, Mr. Speaker, the honourable member, if he had listened to me, would have said that they weren't all back from the printers as yet, and until there's an equal opportunity, whether there was Royal Assent or not, I think they should be held until everybody has

(MR. WEIR cont'd.) . . . . an opportunity. I don't know - fairness on this side of the House is one of the things that we excel in, and I would hope it would be recognized on the other side.

MR. LAURENT DESJARDINS (St. Boniface): You mean you'll give fairness in due course.

MR. SPEAKER: The Honourable Member for Rhineland.

MR. JACOB FROESE (Rhineland): Mr. Speaker, yesterday I asked the Honourable Minister of Agriculture whether he would call a meeting of the Standing Committee on Agriculture to allow the committee to formulate recommendations and bring them to this House in connection with the agricultural situation. I was given the answer that this was in the hands of the Minister, the Attorney-General. Could the Attorney-General give us an answer to this question, whether a meeting of the Agricultural Committee will be called and when?

HON. J. DOUGLAS WATT (Minister of Agriculture)(Arthur): Mr. Speaker, if I could answer that question. A resolution has already been passed in the House which establishes our position as being in favour of an acreage payment to farmers to alleviate the present difficulties, and that's the position that we take at the moment.

MR. FROESE: Mr. Speaker, a supplementary question. The purpose of calling the meeting was not only for the members to participate but also to bring in, or allow outside people to come in and make recommendations to the committee. Would he not undertake to call a meeting for this purpose?

MR. SPEAKER: The Honourable Member for Churchill.

MR. BOROWSKI: Mr. Speaker, I have a question for the Attorney-General. About six months ago the morality squad of the City Police confiscated some books, some dirty books I understand, from a Main Street Book Store. The owner wants to know what's going to happen. The police have had them for six months and he'd like to know what they're going to do with them. They haven't returned them; they refuse to talk to him. I have no sympathy, Mr. Speaker, I just bring up the subject because of the gentleman requesting me to ask the Attorney-General what they're going to do with it.

MR. LYON: I have no information for my honourable friend to pass along to his close acquaintance, the proprietor of the shop, but I'll check into it and see. I'm not aware of the date or the time that my honourable friend mentions at all. I know it's not unusual for them to make seizures from time to time and to have them examined.

MR. SIDNEY GREEN (Inkster): I wonder if the Honourable the Attorney-General is considering tabling the documents?

MR. LYON: It would probably improve on some of the reading material we get in Hansard.

MR. SPEAKER: The Leader of the New Democratic Party.

MR. PAULLEY: Mr. Speaker, I'm glad we're in such a happy mood today. I would like to direct a question to the Honourable the House Leader. Can the honourable gentleman give us any indication when the Special Committee on Automobile Insurance will meet?

MR. LYON: Mr. Speaker, as soon as a convenient time can be found, my honourable friend and the House will be given notice as to when the committee will be called.

MR. PAULLEY: May I suggest to my honourable friend that a convenient time would be Monday morning?

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Speaker, before the Orders of the Day, I'd like to ask a question to the Leader of the House. Could he now tell the House when the Public Utilities Committee will be called to deal with Bill No. 15?

MR. LYON: As soon as that date has been agreed upon and settled, the House will be advised, Mr. Speaker.

MR. SPEAKER: The Honourable Member for Rhineland.

MR. FROESE: Mr. Speaker, I'd like to direct a question to the Honourable Minister of Education. Did he give out information to the teachers in Manitoba in connection with the Bill that is supposed to be introduced at this session, and if so, just what information was passed on?

MR. CRAIK: Mr. Speaker, was the question whether or not -- (Interjection) -- Mr. Speaker, I've had discussions with the members of the Manitoba Teachers' Society.

MR. SPEAKER: The Honourable Member for St. John's.

MR. SAUL M. CHERNIACK, Q. C. (St. John's): May I thank the Honourable the First Minister for filing the Return to the Order of the House which he mentioned earlier today. May I ask, since he's the Minister in charge of this, whether the Economic Consultative Board is still in existence and whether it meets at his request or that of the Chairman, there being an

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(MR. CHERNIACK cont'd.) . . . . indication of only two meetings being held in the fiscal year 1968-69.

MR. WEIR: Mr. Speaker, I think legislation to be laid on the table will spell out the future of the Economic Consultative Board. They have met at their own request and not at a request of mine.

MR. CHERNIACK: Did I understand the Minister to say that there will be legislation laid on the table? We don't have it yet.

MR. PAULLEY: Is that the one you introduced today?

MR. WEIR: Well, Mr. Speaker, there was a Bill introduced today for first reading which I think might . . . .

MR. CHERNIACK: That's the one. Thank you.

#### ORDERS OF THE DAY

MR. SPEAKER: Committee of the Whole House.

MR. LYON: If you would call the Committee of Supply please.

HON. GURNEY EVANS (Minister of Finance)(Fort Rouge): Mr. Speaker, I beg to move, seconded by the Honourable the Minister of Health and Social Services, that Mr. Speaker do now leave the Chair and the House resolve itself into a Committee to consider of the Supply to be granted to Her Majesty.

MR. MOLGAT: I wonder if I might - I'm not rising on a matter of grievance, I'm rising to ask a question of the mover of the motion if I may. Mr. Speaker, it seems to me that we have before us at this time something like almost 20 bills ready for second reading. I recognize that it's up to the government to decide on the order of business, but in order to have proper discussion of these bills and not have them come in at the very end of the Session when there appears that sometimes we should rush to deal with the public who want to appear before bills, I'd like to suggest to the government that maybe we should get going on second reading of bills before too long. Otherwise, I'm afraid that there will simply not be proper consideration of these. So I merely make this point and ask the Leader of the House if he might inform us whether we will be going into second readings soon and to appeal to him to do so, so that we can have proper discussion of them and also have the public - give them an opportunity to appear before committee.

MR. LYON: Mr. Speaker, I appreciate the question asked by the Leader of the Opposition and we're cognizant of the same problem that arises every year as to a balance of time between Supply and bills, but it is our judgment that we should move into Supply today and possibly next week for a few days to clean up as many matters as we can in that important work and then try to keep in balance as much as possible the work between Bills and Supply, but today we want to go into Supply.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried, and the House resolved itself into a Committee of Supply with the Honourable Member for Souris-Lansdowne in the Chair.

#### COMMITTEE OF SUPPLY

MR. DESJARDINS: Mr. Chairman, when we were last in the estimates I was asking the Minister to say a few words about the comments that I had made on the clinics and labs. I wonder if he's ready to do so this afternoon.

HON. GEORGE JOHNSON (Minister of Health and Social Services)(Gimli): Yes, Mr. Chairman. I think I have spoken on one or two occasions previously, in addition to the other evening, on the matter of the arrangement, as I explained it, between the Medical Corporation and the College of Physicians and Surgeons concerning examining those facilities which would be approved in the next nine month period, and I would also say that decentralization of lab and X-ray services is occupying a lot of the time of the Public Health Division also. For example, a pilot project has been started out at Dauphin where it has been shown possible to transmit, for example, electrocardiographs over the telephone lines right into the central office and have them read and this sort of thing, and they send the reports back by teletype. It is proposed to expand this kind of program, record the results on a central computer for ready availability, and I think this sort of thing is what the member is referring to. It sort of achieves the very objectives that the member mentioned, and the thought was you might be able to apply this in the future to other types of tests. It's a project that's been going on this year. And of course the whole matter of further rationalization, prevention of duplication and control of costs in the long run is uppermost in the minds of the department and the corporation

(MR. JOHNSON cont'd.) . . . . at this time.

I'm sure he recognizes - and he mentioned this the other day- that there are certain parts in the rural areas where this may be difficult to achieve and you need a certain number of scattered small laboratories, but I think this kind of development is worth mentioning, that is the ability for health units in getting interpretation -- cardiographs and other tests put over a telephone line and an interpretation going back almost immediately is certainly a great tool in the hands of the local physician. I think really that's all I can say at this time in this particular matter.

While I'm on my feet, I would just say to the Member from - Logan? Kildonan - I'm mixed up for a minute - Kildonan.

MR. PETER FOX (Kildonan): Kildonan is right.

MR. JOHNSON: Mentioned the matter of brucellosis. There were no cases of that particular illness in Manitoba this past year. It really reflects the success on the Brucellosis Eradication Program of the Federal Department of Agriculture - that is no human cases - and I've been informed from the Compensation Board that brucellosis contracted as a result of the occupation is compensatable under the usual conditions laid down by the Board. But I'm not aware of any problem in that regard at the moment.

And again while I'm on my feet, the Member from Rhineland wondered about the Southern Health Unit, and I have maps of that unit available to anyone who wishes to see them and I forwarded a copy to the honourable members who represent that part of our province. The estimated costs for the ensuing year of the total lab and x-ray unit would be about 165,000 in health unit staff and about 474,000 in connection with lab and X-ray staff. That's a very large area. There would be a staff of 35 really by the time you staff all the units: medical director, public health nurses, technicians, health inspectors, clerical staff. I just thought I would mention those particular units.

I think these were the outstanding questions as I recall them from last time.

MR. DESJARDINS: Mr. Speaker, I thank the Minister for his answer. I'm not getting exactly what I want but we're getting closer. The Minister is pretty cute. Sometimes I have trouble getting the answer that I want but I'll try to help him. When I'm talking about the X-rays and the labs in a central place, Mr. Minister, what I want to know - and I'll try to spell it out so I can get the answer that I want - can you foresee that in the near future we will have less of these facilities being done in private clinics now? Right now, at the moment, any doctor or any clinic can be opened and they have those facilities, and this is what I mean, that there's a duplication. I understand about these new methods and what is needed in the country, but I'm referring mostly in the Metropolitan area, and do you accept the statement that I make. Is it a policy that the government will take -- as I say, it will have to be phased out, some clinics will have to be named as such representing the government, and I don't think the new ones should be allowed except maybe in places where they're really needed such as the country and so on. Does the Minister know what I mean? If he has nothing to announce yet as to a definite program, at least he can tell me what he thinks of my statement which I have been repeating for the last four or five years.

MR. JOHNSON: . . . . truly not, if a doctor is going to have his own lab and X-ray equipment and machinery in his own office, this would end up with more equipment than we'd need to treat Red China and India together. I think he is -- we do have an approved list under Medicare of the procedures that I would carry out if I was practising next to the honourable member's establishment in St. Boniface. I would have a list of those things I could do in my office which were insured. I'm always afraid if I get out of practice my honourable member will follow me and become rich. I do think that there will be the list in the office and then there'll be the approved facility, and the idea of course would be to rationalize this as much as possible and keep it as economical as possible I would expect. But they will have to be approved. This is going on at the present time and I could report to the honourable member on the success of this several months from now, but I don't want to prejudge the situation. But I think he knows what the general policy is. I can't be too specific because I don't know just how extensive the use of individual machinery is in certain offices, but I do know on the other hand that certain groups in group practice here have very excellent facilities and it would be no problem improving them. And then again comes your point, you know, what are a reasonable number of people to use a facility, how many doctors should be allowed to have a facility or to share a facility, whether it's eight or ten or twelve, and this is the kind of thing that's input, that's going in now.

MR. CHAIRMAN: The Honourable Member for Gladstone.

MR. NELSON SHOEMAKER (Gladstone): I was wondering whether or not my honourable friend the Minister now has some information in respect to Easterville resettlement that I have asked for on three or four different occasions. Before the Orders of the Day someone asked whether or not, or when we would meet in committee on Bill 15. Now, Mr. Chairman, I asked the question the other day as to whether or not the Hedlin-Menzies report would be available to members in the committee, that is on Bill 15. I believe that the Hedlin-Menzies report did deal in some detail on this whole Easterville resettlement project and I understand that the report was quite critical of the government in this whole area. So I hope that that report - and when I say "that report" I'm referring to the Hedlin-Menzies report - will be available to any member of the House that wants to have a look at it and we are before the committee on Bill 15. I wonder if my honourable friend could give me some information on that subject matter.

MR. JOHNSON: Mr. Speaker, I wasn't aware that Easterville came under lab and X-ray units.

MR. SHOEMAKER: . . . estimates. I don't care. You can make the statement any time, but we hope that we will get off your estimates today some time.

MR. JOHNSON: If I make a statement now will you pass Social Services?

MR. SHOEMAKER: We're coming down to Social Services?

MR. JOHNSON: No, I -- Beg pardon?

MR. SHOEMAKER: . . . that we will soon be on Social Services and that's an expenditure of some \$37 million isn't it?

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

MR. BOROWSKI: Mr. Chairman, are we on (m) (4) (a)?

MR. CHAIRMAN: Yes.

MR. BOROWSKI: Well the other day, or last week I got up to ask some questions and register some protests about the conditions in the north and I was upbraided and chastised and assaulted by the acid-tongued and blunt-headed Attorney-General. So this time, that I may be better informed to protect myself in the future, I'm wondering if the Minister could give us a breakdown on salaries - how many people are involved, where they're stationed and just what their jobs are.

MR. JOHNSON: Just a minute here. On Northern Health Services there are three medical health officers in the north; there are eight and a half public -- or 11 physicians actually, public health nurses, and there are five health inspectors and clerical staff and so on. I have a list of them here, I'm just trying to add them up. I think we have eight public health nurses and four licensed practical. We have a total of 13 public health nurses on staff. I'm just trying to get a breakdown of that appropriation here. The salaries in that group come to around \$160,000, and \$184,000 for expenses and then about \$16,500 for transportation which is singled out this year. Last year the transportation item was buried in Northern Health Services appropriations but separated out this year.

The honourable member may -- maybe I should explain to him that we have an agreement with the Department of National Health and Welfare where really we split the north, and offer total services on one side and Indian Affairs on the other side, in order to prevent the duplication of departmental and Indian Affairs people going into the same area. And we have reciprocity on this and an agreement. For example Moose Lake, Grand Rapids, Cedar Lake to the southwest of The Pas; the bay line communities of Cormorant, Wabowden, Sipiwesk, Thicket, Pkwitonei, Isford, Gillam and Bird, together with and including all section houses on the CN line as far as Churchill; the LGD of Churchill and the LGD of Lynn Lake; the provincial Northern Health Services provide clinical and public health services in the field. And then on the Nelson House, Pukatawagan, South Indian, Brochet, Split, The Pas Reserve, Norway House, the National Health and Welfare provide clinical and public services.

Now the respective services undertake fiscal responsibility for transport of staff and patients for whom they're responsible, and in the case of provincial Northern Health Services this would apply to non-Indians; and in the case of Medical Services, Department of National Health and Welfare, it would apply to Indian patients only. Each service though provides the fiscal responsibility for any arrangements that are made in transportation and services in their area, and we have the same policies with respect to issuance of drugs and transportation and so on in that area. In the field of TB control, each service is responsible within its own area and there's a mutual exchange of information and so on. This arrangement has worked

(MR. JOHNSON cont'd.) . . . . quite satisfactorily and was a great improvement over the previous arrangement that was in the north some time ago. I think that roughly is the information that I have handy here at the moment. If the honourable member has any specific questions I'd be happy to try and answer them.

MR. BOROWSKI: Yes, Mr. Chairman, going down the line he first of all mentioned three medical health officers. I'd like to know where they're stationed. And the health inspectors - there's five of them here - where they're stationed.

And there's a problem right now in Thompson in respect of the health inspectors. It seems they're paid by your department and they tell us that they can't come into our town and enforce for example dirty restaurants - dirty washrooms in restaurants. The people have a committee there set up and council has been complaining about the unsanitary conditions, and the inspector keeps insisting that he's being paid from Winnipeg and he has no jurisdiction. I'm just wondering if the Minister could tell us just what the situation is and if it's necessary for us in Thompson to pass by-laws in order to have him have jurisdiction to enforce the Sanitation Act in restaurants and other public places.

South Indian Lake - I noticed that the Minister of Finance had stated that Hydro would be looking after all the problems there. Now in view of the fact that you're presently paying it out of this department, when is the switchover going to take place, that is Hydro is going to start looking after the Indians, their health and other needs, and that it will not come out from this department.

And the last item on transportation, I think you'll recall I asked you before what position our people who were paying premiums, what protection do they have if they get sick. How do they get to see a doctor? Will this section pay for their transportation to come in under Medicare to, say Thompson or some other place where there is doctors, to receive treatment?

MR. JOHNSON: I would remind the honourable member that the people of the north have the same right to the facilities in the south as any other resident. When they come into Winnipeg their same tickets, both medical and hospital, cover them in the same way as they do any resident in the more southerly parts of the province.

The item I'm referring to here is emergency transportation which has to be authorized in the field by the staff, or when the matter arises. What I was talking about earlier was the matter that we're trying to -- that is working with both the department, the University of Manitoba and with the Federal Government and the medical profession, we are trying to come up with a more comprehensive and better program for medical clinical services to these out-of-the-way settlements. This appropriation deals with the public health aspects - you know, transportation, public health, public nursing services. Clinical services of doctors - more input into that area is required as the honourable member knows, and we're trying to find the mechanism to do this more efficiently throughout the north. And as I mentioned to you previously, the Federal Minister, I'm advised now, has a consultant group working to come up with some ideas. In another part of my appropriation money has been put aside for the support of this kind of service, but this is emergency transportation when people in these settlements under our public health jurisdiction require emergency plane or train transportation out.

I might point out to the honourable member that over the years we have given a great deal of consideration to the idea of an air ambulance for the north, but everyone in the north has always expressed to us that it's better to be more flexible, to use the facilities of the different air facilities in the north than one aircraft which would act as an air ambulance. We would be better to use the resources that are there, and of course both the federal authorities and ourselves would continue to follow that policy.

With respect to facilities, the sanitary inspector must enforce the by-laws in a community that would be passed by the local councils. For example, if the community of Thompson have local by-laws governing the sanitation levels, then he must enforce those municipal by-laws. Of course it's easier for him if he has the by-laws and the support of these by-laws the same as in any other community. About unsanitary conditions in any particular facility, I would have to take it under advisement and find out what I could about it. I just don't know off the top of my head.

The doctors in the north at the moment are Drs. Panikkar and Waters. One of these, or two of them may be leaving this summer. We've been advertising extensively. We have one position ready to replace one of these doctors for the coming year and we are advertising extensively for further personnel. I'm trying to find out where these people are placed;



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(MR. JOHNSON cont'd.) . . . . I would have to work out that detail. It's spread throughout these estimates just where they are. I have their names and their positions but I don't have their exact locations in front of me, but I'd be happy to get that information for the honourable member if it will be of any assistance to him.

MR. BOROWSKI: Mr. Chairman, that would be satisfactory, as long as the information is brought into the House.

Just one other item. He was talking about transportation. The Minister is aware that this Medicare came into effect April 1st. Now you have not had this problem before, so you can't say that you had some arrangements before because we didn't have the problem. You are now charging them 9.80 a month for Medicare and they're stationed a hundred or 200 miles away from a doctor. They're going to say, well you're charging me premiums, now you find me a doctor or else fly me down there. Now what position are you going to take? I think they're entitled to some transportation to get to a doctor.

MR. JOHNSON: Well of course the Medicare program, as you know, says that we will provide an insured benefit for a premium. It doesn't say that we supply the hospital and the doctor across the street. But it does say that that patient, no matter where he is in the province, has the right to do it, but of course it puts an onus - an increasing onus - on public authorities to make services and facilities more readily available, and of course this is something that we'll continue to strive and work toward. I've tried to indicate that in the far-flung north it's going to take a very extensive co-operative arrangement to get the kind and numbers of personnel in there that we want, and it's going to take continuing hard work in the public health field to keep public health measures in control, to get to these communities in our immunization programs, preventative health programs and what have you. But tremendous more is being done really each year in this area and I think the situation is gradually improving. The constant problem in public health is to keep down morbidity and to keep on top of it, and it's difficult and more difficult to get staff. I would hope that Medicare may be a very helpful instrument to us in attracting more people to the north. Let's hope it is. More doctors to devote their careers in this area where they're really needed and where there's a great challenge. We're approaching it in that light and certainly any -- that's really all I can say at this time.

MR. BOROWSKI: Mr. Chairman, I'd like to say to the Minister that we realize the problem. No one is asking you to put in hospitals or doctors up there; you can't get them in the south. We're not blaming you for that, and I don't think there'll be doctors and hospitals in the north and some places ever, certainly not in the foreseeable future. This is not a question of putting hospitals there, but you certainly have a responsibility to give them service. Now there's cars in most of these places, there's cars out there. Now when you buy car insurance and if you get in an accident, the people who took your premiums find some way of sending an adjuster up there and giving you satisfaction for your premium. Now you're charging a premium and you can't get up and say, well we're going to do our best but really it's his responsibility to get down. It's your responsibility; you charged the premium, and I'm sure if he refused to pay it your friend the Attorney-General, it wouldn't take him very long to find him and haul him into court. And if they can do that, I see no reason why you can't make some arrangement to give these people service. This is one of the things that Medicare was supposed to do, to help the people that didn't have any help before.

Another item I'd like to bring up, this is an article in the Free Press and the heading is: "Churchill Flats - Residents Would Like a Chance." I'm sure the Minister is aware of the problems and I'd just like to quote from this article some of the problems faced by the -- this is Indians and Metis. "There are about 50 Metis families crowded into 40 shacks, tarpaper shacks, in the area between the Canadian National Railway tracks and the Churchill River. According to a Mrs. McInnes, some of those tarpaper shacks are single room houses with as many as 10 people. The slightly larger ones have three or four families living in them, and there's no facilities of any kind. I think there's three of these shacks have electricity." Now there's a real problem there. There's a health problem; a sanitation problem; and it seems to me if it's northern services we're talking about, this falls under your department. I'm just wondering if you didn't have anything to say on this matter.

MR. DESJARDINS: Mr. Chairman, if I may get into this. I think that the Honourable Member from Churchill has to be responsible and reasonable. There's a limit to what we can blame a government for and the responsibility that we have to attach to a government - any government. I think that when a Minister says that he's going to do everything possible,

(MR. DESJARDINS cont'd.) . . . . that when they're going to try to entice, to encourage doctors to move in the north, and that they have a special fund for certain emergency transportation, I think this is all that can be done. The member is shaking his head. Well what does he want? Does he feel that every single person has to be taken to a doctor? Is that what he's saying?

MR. BOROWSKI: He's paying a premium.

MR. DESJARDINS: The premium doesn't pay for that. -- (Interjection) -- I don't have to go anywhere, I can speak the way I want from anywhere - from here, because I'm not married to any Party - I'm not married to any Party and I'm saying that you're not reasonable.

MR. BOROWSKI: That's your opinion.

MR. DESJARDINS: Sure it's my opinion. I don't expect you to give me my opinion, that's what I'm saying. --(Interjection)-- You can answer me after, but don't tell me that I have to go on the other side to give my opinion. I'm saying that you're not - you might mean well but you're not practical. What you're asking for is impossible. It's impossible. If you do this, why not somebody that wants to see a doctor right in the city here, they might as well call a cab and go. Where are you going to draw the line? There's a limit to what a government can do. They don't find the money under rocks or in trees; it doesn't grow. You have to pay for that, and don't think that can be done with the premiums that are being paid now. -- (Interjection) -- I want lower premiums, but I don't expect that the government has to move in and take over everything and chew your food for you and everything. This is not what the government is there for. It's not working for it, and I think that you just put your finger on the trouble of a compulsory plan. This is why I don't like a compulsory plan. The people that go and pioneer, the people that want to go up north - and I admire them - and a lot of them would say leave me alone, I can't get a doctor anyway so why should I pay. If you said that I'd go along with you, but you're the one that wanted the compulsory plan and you've got it. You've got this compulsory plan and I'm saying that you've got to be reasonable, and this is not reasonable at all if you feel that everybody has to be taken to a doctor. This is not humanly possible and you know it. How much do you think this would cost? I think that we have to look at that. The principle is right. I don't think that anybody should suffer, but you say to the Minister that to say that you're going to do your best is not good enough. Well what is it that you want?

They have a special fund for emergency - and they've flown Eskimos up here to different hospitals - they're going to do that, but if we're going to state this principle that we have to deliver everybody to a doctor, where are you going to stop? Where are you going to stop? I mean we're spending enough money in this field, and God knows that we have a lot of things to cover. I'm not suggesting that the principle that you have is not a good one, and I want to assure you that we share the concern, we have just as much concern for the people of northern Manitoba as you have. -- (Interjection) -- Well what is it? Am I supposed to be ridiculous to sound as if I had concern? Am I supposed to be -- (Interjection) -- What do you mean it's easy for me? Why is it easier for me? What is your message? Do you people have a monopoly on worrying about the poor?

MR. BOROWSKI: Right.

MR. DESJARDINS: You sure have. You're the only ones. The New Democratic Party is the only party that cares about the poor, and don't you dare - don't let anybody suggest anything that might help them - get out of here, you don't belong here. Come on, let's work together on this thing and let's be practical. Let's work for the same thing. You know that this is not feasible what you're asking now, and this is unjust I think to try to blame any government - and I don't defend this government that often - but any government.

As I said, this is the danger of this compulsory plan. We never should have a compulsory plan. Most of the people in the north don't want that and, like you say, they won't get it. Can the government force people with a gun at their head to study medicine, and once they've got their degree to move up north and keep that gun at their head to make sure they stay there? The municipality up there is trying to attract them. This is the life, this is the way it is, and this is the way that a lot of these places were pioneered. I think we should do everything possible for them. Everything -- (Interjection) -- well you start by talking. You talk and you reason sometimes - not just talk, reason - but not make statements that the government has a responsibility, because they're charging premiums, you've got the responsibility to see that every person sees a doctor, that you're going to fly a doctor here and fly a patient there. In emergencies this is done, but to say that they're going to accept this principle that everybody, because he pays premiums, should be delivered to a doctor is ridiculous. It's not feasible and I defy you to tell me how feasible. Could you sit down and let me know how much that

(MR. DESJARDINS cont'd.) . . . . would cost? And if you do it for the people of the north you've got to do it for the people of the south, because everybody's equal. -- (Interjection) -- Oh, everybody's not equal? Coming from the Member from Inkster, this is something new.

MR. GREEN: Mr. Chairman, I never said that. But . . . .

MR. DESJARDINS: You shook your head.

MR. GREEN: Well, Mr. Chairman, if the member will . . . .

MR. DESJARDINS: Are you taking the floor over from me or do you just want to ask a question?

MR. GREEN: If the member will just let me comment on the one observation in which he said . . . .

MR. DESJARDINS: Are you asking a question?

MR. GREEN: Could I ask you to let me say that when I shook my head, I was indicating that the accessibility of a member in Winnipeg to a doctor and the accessibility of a member in, let us say, Pukatawagan to a doctor, does not make them equal regarding the accessibility of that service. That's what I shook my head for.

MR. DESJARDINS: You know that when I'm talking about equal, I feel that they have the same rights. I know that it's a lot more difficult to go from the north -- what I'm saying is where are you going to draw the line? Who is it - you, the Member from Churchill, my friend the Minister and myself, that's going to decide so many miles you get a ride, the rest of the time you walk? Some people have cars. It might be difficult for other people in this district. I'm saying that, you know, we want to help, but we've got to draw the line somewhere. This is what I'm saying. If this principle, if it was possible - and I'm not suggesting that we should put any sticks in the way or any obstacle in the way, far from it - but I'm saying that this is exaggerating, this is asking a little too much in that the people of Manitoba could not - we could never support that. This is the only point I'm trying to say and I'm not saying that you shouldn't do anything for the north, but I'm objecting to one thing, to saying that doing their best is not good enough and that because you pay premiums you must find a doctor for them. That's not true. That's not true. The government has no responsibility to find a doctor for everybody. They have a responsibility to do as much as possible to attract doctors here and to bring programs that will maybe induce them to go in the north, but not take the responsibility of making darn sure that every single person sees a doctor. This is impossible and they're not doing it. What about the field in the hospital care? How many people can't get in a hospital, not only up north but right here, and there's people dying at home sometimes because they're not in a hospital.

MR. BOROWSKI: Tell it to them, not to me.

MR. DESJARDINS: No, I'm telling it to you also. I'm trying to compare -- they pay premiums. Don't they pay premiums for hospital? Do you feel that every single person should have his own little bed? -- (Interjection) -- No, I'm asking you. Do you feel that every single person in Manitoba should have his bed? -- (Interjection) -- Well, you're doing pretty good at answering. You're not answering anything but you're talking, so I thought you wanted to get in. -- (Interjection) -- Yes, all right.

MR. GREEN: Mr. Chairman, I'd like to say that the honourable member doesn't have a monopoly on being reasonable. I've often heard lessons from the honourable member on how to be unreasonable and I suppose that other members of this House have, but let me tell the honourable member that the candidate for the Liberal Party in Churchill constituency, one of the promises that he made, and which he said demanded immediate implementation, was an air ambulance service which would operate at government expense so that people in the north could be taken to a doctor or to a hospital. That's what his Party said, his candidate said. -- (Interjection) -- Well, the man that represented his Party. I'm not criticizing this, nor am I criticizing the honourable member for speaking against what the Member for Churchill said, I'm just saying that what he said is not necessarily unreasonable.

Mr. Chairman, it's quite likely that 50 years ago to suggest that not only would there be public schools but that each child would be picked up every morning and taken to the school and picked up at four o'clock and taken home would be thought by the Honourable Member for St. Boniface to be unreasonable. But not only does he now find that reasonable, but he says - and I'm not criticizing this, this is a sensitive point with him - but he says that it should not only be provided for the public schools, it should be provided for the private parochial schools, that same service which he now says is so unreasonable. Now, Mr. Chairman, I'm not going to

(MR. GREEN cont'd.) . . . . argue that service. I merely indicate that there are various standards as to what is reasonable, and the member for the north, the Member for Churchill who is in an area where people need medical service, is posing a problem for the Minister and I think doing so quite properly, and it's not a problem that I think can be dismissed with the trite statement that it is unreasonable.

Mr. Chairman, I'd like to indicate on the same subject but rather not quite so related, that when the House opened there was a suggestion on the part of the various members that there was going to be a problem on April 1st when the medical program went into effect, and I don't see how this program has created the problem the Member for St. Boniface seems to suggest, that compulsory Medicare made it a problem for a person in the north to get to a doctor. I assure you that even before . . . .

MR. DESJARDINS: Mr. Chairman, I think the member is trying to twist my words. He asked for a question and did you see -- (Interjection) -- He took the floor from me in a kind of sneaky way. He was supposed to ask me a question.

MR. GREEN: Mr. Chairman, I did ask the member whether he would like some answers and he sat down and I started to give the answers.

MR. DESJARDINS: It was a question you said - a question. You can have the floor when I'm finished.

MR. GREEN: Mr. Chairman, do I not have the floor?

MR. DESJARDINS: Mr. Chairman, this was question - not a speech, Mr. Chairman.

MR. CHAIRMAN: Let's have a little order here. Maybe if both members -- could I ask both members to sit down while we get this thing straightened out, I'll ask the Honourable Member from St. Boniface to finish his speech. The Honourable Member for Inkster is next and the Honourable Member for Churchill next and then the Minister, so that's the order of business.

MR. DESJARDINS: I'm glad I started something. It was kind of dull here this afternoon.

The last speaker know very well what I said. I never said that the fact that Medicare made it more difficult. The only thing I said - and I never accused the Member from Churchill not being reasonable for trying to get something for the north - I said the statement that he made, that because people were paying premiums the government had a responsibility to see that every single one of them got to the doctor, and I still think that this is not reasonable. The Member from Inkster talked about this ambulance in the north. You know, there's some members here that try to scare you when they say somebody in your Party said that. I don't care if my father said that if I don't agree with it, so don't use that with me at all. I don't give a damn.

MR. GREEN: It wasn't your father. It was Gary Walsh.

MR. DESJARDINS: Well, all right. It was Gary Walsh. I don't know Gary Walsh; I couldn't care less about Gary Walsh.

MR. GREEN: The people cared less about him too.

MR. DESJARDINS: Well, all right. Maybe that's the reason. Maybe he promised things that weren't responsible. You might have your answer right there.

Now, you talk about the ambulance for the north, but have you forgotten what the Minister answered? That there is such a thing. Maybe not the way you want it, maybe not the way I want it, but let's get this straight. The thing that I'm saying is not responsible is to think, to claim because you pay premiums - the premiums as you know pay for the doctors, for the administration, for those things, not for transportation - and I'm saying that we should bend over backwards to try to see that this is done. But the only thing I object - I'm not that far from the Member from Churchill - but I object -- he insists, after he receives the answer, to say it's not good enough, your doing your best; it's your responsibility and everybody can go. This is not humanly possible. Let's aim at those things, let's try, but not demand, because we're in opposition, demand things that cannot be done, the same as it would be ridiculous to ask for a bed for every single person in Manitoba. It would be ridiculous. We might have beds for everybody but 10 people, but one of these days we might have an epidemic and everybody needs a bed; ten guys will be without a bed. All right. But I'm saying, let's not exaggerate things; we've got enough problems without creating more. That's all I'm saying.

MR. CHAIRMAN: The Honourable Member for Inkster.

MR. GREEN: Mr. Chairman, I wasn't intending to get into a debate with the Honourable Member for St. Boniface because in most cases he is reasonable and I think he credits reasonableness to the members on this side of the House. At any event this is one of the few

(MR. GREEN cont'd) . . . . occasions where I've heard him credit reasonableness to the other side of the House.

I think that the Member for Churchill was raising a problem vis-a-vis the north and asking the Minister whether there was any foreseeable way out of it and I don't see anything wrong with that. I'm not sure that I agree with his suggestion. It doesn't matter. He is representing a particular position with regard to the northern people and the accessibility of medical care, and I really don't see how he could properly represent his constituents if he didn't raise that kind of problem.

I have another problem, Mr. Chairman, which I did raise at the beginning of the House's proceedings and which caused some ire, particularly on the Honourable Member for St. Boniface, and I was encouraged to let things take and develop their course. I spoke particularly . . . .

MR. CHAIRMAN: Does it deal with Northern Health Services?

MR. GREEN: Yes, it does, Mr. Chairman. It deals with situations such as the one in Thompson, Manitoba, where all of the doctors who are receiving benefits from the Medical Care Plan through their patients - because they're opted-out of the Plan - that we have that situation in Thompson, and I'm just referring to an analagous situation in Brandon where we have an entire community which does not really have a choice of doctors because of the fact that the doctors have exercised their right to opt-out. Mr. Chairman, I want to indicate that I for one have always felt that this is something that the doctors should be entitled to. I've been approached by people since then who think that my view is much too moderate in this respect, that really a doctor should have some sort of requirement that if he wishes to practise medicine in Manitoba, just as he is required to be a member of the College of Physicians and Surgeons and just as I am required to be a member of the Manitoba Law Society, that there is no undue compulsion in requiring him to agree to work under our plan, not requiring him to render services but making it a condition of practising medicine that he will work under the Plan. And I wish to make it plain, Mr. Chairman, and to the Minister, that I am not advocating that at this point. I certainly think that there are better ways of getting medical services provided.

But I want the Minister to know that in areas where they don't have the luxury that I have of being completely freedom-loving, as the Member for St. Boniface says, of saying that there should be no compulsion, in areas such as Thompson, and particularly in Brandon, I am continually being approached by people who don't see the reasoning in what I say and what the Member for St. Boniface says, and what I think most people in the House say, that a doctor should have the right to opt-out, and they pursue the argument that it's not an infringement of his freedom to say to him: Yes, you don't have to practise, but if you are intending to practise in Manitoba you have to work within this scheme. I want to make it plain - and this is repetition - I'm not suggesting this, I'm suggesting to the Minister that there is a growing feeling, and I think it may reach crisis proportions on the part of the citizens in those communities, that something drastic should be done by the government.

Now, Mr. Chairman, I'm not asking for something drastic. I'm asking whether the Minister in the long-range approach is looking at any type of solution to the problem where there is an entire community that doesn't have an opted-in doctor accessible. Does he have, in his long-range projection, the provision of community clinic services in an area like Thompson, or in an area like Brandon, whereby the government would set up a clinic, and as I said before, subsidize if necessary, whereby even there would be a net loss on the operation, but the citizen has a choice of going to an opted-in doctor, being treated on the basis of the benefits which he pays his premium for, and not being confined to a monopoly situation. Does he have a - (Interjection) - Yes, the doctor is hired by the government on a salary basis such as they are hired by Blaine Johnston in Thompson now on a salary basis and are opted-out. Is that within the realm of forward thinking and is this too early a stage to bring it up, because I believe that the Minister is hoping that more and more doctors will come into the plan and the situation will not exist.

Does he also - and here I'm almost reluctant to say this because the Member for St. Boniface gets so angry - is he thinking of providing some incentive to doctors working in the plan rather than working out of the plan?

MR. DESJARDINS: I just said that.

MR. GREEN: Well, Mr. Chairman, the Member for St. Boniface thinks that the word

(MR. GREEN cont'd.) . . . . "incentive" is all right but that the word "deterrent" is wrong, because I suggested earlier in the year that the government should make it difficult for those who don't opt-in. He wants to make it easier for doctors who opt-in which has the effect of making it difficult for those who opt-out. Is there any program of this kind vis-a-vis the medical school, either in any other fashion, which would make it attractive to be in rather than out. And in this respect, Mr. Chairman, I'm asking that the Minister not make it easier still by changing his attitude on assignments as soon as we leave the House.

One further area, Mr. Chairman, again dealing with the social services and treatment by medical doctors in these areas. I understand that some people will be subsidized in full for the cost of their Medicare premiums. These will be people who are welfare cases or recipients of social assistance of one kind or another. I'm correct in that assumption, am I not? That some people will receive, by virtue or receiving social assistance, will have their premiums paid for them by the government, and up until now -- (Interjection) -- By the premiums. You're right and I stand corrected. And up until very recently that would take care of their medical costs. But in the communities of Thompson and in the communities of Brandon we could have the situation where a person on social assistance would go to an opted-out doctor - and that's the only kind that he can go to unless he gets the government to drive him to Souris or to some other community where there is an opted-in doctor, and the Member for St. Boniface has said that's unreasonable and I'm not sure I don't agree with him at this point - but in any event he'll go to a doctor by virtue of having the -- and the government will have paid his premium, then he gets a bill for 15 percent in addition to the charges that will be paid for by the government. Now here is a person on social assistance or on social welfare. Is it the government's intention to pay the doctor the 15 percent additional? Now I have been urging, Mr. Chairman - and I'm not ashamed of it - I have been urging people to resist payment of the additional 15 percent to any doctor who is out of the plan. I would urge the government . . . .

MR. DESJARDINS: Mr. Chairman, may I say something on a point of privilege. I think that this is deceiving a bit, Mr. Chairman. I say it's deceiving because -- (Interjection) -- I never said anything about a question, I said a point of privilege. I think that the point is that the Medical Association - and I haven't been defending them that much - but I think that they stated that they will never charge - even if they're opted-out - that they will never charge any more to the indigent. I think this statement was made.

MR. GREEN: But, Mr. Chairman, what the Member for St. Boniface apparently doesn't realize - or else I'm wrong, and that's possible but I don't think it's likely - is that when the patient now walks in to the doctor, every patient walks in, not an indigent; they walk in on the same basis. Everybody is covered by the Act and the doctor would either have to investigate the patient, which some of the opted-out doctors say they are going to do - my inclination is to think that many people will not wish to be investigated - and their standard practice in the absence of an investigation, and I would suggest to you that this is what is happening in areas of this kind, would be to bill 15 percent beyond the price of the medical bill. Now we have an indigent who receives a bill of 15 percent. He could, I suppose, go to the doctor and say, "I can't pay it." And the Member for St. Boniface could do that as well. But he has been in the position of having his medical costs paid for by the government. I'm not suggesting that the government pay this 15 percent, - as a matter of fact I would urge non-indigent people to resist payment of that 15 percent - so I'm asking that the government not pay it. But is this a consideration as to what is going to happen when an indigent goes to an opted-out doctor.

MR. CHAIRMAN: The Honourable Member for Churchill.

MR. BOROWSKI: Mr. Chairman, I hate to take up the time of the House, I know there is many other things to discuss, on a trivial matter like the Indians in the north. It seems nobody seems to care about them any more. What the hell is some Indians. This is the impression I get listening to some of the talk here, and I'm surprised to see it from my Christian friend the new Deputy Minister of Health coming out with such ridiculous statements. He's never been up to the north except at campaign time like some of the government members.

MR. DESJARDINS: Smarten up. Smarten up.

MR. BOROWSKI: He doesn't know what he's talking about. He says it's the best that we can do. You know Churchill is one of the oldest dirtiest slums in Manitoba, and we've heard from his government in Ottawa and in the province, this government, "We're doing the best we can." The fact is that it's a dirty stinking slum and it's a disgrace to the people of Canada, and every year when I ask him for something he says, "We're doing the best we can." It is good

(MR. BOROWSKI cont'd) . . . enough? Would you say it's good enough for the people today in Churchill?

MR. DESJARDINS: Why don't you pay your taxes? Maybe we'll do more for God's sake.

MR. BOROWSKI: No, this has nothing to do with taxes.

MR. DESJARDINS: If he wants to play that game, we'll play too.

MR. BOROWSKI: All we hear is this ridiculous rationalization, "We're doing the best we can." Well it's not good enough, and this is why there's a separatist party forming today because they're sick and tired of the hog wash we get out of this House.

He's talking about the air ambulance. He said I'm unreasonable, but the fact is, Mr. Speaker, that for the last two elections this has been one of the main planks in the platform of both our Party and the Liberal Party, and if he doesn't represent the Liberal Party then he should shut up and not talk about it. Let the Liberals talk about it, because this is their plank and I think it's a good one. I support it, they support it, and as a matter of fact I think the government said something about it in the campaign too. I said I don't expect you to build hospitals and doctors. We're not unreasonable; we're realistic people. We know you can't do it, but we feel that you should give them service. They need medical service, so maybe if you can't do that maybe you can consider something like they have in Australia, a flying doctor. He's got a plane and he hops around from town to town in the outbacks of Australia. He visits the people. Just simply saying that we can't afford it is ridiculous. You may as well say we don't care if those people die. They are people.

MR. DESJARDINS: That's ridiculous.

MR. BOROWSKI: And they're Christians like you, and I often wonder if you're a real Christian the way you talk in this House.

MR. DESJARDINS: How do you know I'm a Christian?

MR. BOROWSKI: You sure don't act like it.

MR. CHAIRMAN: Order, Order here. The Honourable Minister of Health has got the Floor.

MR. JOHNSON: Mr. Chairman, I think that the Honourable Member from Churchill, the only issue I would take with him would be to remind him that we do have a concern for the people of the north. We do have a . . .

MR. DESJARDINS: You can't - you can't, your're not an NDP.

MR. JOHNSON: Well, I don't know how many times I've been up north and been in along the Bay line where we in 1959 and 1960 established community health committees in Wabowden, Thicket, and all through the north and organized public health services. I remember one year when we had the Churchill Hospital full of young children with gastroenteritis from up and down the line from the lack of preventative health services, and this was almost eliminated in a couple of years by sanitary measures and so on.

It is a continuing matter of concern, and I agree that the practical difficulties of giving the kinds of services we would like to give to the people of the north continue to haunt us year after year, namely getting personnel. We had one public health officer there, a dedicated man, who spent 180 days in one year in an airplane going from community to community, and after four or five years of this he felt he needed a change of scenery. As the honourable member from the north knows, he had a family to think about and there's just so much a fellow can do. We have continually been looking for more and more personnel for the north. We have the jobs available if we can get the people in the north.

Some wonderful work has been done, and we're not saying it's perfect, we've got a long way to go, and we are concerned - we all are in this House - about the people in the north and lowering our infant mortality there which is after all the index of the health of a nation, and a big chore lies in the field of public health and treatment services. I've tried to say three or four times that we have - and I compliment him for it - the sympathetic ear of the national Minister in looking at ways and means of bringing more regular medical clinical services to the north, and certainly we are putting appropriations in one of the other items here in case we can get on with it in the coming year. It's going to involve difficulties. It's going to involve getting personnel and so on, and this incentive program, while modest, certainly when a physician will be paid for everything he does, when he has an incentive grant to settle in a northern community, I hope more young people will take up the challenge because there's a lot of excitement, there's a good way of life for these young people in that country. We have some dedicated people there and we're doing our best to give them a program that they can be proud of and that

(MR. JOHNSON cont'd) . . . they can work with and they can see the results of what they are doing.

I say to the honourable member that I'm quite aware, I've been there many times to the flats as he knows, and he knows the problems, any one of us who has been there have known these problems. As you know, we developed the elementary school there and put facilities in the basement to try and assist the people from that area, the children, to come in the evenings, and occupational programs and where a public health nurse can work with these children also.

And housing. As you know, we've got that program going this year. We're calling for 50 prototype homes in the north in concert with the Federal Government. We've had the Indian and Metis Federation join the Corporation in picking the sites for the coming year and they have chosen to build as sites - ten at Camperville, ten at Wabowden, ten at Berens River, ten at Big Eddy, Humperville-Young's Point area, and ten at Eddystone in the Amaranth area. And next year they plan on five other communities. This is to see whether we can develop a kind of prototype house. The Federal Government is going into this pilot project with us on a 75-25 partnership basis, and we'll have to see how that develops.

Now with respect to the Member from Inkster, I might as well answer what I can of the questions. I haven't firmed up or come to any conclusions with respect to some of the matters he raised, namely that I am one who believes that as mutual trust and confidence develops between the people and the physicians, I know the physicians won't withdraw service, I've been assured of that, which we all have, and I think we'll have to wait over the coming months and just see how this develops. We have the assurance of the medical profession with respect to additional billing that it will be done on a doctor-patient relationship. I have to expect that and I do expect it. It is one of the tenets in which they enjoy the right to work directly with their patients, and that patient has an appeal procedure which I think will come to the Corporation's attention. I would certainly expect that a patient who is in receipt of social allowance or public assistance, that if the doctor has carried out the doctor-patient relationship tenet there should not be additional billing to that patient if it's a case of public assistance. And if I was billed the additional 15 percent I think I would - as far as I'm concerned - would appeal it through my Medical Review Committee under the Corporation, that is if people on public assistance who were going to a physician with a Medicare card are billed to schedule. That I think, unless there is some extenuating circumstances that I am not aware of, I think I would have to appeal - or I would expect that this would be appealed if it was brought to my attention.

MR. GREEN: Excuse me. I would just like to ask the Minister. He wouldn't have a Medicare card any more would he? Wouldn't he have the same MMS or . . .

MR. JOHNSON: He'd have the same card as you and I have.

MR. GREEN: That's right. So that . . .

MR. JOHNSON: That's right. But if he went to the doctor . . .

MR. GREEN: Unless there was some discussion on the question, the doctor wouldn't know that he was receiving that card by way of social service.

MR. JOHNSON: We have the assurance that the doctors are going to be discussing their bills with their patients.

MR. CHERNIACK: Do you mean their financial ability to pay will be discussed with every patient? Is that your assurance?

MR. JOHNSON: The doctor has given - they've given us the assurance that the financial circumstances of each individual patient will be taken into consideration at the time of service.

MR. GREEN: Hasn't he said, Mr. Minister, just . . .

MR. JOHNSON: We've been given that in writing.

MR. GREEN: . . . that if a patient wants to discuss it.

MR. CHAIRMAN: . . . he still has the floor. Until he sits down you can't - if the Minister is willing to take his seat that's all right, and is willing to answer your question.

MR. JOHNSON: Go ahead.

MR. GREEN: I just wanted to get it clear that what the doctors have told us - I'm trying to be accurate - that if a patient doesn't wish to pay the 15 percent that he could take the matter up with his doctor. I think that that's the only practical way. So that it's the patient who will open up the question that has the opportunity of having the 15 percent waived. That's all I said I think in my remarks. I said that some wouldn't open up the question.

MR. JOHNSON: I think my honourable friend understands it probably better than I do. What were you going to . . .



MR. PAULLEY: Well I was just seeking a little clarification. If I understood the Minister correctly, he said that insofar as he was concerned and the bills that would be received in respect of the department, or under social allowances, the matter would be taken up, if a doctor who has opted-out was charging the department the extra 15 percent in effect for the patient. Did I understand the Minister to say something about a Medical Review Board where this could be considered?

MR. JOHNSON: Well let's get it absolutely straight once and for all. We all know that the medical profession have repeatedly said - and this is their policy - that they wish to deal directly with their patients in some cases with respect to all medical charges. Many of them for example have written to their patients and said: "I'm opted out, but with respect to our financial arrangement this is a matter we will discuss jointly at the time of service." Fair enough. Patients aren't identified as to what their means are with their cards. So I say that a person on public assistance, a patient getting social allowance from the Province of Manitoba who has that card obviously has no other financial resources. Right? I would expect that if that patient were extra billed inadvertently that that patient would go to the doctor and explain his financial position to him. Right? The Member for Inkster said: Would you pay the extra 15 percent, you know, if the department was billed for this in view of the fact that the patient had no resources. Right?

MR. CHERNIACK: Well, I don't think that they'll do that.

MR. JOHNSON: No. Well what I'm saying is if it did you'd go through the same appeal procedures as you would for any other ordinary patient.

MR. CHERNIACK: Mr. Chairman, would the Honourable Minister permit. You say the same appeal provisions. I don't believe there are any appeal provisions for a person who is dealing with an opted-out doctor, and if there are I'd like clarification because I don't know of them. And I might remind the Minister that Doctor Shaw in committee spoke about this relationship and about serving a patient for ten years and then discovering that she was a widow with four children, four dependants, and should not have been extra charged.

MR. JOHNSON: In their statement the profession have said under all circumstances we expect to take the financial circumstances of our patients into consideration at all times. This is our policy, this is our tenet. Right?

MR. CHERNIACK: What about the appeal rights?

MR. JOHNSON: There are three. One, you can appeal to the doctor-patient relationship is one. Secondly, if they feel aggrieved, as has been stated in the policy statement of the MMA themselves, the patient could appeal to the Medical Review Committee that is set up under the Corporation.

MR. CHERNIACK: No.

MR. JOHNSON: Yes. Certainly. They've said this is a place where you could send in an appeal. And in the third place . . .

MR. CHERNIACK: But an appeal against what? It's an opted-out doctor.

MR. JOHNSON: The Fee Structure Committee of the College of Physicians and Surgeons is another court of appeal.

MR. CHERNIACK: But is it not true that it's not binding, that none of these bodies have authority to compel an opted-out doctor from reducing his fee.

MR. JOHNSON: Not compel, but there is an appeal where they can draw this to the attention of the profession.

MR. CHERNIACK: It would be a petition, not appeal.

MR. JOHNSON: Beg your pardon?

MR. CHERNIACK: You mean petition, not appeal.

MR. JOHNSON: Well they call it appeal; it sounds like an appeal to me.

MR. CHAIRMAN: I don't think this is a very good way to debate the situation. The fact is we've debated it about twice already this Session as I can remember.

MR. JOHNSON: I think we should let the plan go on for awhile and see what happens before we make any other - well, I think the debate's been excellent, but I just want to assure the members of the Committee that the provision of the ongoing matter of public health services in the north is a very real challenge to the department - probably our biggest challenge; the problem is one of personnel and so on. That's really all I have to say at this time.

MR. CHAIRMAN: (3. (m) and (n) were read and passed.) Public Health Services \$13,220,886, Resolution 51 passed. 4. Social Services (a) (1) . . .

MR. PHILIP PETURSSON (Wellington): Mr. Chairman, I wished to comment briefly on item (n) under No. 3, if I may. Public Health Research.

MR. CHAIRMAN: Oh. Well I've already called Resolution 51. I'll let you speak on it but we've already passed it.

MR. PETURSSON: You . . . over them so fast that a slow person like myself has hardly time to keep up.

MR. CHAIRMAN: Well, you make your speech and then we'll proceed.

MR. PETURSSON: Thank you very much. It will be very brief. I just wish, Mr. Chairman, to raise a question about the announcement in the paper this afternoon about the CBC ban on tobacco ads on radio and television, and I believe it would come under the heading of research. We wouldn't have to stretch our imaginations very far to include it there. This involves the restriction on advertising of tobacco, on both radio and TV.

Last year, Mr. Chairman, when I brought in a resolution asking for a restriction of advertising on radio and television of tobacco, the government members voted it down; that is, they voted against the resolution. Some others did as well, and the Honourable Member for St. Boniface accused me at that time (I'm sorry he's not here) of advocating censorship, and he spoke rather harshly about what he thought of my resolution. I just wish to ask the government, Mr. Chairman, at this point whether it approves of this proposed ban or whether it proposed to protest to the government against the elimination of tobacco advertising. The government opposed it last year and it opposed then exactly what the Federal Government now proposed to put in, or to put into effect. And then I would have wished to ask the Honourable Member for St. Boniface whether he, personally, or on behalf of his group proposed to protest against what last year he called censorship, by eliminating tobacco advertising on radio or TV.

It is interesting to note in the clipping here, Mr. Chairman, that the only ones who are at present opposing this restriction are the tobacco companies. And then a reference is made to advertising, cigarette advertising being banned on television by the BBC in Great Britain. Cigarette advertising is prohibited on radio or TV both, in France, Italy, Czechoslovakia, Denmark, Sweden and Switzerland, and I believe in other places as well. And it is noted here that a member of the Canadian Medical Association asked the Commons Committee for a total ban on cigarette advertising - that is, the medical men are all in favour of opposing it, and as a matter of fact they have passed in or handed in reports which have resulted from extensive research into that field. I just wish to put this on the record, Mr. Chairman, and would be interested in knowing what the government's position is in connection with this proposed ban on advertising.

MR. JOHNSON: Mr. Chairman, this is a matter which is really a matter of federal jurisdiction and we, from the public health sense, certainly must agree with the harmful effects of tobacco as reported in all the scientific world, but unless this is a nationally-sponsored program it's not going to be very effective, and I think that is our stand.

MR. CHAIRMAN: 4 (a)(1)--passed.

MR. FOX: Mr. Chairman, before we go past 4, I'd like to, at the beginning, because I'm not sure exactly where under the various sub-headings this item falls, but I have had a concern in respect to social services, especially in regards to the Family Bureau, from whom I've had a letter in regard to a constituent of mine who was not able to get service. Now, the letter explained that the reason that they have been unable to service some areas in Metropolitan Winnipeg is because they are understaffed, and the finances — the counselling department is funded primarily from the United Way. Now the United Way collects its money from all of the metropolitan areas as well as from the rural areas. The problem that the Family Bureau, in regards to family counselling, has had to do is to curtail services on an arbitrary basis. They explained that because of their lack of funds they have not sufficient staff to service the whole of the metropolitan area, and I'm just wondering if the Minister can tell us what the program is to extend this service or else to provide aid and assistance to the Family Bureau. I know there have been some negotiations in this respect because the letter states that, and I just wonder if the Minister can outline what policy decisions have been taken in this regard. Now it's unfortunate that a person living one block in the metropolitan area farther north or south, whichever it happens to be, arbitrarily gets the cut-off and has to go and try and buy those services, and counselling services, as most of you are aware, are very expensive. So I'm just wondering whether the Minister can tell us what is happening in this case.

MR. JOHNSON: Well, the Family Bureau receive their support through both the United Way and the department here and are involved in counselling services and homemaker services;

(MR. JOHNSON cont'd) . . . the latter is largely supported through an appropriation from this division, and the services increased very markedly last year. As the honourable member may be aware, there was a tremendous expansion in the amount of services offered by the Family Bureau, and I don't know just what particular -- I would have to speak to him about any particular cut-off of a case but . . .

MR. FOX: . . . to explain, Mr. Chairman, it's that North Kildonan, now Assiniboia-St. James is in it, but they had an arbitrary cut-off and that was that only the suburbs contingent on Winnipeg would be serviced. Any of those that were farther out would not get the services, and North Kildonan happened to be one of those which didn't fall into this category. Assiniboia was another, and I think there were a number of others but I think -- (Interjection)-- Charleswood, that's right. But I think that if we are living in a metropolitan area that we shouldn't take arbitrary boundaries like this just because of shortage of staff. I know the Family Bureau had to do it but I think that we should, as a community, look at it as Greater Winnipeg and not just certain boundaries.

MR. JOHNSON: I would have to look into that and see what that decision is before I could comment on it in any knowledgeable way.

MR. CHAIRMAN: The Member for Gladstone.

MR. SHOEMAKER: Mr. Chairman, I note that this is perhaps one of the largest items of expenditure, that is before the House at this Session; that is, a total of \$37 million - well, nearly 38 million for social services, up about 3 1/2 million over last year. Now Mr. Chairman, in light of the fact that Medicare is now in effect for all residents of Manitoba, it would appear to me that there should be a reduction rather than an increase on this particular appropriation. I think the annual report for the Department of Health and Social Services for 1968 records on page 49 that some 29,000 people in Manitoba either received free Medicare protection or social allowances, and this year of course the government as I understand it, will not be paying the premiums for anyone for Medicare. I understand it, Mr. Chairman, that every municipal corporation is legally liable for the payment of the premiums for Medicare. So, by the same token then, that relieves the government from paying premiums for indigents, and they paid the premiums apparently last year for 29,000 of them so there should be a reduction on this particular item.

Then the other item that I would like to ask or question, Mr. Chairman, is the per diem cost of certain institutions in the province - that's elderly persons' housing and other alternative care institutions. I know that it is a concern to many of the people in our own area, and I think this applies to a lot of other areas in the province, that the per diem cost of care in some of the elderly persons' housing units -- well not the units so much - the hostels; the hostels that take in the room and board. It seems to be getting a little bit out of hand. In fact that would be a mild term, to say it was becoming a little bit out of hand. I think the per diem cost of care in the hostel at Neepawa now is well over \$10.00 a day and still cheaper than a hospital, no doubt about that, and an excellent institution. But the board, when we built that institution with the taxpayers' money, a lot of it, they estimated the per diem cost I think at about \$6.50 or \$7.00 a day in the first year of operation, and it's now up to well over \$10.00 in a couple of years, so it makes you wonder, well, what will the per diem cost be in two years hence. Up and up, my honourable friend the Minister of Mines and Natural Resources says. I guess it will. It won't likely be going down.

But you will recall, Mr. Chairman, just the other day the Honourable Member for Lakeside was expressing concern over certain elderly persons, and I think he named three or four in his own constituency that found that they did not qualify for social services or social allowances, and they found themselves in a very difficult position because they found their very limited nest egg dwindling away pretty rapidly when they had to pay \$10.00 a day for cost of care.

On Saturday last, a fellow rode with me 130 miles in my car and most of that time he spent expressing concern over the fact that his father has been in a nursing home in Brandon for two or three years and that the members of the family were supporting him there. And the cost there, I think, was \$12.00 a day plus an additional \$2.00 a day or something for drugs - that is, the medications were quite high. And he says, "You know, it seems like a funny thing that my dad owned one-quarter section of land and we're attempting to not sell it" - I guess it's still in his name - "but it is considered assets and apparently he doesn't qualify for social allowance." This particular fellow was a farmer but it applies to everyone. As I understand

(MR. SHOEMAKER cont'd) . . . the interpretation, that if you have money and you're a single person, if you have money in excess of about \$500.00, then you must spend that before you can qualify for social allowances, so that if you have \$5,000 stashed away some place and you're staying in an institution that costs \$12.00 a day, your \$5,000 isn't going to last more than about a year, and then the government will pay it.

Now it strikes me that the yardstick that is used to determine the means test or the needs test - whichever you want to call it - the same yardstick is not used in all cases. That is, under the Old Age Assistance and Blind Persons Allowances Board, they use a yardstick and this government, in determining whether or not you qualify for social allowances, uses another yardstick. And the municipal corporations in many cases use yet another yardstick, and so it's difficult to determine, for the public to determine at least, how come that so and so qualifies and they don't. And this, I think, is the subject that the Honourable Member for Lakeside was touching on the other night. That is, if there was a yardstick to use that all municipal corporations including the City of Winnipeg - and incidentally, Mr. Chairman, I think the City of Winnipeg, who administer their own social allowances or welfare program, they use yet another yardstick to determine your means or needs test, and this is the thing that confuses the public no end. And so Mr. Chairman, I wonder if my honourable friend the Minister might inform the House on two or three of these points that I have raised at the moment, and whether or not he believes that we will soon reach the stage where we can say the per diem cost of care in alternative institutions has reached a plateau, or a levelling-off area, for awhile anyway.

..... Continued on next page.

MR. JOHNSON: Mr. Chairman, I could no more do that than advise the honourable member what his salary will be two years from now. -- (Interjection) -- The facts of life I guess. A few years back the per diem rate in my home community in the elderly persons' hostel was \$38.00 a month; it's now \$125.00. And of course, as the Honourable Member knows, under the Social Allowances Act and the Canada Assistance Plan the individual is allowed under the regulations, which are public documents, to have certain assets kept but the rest is expected to go in, in his old age, into supporting him in facilities, and in dignity, and his resources are used towards his cost of care in these kinds of facilities. This is the basis of the needs test, and it might be interesting to the honourable member to know that in the alternative care facilities in the City of Winnipeg through the Care Services appropriations we passed the other day, there's about 3.7 million in support given to these kind of patients from housing units up to nursing homes. In addition to that, in the rural areas there's about 4.5 million in that Social Allowances Program predicated to this kind of assistance in institutions. That's quite apart -- that's in that \$16 million item under the Social Allowances Program - Is it 16? Yes. Part of that, about 4 1/2 million of that is for institutional support, about 2.5 million, or more than that - about 2.5 - yes, it's for Aged and Infirm Special Allowance. This is cash assistance largely, so one can see that the costs of care have gone up.

Now with non-proprietary facilities, the boards submit budgets to the Agency Relations Division in our department with the input from the Health and Welfare units as to standards and what have you, and the budget is approved on that basis, taking everything into consideration.

With respect to proprietary facilities, taking costs, average costs into consideration, the per diem rate is struck, which the department will pay for light care, and heavy care in proprietary facilities, and this is where this kind of money is expended.

To give the actual per diem rates for the different kinds of care - I haven't got that in front of me and I'm not sure if the department has it off-hand. They would certainly have some general parameters on this, available through the Agencies Division, which I will try and look up.

With respect to our arrangements throughout the province; as you know, the municipalities voluntarily can adopt the same standard of social services allowances as the province does - this is voluntary on their part - or set their allowances as to what they will pay for those categories of assistance that are left with them but that excludes as the honourable member knows, you know, the categories of assistance the municipality is responsible for, and they can adopt our rates or they can set their own. Now the only three large categories that the municipality is left with is in the categories of mothers deserted up to one year, families where the husband is in jail up to one year, and unemployed healthy adults. These are the only three categories left with the municipality where they set these parameters. The rest is really a provincial responsibility under the Social Allowances Act and the Canada Assistance Plan. Some extensions have been made with respect to the regulation governing the assistance to people in institutions, and I think I referred to that the other day with the Member for Lakeside, that there are certain categories where people in need, not necessarily in receipt of Social Allowance, can be given assistance, it would be shared with Ottawa, to avoid a complete dependency situation. I gave an example at that time. And our regional directors, our plan is that in the re-organized department, people throughout the province at a regional level will have the Regional Director, say supervisors and workers, and what we're attempting to do and hope to achieve for the coming year as we evolve our facilities, is that a person comes off the street, he may just need cash allowance; he may need help in finding a home; he may have his own resources - he may not need money; and we're going to try and get through Health and Welfare and our employment people in the unit . . . if I'm working there and you come to me with a problem, I don't just shuffle you off to the Children's Aid Society in your district or somewhere else; I will try -- while I may refer you, I will follow you through, to try and keep people from being shunted hither, thither and yon, and the Social Services Audit, which we're looking forward to in May, I believe, although I have not read the report - it's being done by the people concerned - I understand is looking at this whole area with respect to the multitude of agencies we have in the province and to see what further rationalization we can do, so we think our reorganization is timely with that and it will be interesting to see how it fits in. But I just wanted to mention those points.

In the estimates here, as I've explained before, with respect to the numbers on Social

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(MR. JOHNSON cont'd) . . . . Allowance, the honourable member will appreciate these are the total numbers of people. There may be family units, a mother with four or five children, and this was the total number of units. Now the appropriation is not down a great deal despite the impact of Medicare. We're still spending more money and this is largely because we have increasing needs and increasing costs, and the major item in these services of \$30 million in this appropriation, some of it is categorical assistance which is gradually phasing out, as you know, such as the Old Age Assistance program, and more and more is coming under the general ambit of Social Allowances. But they're up because of costs per case, increased costs and anticipated case loads, and of course these are estimates, the best estimates the department can work up in anticipating our costs for the coming year.

In addition to this, spread throughout these estimates is the support, as you know, of all the voluntary agencies, in another appropriation other than this, although ward maintenance comes under this broad category of the 30 million, that is, the cost of children who are declared provincial wards, and these per diem rates have increased somewhat this year, looking after these children. The cost of vocational rehabilitation is roughly the same, based on -- these are costs, really, that aren't included under the sharing -- or included in sharing but not under the Social Allowances Act. For example, we have certain categories of people that can be rehabilitated under the Vocational Rehab Agreement which still exists with the federal government, and our share of money to support that program this year is about \$305,000. Also that \$30 million this year in Social Allowances includes \$900,000 that I mentioned on many occasions, which is the input into this program to offer the municipalities the 40-80 formula with respect to hospital premiums, where they're allowed to -- unpaid premiums to be added to their welfare rolls for reimbursements from the government. That is in this appropriation. So basically our municipal aid expenditures are up, and our general costs are up; case loads are up somewhat, and this is despite certain forms of categorical assistance going out, being phased out. If the honourable member wants anything specific in this, I'd be happy to try and answer him.

MR. CHAIRMAN: 4 (a) (1) -- passed . . .

MR. PAULLEY: Mr. Chairman, we're dealing, as I understand it, with the 4 under Social Services and I guess it would be permissible for us to make reference to social services in general, and that is my desire. The Minister has just outlined particularly in the field of programs of social services, costs of the various component parts of that appropriation of 30 million-odd dollars, and I think my approach is slightly different than that of the Honourable Member for Gladstone. Particularly in his opening remarks there was concern of per diem costs and the likes of this, and I share with him the apprehension of the every-increasing cost.

I would like, though, to ask the Minister whether there are plans afoot to make changes in the various allowances, Social Service allowances for such matters as food, clothing and shelter. As far as I'm aware, from the information that I have in my office, unless I'm not up-to-date - and that is quite within the realm of possibility - we are still pretty well basing Social Allowance payments on figures that were established some time ago and, as the Member for Gladstone points out, costs have gone up so far as hospital care is concerned and other areas, and of course costs have also gone up to the individual, and we just noted - I believe, Mr. Chairman, it was either in last night's or tonight's paper - another indication of the general increase in the cost of living once again. We're well aware of a continued increase in the cost of housing and rentals and the likes of that, and we're also continuously cognizant of the lessening value of the dollar, and many of the avenues for which one may or may not be eligible to receive Social Allowances is based on assets, cash and other assets.

Another point I have raised in the past - I'm sure the Minister is aware, although he was not the Minister of this Department the last time I raised the question - was the question of allowances, one being able to have for such an item as pre-paid funerals. As far as I am aware there has been no change in the regulations dealing with that particular item as well. I wonder if the Minister could indicate whether or not a review has recently taken place that I'm not aware of, or that there will be, because I'm sure and I'm sure the Minister would join with me in, sure that many people who are in unfortunate circumstances and forced into the area of applying for and receiving Social Allowances, are really having exceedingly tough going with the allowances that are being meted out. I note that some of the municipalities have had a review just recently of the amount of allowances for municipal recipients, and of course they've gone up, and it seems to me that the province's schedule has pretty well remained the same

(MR. PAULLEY cont'd) . . . for the last couple of years.

So I would like, Mr. Chairman, to have an indication from the Minister in this area. I know that we're all very very aware of the ever-increasing costs of social services. We are trying to cut down as much as we can in the necessity and the cost of providing for welfare, but I do also say that many people are forced into a position of having to obtain additional help and I think that is up to us, in society as a whole, not to give them a luxurious living such as the Minister and myself may enjoy from time to time, but to make sure that they have a reasonable decent standard of living. So I'd like the Minister, if he could, to make some comment in this particular field.

MR. JOHNSON: If I may be permitted, Mr. Chairman, I'd just like to answer the honourable member. I'll have to do it in some broader parameters but I know his keen interest in this subject and I know he has a pretty profound knowledge of it, but I think he'll agree with me, first of all, in the whole field of human welfare that freedom from catastrophic medical and hospital costs is probably one of the most reassuring things to our older people and people in need, and is the major area in many cases. I was very surprised, frankly, this fall when I attended a meeting in Edmonton of the three Ministers of Welfare of the three Prairie Provinces and we had a long session one day comparing our Social Assistance programs, and it was absolutely remarkable how in isolation the three provinces almost have identical per diem costs in food, clothing and shelter, and we may be a bit down in one but up in the other. We all shared that our major problem was the cost of adequate rented accommodation for large families on welfare where we're going well beyond the \$55.00 allowed in the regulations. We're having to pay up to \$150.00. Ottawa is sharing this with us so we went to the federal ministry and said, "Here is a real problem area for us in our control of over-all costs in meeting need, and an area which shows the problem of the need for housing generally in this field." And this year, as you know, the corporation will be . . . A pilot project this year is to acquire 12 larger homes in the metropolitan area, put in a domestic assistant or worker to assist families who may be especially coming from remote areas and hitting Winnipeg overnight, and seeing if we can't get some experience in the area of housing. It probably costs the same but it might be better housing.

Now these are the kind of things we discussed; how do we go? But it was amazing how close we were. We all agreed that we would review jointly under the Prairie Economic Council Meeting -- this is where this sort of evolved -- you know, how can we share some ideas? On nutritional and food costs and so on, our three directors are in communication now, and at the meeting with the Federal Minister the over-all basis of measuring these needs and so on, we're reviewing with them at the present time. He's carrying out in-depth studies to see how we can relate these more accurately. It must be some concern to the Federal Government, as you can appreciate, in sharing CAP that provinces have relatively the same kind of standards of public assistance, so they're sharing and spreading the dollars evenly across the country. But it was absolutely amazing how, in isolation, using our own Canada's Food Rules with respect to diet, you know, and food costs, clothing, shelter and so on, how we almost balanced out in that way.

It was also terribly interesting to find that all of us had about the same numbers in our caseloads, proportionately, of Mother's Allowance type of case, aged and infirm receiving assistance, and about 85 percent of these costs that are before you are fixed costs. You know, no matter how efficient you may become you've got a caseload. You know, people, older people come off assistance when they pass on, or mothers on Mother's Allowance get rehabilitated or find a job and their family grows up, but the basic caseloads per capita are very very similar, with the same proportion of real relatively affixed costs, which again was revealing to me, to compare these programs, and you felt a little better that you were not quite alone with these figures. I must say, though, that we have to continue to -- this is going to become an increasing problem so I am looking forward to the discussions of the comparable schedules as our directors sit down regionally, and I'm looking forward to the report from the federal level on how we can best measure this need - you know, what are the better ground rules we should be using and so on. But we're all caught in the high cost of housing for our people, especially where we need larger homes for bigger families in Mother's Allowance type of case.

Also, of course, the per diems are going up with respect to the care of the aged in institutions. This is because of increased salary costs to people working in such facilities and really with increases generally, much better facilities coming into play, which is all desirable

(MR. JOHNSON cont'd) . . . . but which is costly.

I think these are the highlights. I just haven't got in front of me, and it's funny, I reviewed this at one time just when the -- I believe the Member, as I recall, last year before raised that matter of the funerals, but that was raised, I believe. That was adjusted upwards at that time. My staff are within hearing distance and maybe will put me straight on that but I think that was adjusted since we last met. The member raised it last Session, did you not?

MR. PAULLEY: I remember raising it.

MR. JOHNSON: Yes. Well, his recommendation was accepted, I believe. An upward adjustment was made, and the staff nod that this is the case, but the exact figure I haven't got in front of me. But maybe I shouldn't talk too much longer now and listen to further questions.

MR. PAULLEY: Well, if I may, Mr. Chairman, I appreciate the remarks of the Minister and he spoke of the - what was it? - the peculiarity of the three prairie provinces having relatively equal schedules under their Social Allowances programs. Of course, when we're talking of relatively equal allowances, they could be all relatively equally too darn low, so it really boils down, if they're relatively uniform are they uniformly low or are they uniformly reasonable? Of course, the Minister didn't comment on that and I suppose I shouldn't expect him to.

MR. JOHNSON: They don't eat at the hotels every night.

MR. PAULLEY: But I would like, though to ask the Minister -- he may not have caught my question as to the last time that there was an adjustment in the allowances for such items as food and clothing and other requirements of living. Now, he may not have this with him and I would appreciate receiving from the Minister the latest copies of the regulations, or at least the schedule used for the purposes of establishing need.

There's another area too I would like to draw to the attention of the Minister, that I am finding is causing a lot of concern since Medicare. Now I'm not going to go into a discussion, Mr. Chairman, on Medicare precisely, but according to the regulations as I understand them there is a base of income, a level of income under which said level a person can obtain exemption from the payment of Medicare premiums. What is it? -- \$2,900 if I recall correctly, or something of that nature. -- (Interjection) -- Yes. And this is an area I've had a number of people approach me in respect to this and I'm sure that the Minister will be aware possibly that I have taken up a number of cases with the Department of borderline cases, where the income might just be a relatively few dollars over the \$2,900 or the \$1,600, and it seems to me here too that there should be a constant review after the components that were taken into consideration in arriving at the \$1,600 and the \$2,900 insofar as these borderline cases for the exemption from Medicare premiums, and I do believe that one of the bases is that a person must be in the category of being a person or persons who could qualify for social allowances. In many cases, of course, the requirement is not really for general social allowance contributions but just simply the exemption itself. So I appeal to the Minister to take another look at this. I appreciate the fact, as he says, that his directors in concert with other directors are looking at the problems at the present time. I do want to appeal to him, and through him to those concerned, to speed up inquiries or speed up the work because, as I said a few moments ago, Mr. Chairman, the ever-escalating costs of food and clothing and shelter are adversely affecting many people who are on borderline cases at the present time but cannot qualify until such time as the over-all requirements under the Social Allowances Act are increased.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, following up more or less on the same issue, I feel that, in at least the cases that I've been asked to deal with from time to time, that there is undue delay in processing some of these applications that are coming forward and I don't know why there has to be this procrastination and repeated calls and so on, and I think if they were attended to, certainly a lot of the matters that members have to deal with they would not be called on to do. I, for one, would like to have a brochure also a copy of the regulations setting out the amounts of assistance under the various items of food and clothing and fuel and so on. Surely enough, the employees of the Department must have this in order to draw up the budgets for the individual cases, and I for one would like to get this material so that I could see for myself whether, when these cases are referred to us as members, that a proper job is done and whether a fair amount is coming to these people, whether they get their right and just share. I don't want to argue at this time that it is too low, such as the Leader of the NDP



(MR. FROESE cont'd) . . . . was mentioning. The Honourable Minister said that they were very much in line with other provinces. I have no doubt that if he says this, this is correct and I don't want to argue the point at all, but I would like to get this information as to whether the cases were attended to properly and whether they were getting their just share.

MR. JOHNSON: The regulations are a public document. I believe some members -- I passed them out to them during this Session. I'd be happy to try and get more copies and make them available to you, but it's spelled out quite clearly and I have every reason to believe they are applied fairly and I have made reference to the fact that people have the right of appeal and we do get appeals, every month at least, appealing a rate or so on. In the regulations I may give you, despitewhat's in there on housing, we're paying actual rents. It's all we can do. We have to pay for housing, accommodation for people, just what the cost is, and of course the workers do the best they can -- I mentioned that earlier. But I'd be happy to get those regulations out. The ceilings on the waivers are the same, of course, as they have been for the hospital premium group that has existed for some time, and that is the \$1,620 and the \$2,940, and I've asked the Department to try and come up with a brochure or a statement that we can make it probably more readily understood. But they are 1,620. I'm informed administering the program that the person that's on the line, 1,620, gets the -- you know, that person's in, but it's like every other program of that nature, there's a beginning and an end. But the method of determining the total income, I think the Members want to be more clear on that. That's in the regulation, but if I could get it put on a simple form for information of people it might be helpful in them understanding what it is. I'm assured by the Old Age Assistance Board that they administer this program very carefully and we have never really suggested that municipal men assist people in filling it out. What we have said was that we would certainly make forms available to municipal offices where the secretary-treasurer wanted it, and we have told our regional offices, made it public, that they can go to any regional welfare office for information to be of assistance in this program and they're doing that, and also our field staff, under the joint hospital-medical program now, are fully apprised of the rules. I filled out a couple of forms myself when I got on to it, the other day and there really isn't much -- it isn't that complicated. You really need your tax notice in some cases if you own property. Other than that, it's not very hard to write down. I would hope that we could -- as I mentioned earlier I've asked the Department and the Corporation to look at this for us.

With respect to regulations I'll try and make copies of those regulations available this afternoon. The member also asked for a breakdown of the large estimate there of \$30 million, and I can do that. The Social Allowance is up from 14.7 to 16.7; the Old Age Assistance is down from 1,135,000 to 427,000. This is because on December 31, 1969, there is no more Old Age Assistance. Disability allowance is down from, well it's marginally down to 1,319, which isn't much from last year. Blind allowance is down just a few dollars, but I'm advised that this is a lower caseload. The ward maintenance is up from 3 million to 3,499,000. This is because of increased rates to the Children's Aid Societies who place children. Vocational rehabilitation is up -- or it's pretty well the same. This is under the Vocational Rehab Agreement were people not necessarily in receipt of social allowances, who have physical and other disabilities, are assisted through this program, and municipal aid expenditures are up from 2.8 million to 4.7 million. And then of course the 16 million at the top, about 6.7 million of that goes into Mother's Allowance. The member may know these are widows where the province has a direct responsibility, those cases of deserted mothers and so on. One million is -- or 2.5 million is aged and infirm social allowance. This is cash to people who, because of age, require extra money in respect to their daily living under the Social Allowance program. About 1.5 million is Social Allowances, Unemployable, and about 4 1/2 million, as I mentioned earlier, is institutional support, support of aged and infirm in institutions; and 1.5 is aid to unorganized territory and non-residents. This is where the province really acts as the municipality where there is no other local authority, and that is, as I say, in broad parameters the breakup of that appropriation. I might just say that the Social Allowance Medicare appropriation is 3.5. This is a little high, but this is because this covers the drugs, the dental, the eye glasses component for the social allowance recipients. One of the major things here is under the -- and this also covers prosthetic and orthoptic devices not directly related to the formalized social allowance medicare benefits in this appropriation. And a guesstimate, a very round guesstimate of dollars was left in here because of the fact that I mentioned earlier, that the department, together with the university of Manitoba and the federal authorities and the medical profession, are studying a scheme whereby the services of medical

(MR. JOHNSON cont'd) . . . . students and interns in residence - you know, some graduate positions - as part of their training would possibly be available to northern areas, and this would cover other than the medical component.

Now I mentioned earlier - and I don't want to . . . . . anything too specific here because the Federal Minister has called a group of consultants in, as I mentioned - to study how we might best do this. We had to have monies set set aside, and this is a guesstimate as I say, not for the medical fees which would come through the Corporation but for the transportation, you know, the other inputs that would go into this program in terms of getting the people there on a basis. So all ancillary costs of such a program, we had to put an estimate somewhere in our appropriation to cover this matter and it was placed in here, and questioning the accountants they tell me it's pretty hard to estimate just what this will cost so they put in a fair amount, and we'll have to see how this goes.

But part of this program has already started. We're in the university, and through our incentive program we've been fortunate to get a doctor at Churchill, and the university have been up and have been working closely with the doctors and members of the medical profession in deciding just how they're going to carry this on in the future. So it looks like it could be a very worthwhile program. I certainly hope it will be because this is one way -- I feel that no input there is going to be truly meaningful unless it's done on a continuing and regular basis and we get the confidence of the community that they are coming in on a regular basis. I think that we really need the university input into that to do this because you just can't give small remote settlements the kind of continuing care that we would like. I just thought I would mention that long appropriation so that members have some idea of how that sum of money is spent.

MR. PAULLEY: Mr. Chairman, I appreciate the remarks of the Minister, and may I say to him that dealing with the question of the regulations and the availability, he is so right, I have those but I'd still like another copy anyway. Am I correct, and possibly those up above could indicate whether I'm correct or not, that insofar as the method or the amounts of income and assets taken into account for exemptions for Medicare and for hospital premium exemptions, there is a difference in the allowance assets between the two. Maybe I'm wrong, but if memory serves me correctly, the allowable asset insofar as hospital exemption is concerned amounted to about \$1,000 for a single person, and I understand for Medicare it's 350. Now I can be in error and I'm sure that I will be corrected if I am.

The other point dealing with the question of the regulations - and as the Minister says they are available - but my major point in raising the question of the components of the schedule, notwithstanding the fact that we have the regulations, is changes being required to be made, at least in my opinion, in those amounts and the issuance of new regulations to take into account the additional costs of living today. The Minister did say that the directors were taking a look at all of this in uniformity together with the three prairie provinces. I reject what my friend from Rhineland said, that I was just saying arbitrarily everything was too low. That's not my point at all. I want to make sure that they're adequate, and in many cases I don't think that they are.

I would like to make one further comment, and I agree with the Minister that insofar as the payment of housing accommodation is concerned the regulations I do think say \$65.00, and the costs are going up, but the Minister assures the committee - if I understood him correctly - that actual rents are being paid and have been paid which of course is above those in the regulations. It might be, Mr. Chairman, that I suggest again, as we have in this corner in the past, that it might be opportune for the government of Manitoba to possibly change its mind and establish a rental review board so that the government itself in payment for rental purposes have the opportunity of reviewing the rents that they have to pay. Now I don't know that this has been done. I've had no indication given to me that the department has questioned really the raising of rents for whom they pay the rent.

So it might be a suggestion for my honourable friend to take under consideration, as he is now the Minister of course charged with the responsibility of housing to some degree, and it might be opportune for my honourable friend to create a rental review board, not only for the recipients of social allowances of course but for all of those that are in the unfortunate position sometime of being at the mercy of rental scalpers, and I'm sure that the Minister would agree with me that there are such people in the Province of Manitoba. While I'm not asking or suggesting at the present time a direct rental control per se - and I understand

(MR. PAULLEY cont'd) . . . . incidentally, Mr. Chairman, this is being done or processed to some degree in Ontario - but it might be advisable to start with a rental review board so that people may be wary of what is likely to follow if we find that rents continuously go up without rhyme or reason.

MR. CHAIRMAN: The Honourable Member for Elmwood.

MR. DOERN: Mr. Chairman, I wonder whether the Minister could give us some idea of what kind of program the Department of Health and Social Services has in regard to rehabilitating men who have been in our jails. I'm thinking of from the time they are still in the prison system to the time when they are just coming out and attempting to make some adjustments. I think the department has established a half-way house, which is apparently rather small, and I wonder whether we could get some information on that.

Also, it has been frequently mentioned that people who come out of prisons, after having served some time, come out with no money in effect and this apparently presents a considerable problem; namely, a man in effect is thrown out on the streets with a dollar, or whatever the amount is that he is given, and then has to sort of start cold. So I'm interested in the department's philosophy in this regard and also what practical steps they do take.

Another matter of concern in regard to this is the question of does the government attempt to assist the families, for example, of men in prisons to hold the family together while the man is in prison, and then to assist them when they come out.

The other day I spoke of the question of sex in prisons, and I might say that since that time I received some information from the Saskatchewan government by phoning the Minister of Welfare there, because it was pointed out to me that this very question of wives visiting men in prison was in fact being accomplished in our sister province. I wonder whether the Minister is aware of that program and whether he has any thoughts of introducing a similar program in Manitoba. Apparently the Saskatchewan Government has attempted to tackle the problem of family breakup while the man for example is in prison. They've attempted to maintain and hold the family unit together by allowing the wife and family of a prisoner to visit certain prisoners while they are in jail. This was established first as a pilot project and now has proved so successful that the government is expanding the program. It started out eight months ago in the Correctional Centre in Regina and is now being expanded to the Provincial Prison in Prince Albert. Apparently what they have is they have a duplex on the prison grounds with a couple of units, complete household units, and that on a selective basis done by the social workers and qualified prison personnel, they select certain prisoners that they feel it would be beneficial to in terms of their rehabilitation and allow their wives and families to come in and spend an evening or a weekend with the prisoner. If it's a younger prisoner it may be his parents who are allowed to come in to stay with their son and to try and keep the family unit together. So this is the Saskatchewan program which I think is very progressive and apparently unique in Canada, if not in North America. So I would like the Minister to attempt to tell us what measures he is taking to attempt to hold together the families of men in prison.

I'd also like to just raise another point in passing, Mr. Chairman. Every now and then people seem to come up with cases of children without parents who are handled, say for instance by the Children's Aid Society, who are moved around a great deal, and I just wonder if there is any sort of rule of thumb or general policy in regard to the number of times a young person can be moved. For example, I was told by a person recently that in reference to a 19 year old girl who had lost both her parents at age 9, that she had been moved around some 20 times in the past 10 years, and you know undoubtedly if this is true - and I only cite it as an example and maybe a rare example - but if it is true, I think it would be most unhealthy for a young person to be moved so frequently. I'd like to know what some of the factors are involved, whether it's a question of it's felt not to be desirable for some of these young children to stay too long with somebody or whether the department, for example the Children's Aid, has a policy of rotating young people in this predicament every so many months or years, because I've heard of cases like this and I'd like to know whether they're rare exceptions or given a 10 year period whether they are not that uncommon.

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

MR. DESJARDINS: Mr. Chairman, I was going to ask the Minister first of all if he thought that he'd have any surplus, was he going to save any money in this department at all. I don't care where, but I was going to suggest that next year he buy himself a microphone or

(MR. DESJARDINS cont'd) . . . . whatever you call it so we can hear him because - a megaphone - because it's quite difficult to hear him. -- (Interjection) -- I'm very glad that you can't hear me, I'm sure you're listening very carefully.

Mr. Chairman, I rise now I think on a question very very important, and I would ask the Minister -- I want to make a suggestion to the Minister, or a request from this Party and from myself, and I hope that the Minister could co-operate with us on this because we feel that this is to the benefit of the people of Manitoba. I'm sure that if I was to ask the Minister, are you interested in seeing this Medicare plan work, that he would, without any hesitation, he would say yes. I'm sure that if I asked the Minister, are you going to do everything possible to see that this works, again he would say yes. And will you listen to our suggestion, and if they are of any merit will you follow them, will you accept these suggestion, and again I'm sure he would say yes.

Now my suggestion is this - and I don't want to make any accusations at all, but this is something that we've talked about a few minutes ago. We didn't elaborate too much, but something has come up to my attention since then and we probably just have a few more minutes on this estimate and then it will be too late. But I would like -- I'm talking now about the situation in Brandon and in Thompson and in such places where all the doctors are opting-out. Mr. Chairman, I say to the Minister that it is dangerous and it is serious, and the seriousness might be - and I hope it is only a misunderstanding, a lack of communication between the citizens group for instance in Brandon and the doctors - but from some things that I've been told, there certainly is a misunderstanding and it is at a dangerous point. I wish to advise the Minister - and I'm not blaming, we're not blaming the Minister at all - but we want to inform him that it is a dangerous point; we've reached a dangerous point, this lack of communication, the accusations that are going back and forth. Some of the things I've heard I hope are not correct, but if they are, it is sad and it is dangerous and the plan will not work.

Now I don't want to go into too many details; it would not serve the purpose. I don't want to have one group going against the other group, but I'm suggesting this: I think that the MMA are holding a one day conference in Brandon. I would ask the Minister if he really - and I know he's sincere, he wants this Plan to work - I would ask him if he could promise me right now that he will send somebody from the Corporation to investigate, to try to bring the two groups together to try to rectify, to change the misunderstandings that are now existing. It wouldn't be too difficult, Mr. Chairman, and I think that the Minister will be sorry if he doesn't accept the suggestion. It wouldn't be a costly thing. He can send somebody from the Corporation, the Chairman if need be, to Brandon to have a talk, to make sure that the doctors in Brandon understand the situation and also to make sure that the citizens' group in Brandon understand the situation, and if at all possible, get the leaders of both groups together.

I don't want to elaborate. I could stand here and say some of the things that the doctors are accused of, some of the things maybe that the citizen members are accused of. I have no proofs. I don't think that I would serve any purpose, any good purpose anyway, by even stating some of these supposedly wrongs that are being committed, or misunderstandings. Again, I'm only asking the Minister, I'm only asking the Minister to send somebody there this weekend. Even if nothing is done, even if I'm wrong on all counts, I think it would be well worth it, Mr. Chairman. I just feel this is an occasion now, this plan has been in effect for a month or so and the Minister knows, I know, all the members of this House know that there is indeed a problem, that we have to meet this where we have a situation in a town where 100 percent of the doctors are opting-out. We don't want to force the doctors, or I would say, speaking for myself, I do not wish to see the doctors, to force the doctors to opt-in. I don't think that this would be right. I still feel that this plan can work if everybody plays ball, if we all co-operate. I've said that many times, that we must all co-operate - the legislators, the citizens and also the members of the medical profession.

We can go there, the Minister can send somebody from the Corporation that will -- I'm sure that if he'd request, if he'd get on the phone today and talk to the members of the MMA, I'm sure that they would set aside a period during the day to have a talk, a private talk with the Chairman, where they can go into all aspects of this. And then I'm sure that the citizen members, the committee of citizens would be only too willing to meet with him at any time, during the middle of the night if need be. If this is done, if we act in good faith, without accusations, without starting a war between the two groups, I'm sure that the Minister --

(MR. DESJARDINS cont'd) . . . . or the Minister's representative, the member from the Corporation, can get the two groups together and I would hope, and I would venture to say that probably 90 percent of the misunderstandings will then be cleared up immediately.

So, Mr. Chairman, I haven't insisted on answers too much, but on this, before 5:30 I hope the Minister can stand up and tell me that this will be done. No conditions attached; I'm not suggesting to them how they can act, what they should do; I'm just suggesting that this is important enough, that it's worth it if we feel that we can solve anything. I'm requesting the Minister to send somebody from the Corporation to Brandon this weekend to see if something can be done, and I think that an ounce of prevention in this case will do an awful lot to get this plan started the right way with everybody co-operating, and I hope the Minister will see fit to answer me.

MR. JOHNSON: Mr. Chairman, with respect to the member, I just want to say very briefly that that I understand is a business meeting of the Manitoba Medical Association in Brandon on Saturday. I'm not able to attend; I have other public duties elsewhere.

A MEMBER: You're not going to a certain convention over the weekend are you?

MR. JOHNSON: Yes, I'm going to a municipal convention to explain some of the measures that we've been doing lately here. If I get my speech written I'll give you a copy of it. -- (Interjection) -- No, I want to attend that meeting in connection with the premium collection system that we've been talking about, to meet with the municipal officials. So I won't be able to go but I'll take the matter up with the Corporation. As you know, the Chairman did spend - the members of the Corporation and the Chairman - spent one evening with the physicians in Brandon and the President of the MMA just before the plan came in, and I'll certainly take this matter up with the Chairman of the Corporation.

With respect to rehabilitation of prisoners - the Honourable Member for Elmwood - of course our whole program will be under the department hopefully to do everything possible with respect to the rehabilitation of prisoners. I think available training and employment opportunities to assist them is one of our prime functions, and of course this includes counseling and really our people feel assessment and developing of an individual plan for people who are in prison. As you know, when people are in prison and don't have resources, the needs of their families are met through municipal and provincial assistance programs and the social allowance programs.

I think probation is -- I might point out that they told me of 490 probation cases closed during the 12 month period the 1st of November, 1967 to October 1, 1968, 454 probationers - 92.6 percent successfully completed their probation periods. They took a month in October and told me that of a total under Manitoba Probation Service - these are adults - of 325 on probation, 257 were employed and average earnings of 73,000 a month. So you know probation, job opportunities, counselling, assessment of individuals is of course our main rule.

I have no rule of thumb whereby young people can be -- as to the number whether this is a major problem. I'd have to consult with my staff, but obviously this is a very -- I'm sure every society does its best to keep moving people from one situation to another. This is the whole objective of their program, I'm sure, but I could get more accurate information on that point.

MR. DESJARDINS: I wonder if the Minister would -- the Minister was kind enough to say that he'll take this to the Corporation. I know that there must be somebody in the gallery listening to this. I wonder if the Minister could give us an answer this evening because I don't think we'll be sitting tomorrow. Could we have an indication if somebody will be sent there for the weekend by this evening? I'm sure that could be done easily enough during the supper hour. I think this might have a bearing on what more we wish to contribute in these estimates.

MR. LYON: I wonder, Mr. Speaker, before you call it 5:30 if I would be permitted to make a short announcement concerning House business. I believe there has been agreement - I know there has been agreement among the whips of the parties that the House would not be sitting tomorrow because of other important events that are taking place in the Province of Manitoba, and of course I'm making reference to the convention in Dauphin of the Urban Association, plus another smaller convention that's going on and starting in Winnipeg. But for the sake of the record, apparently there was some in doubt about it or some who hadn't heard of it, and I thought it would be worthwhile to mention that there was agreement that the House will adjourn tonight at 10:00 o'clock and will not resume sitting again until Monday afternoon.

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