Legislative Assembly Of Manitoba

DEBATES and PROCEEDINGS

Speaker

The Honourable A. W. Harrison

Volume IV No. 30A February 29, 1960 2nd Session, 26th Legislature

Printed by R. S. Evans, Queen's Printer for the Province of Manitoba, Winnipeg

MR. JOHNSON (Gimli): Mr. Chairman, Item 2 (a) one million four is made up of -- last July 1st a general pay increase was given by the government and in a large institution like this, 40-hour week and so on, that accounted for $77,000 of the increase. The other increase is in statutory increments and the other reason for the increase is the establishment of actually 30 new positions. I might explain that. In my introductory statement I pointed out that we were instituting a nursing program, a teaching program in our three hospitals and in your review of activities on page 6 it shows the acquisition of eight people as being brought on in the past year. These eight people are the eight new positions which went along with the establishment in the three mental institutions of this program. It meant a Director of Nursing Services as of last October 1st at Brandon, Portage and Selkirk and two Nurse IV positions at Selkirk and Portage. Brandon was pretty well up to strength except for the one director of nursing and we have an overall nursing supervisory service for seven days a week during the three shifts per day on the basis of the 40-hour week. So in this Brandon increase of these numbers, actually 13 of these new positions are for Attendants II. These are male nurses -- to qualify them for Psychiatric nursing and establishing 13. This will bring us up to the recommended ratio of about one nurse, psychiatric nurse, to every seven patients in the Brandon Hospital. Some of the other positions there are for clerk-stenographers; the two junior medical residencies are in there; the three new social worker positions; seamstress and occupational therapy instructor II and a medical technician and two clerks. This makes up the increase in the Brandon estimate from one million two to one million four.

The other question as directed by the Honourable Member from St. John's, Mr. Chairman, does this -- as I interpret it, did this increase, and from what I said in my talk -- did this mean the government this year was going to be instituting the community psychiatric services. As I pointed out I think quite clearly in my remarks, the first step in this program is the idea that we first of all need the people in order to carry out such a program. We just have not got the necessary number of psychiatrists, psychologists and social workers to do this. I reiterated quite clearly I think, that we're doing everything possible to get on with this. I don't think the setting up of regional clinics will be too big a problem once we get the key personnel. I think we can utilize certain beds in certain centres throughout the province in order, as psychiatric beds the same as in our General Hospital and I think I pointed this out in my talk and our object as I said, the course is charted; we know what we want and we hope to get on with it as quickly as we can.

MR. CHAIRMAN: 2 (a); (b) passed; (c) passed; (d) passed.

MR. GRAY: Mr. Chairman, the answer to (c) now would cover up all the other items, similar items. Are you charging the nurses for their board and room too, or just the other employees?

MR. JOHNSON (Gimli): For board and room?

MR. GRAY: Less board and living accommodations supplied to employees. Do you consider a nurse an employee as well? In other words are they getting it free? They should in my opinion.

MR. JOHNSON (Gimli): What does he mean by nurses? The psychiatric nurses in training receive a stipend of in the first year of $1320 and $1620 up to $1800 in their third year from which for board and room is deducted $300 a year -- for board and room, to the nurses in training.

MR. GRAY: In training, not the graduated nurses?

MR. JOHNSON (Gimli): Well the graduate nurses -- the reason this is down a little bit is that a lot of them are eating -- more of them are eating out than there were last year. I was just looking for the charges that we make -- they're very modest. The maintenance rates in the institutions in the Department of Health and Public Welfare are per annum, 1 meal per day, $ 5.00 a month; 1 meal and a snack on night duty is $ 7.50 a month; two meals or room $ 10.00 a month; $ 15.00 for three meals or room and 1 meal; and $ 25.00 for room and board -- that's full maintenance. These are the charges to the staff at these three institutions.

MR. CHAIRMAN: (d) passed; (e) passed; (f) passed; 3 passed; 4 passed; 5 passed; 6 passed; 7 passed; 8 passed; (b) health services.

MR. PAULLEY: Mr. Chairman, I understand the Minister was going to make a statement on the health services under this item, or was that in his general ...

MR. JOHNSON (Gimli): Hospital services.

MR. PAULLEY: Oh, I see.

MR. CHAIRMAN: (b) 1 and 2 passed.

MR. PAULLEY: ..... this might be a little facetious. I wonder if the Minister would consider the question of in environmental sanitation that it might be a darned good idea, or it might be a good idea, excuse the darned, it might be a good idea to supply the members with ash trays because I'm sure that sometimes after we've been in Committee a little while that a proper sanitation officer wouldn't pass the state that the legislature or the assembly gets itself into as a result of butts, etc.

MR. JOHNSON (Gimli): Mr. Chairman, I think the Leader of the CCF better watch that, I've noticed this front row over there lately. It isn't too sanitary looking but if we go at this rate I'm sure we'll keep up the sanitary conditions of the House.

MR. CAMPBELL: I think Mr. Chairman, if we could encourage some of the members to smoke better cigars, it would help a little bit too.

MR. JOHNSON (Gimli): Or quit smoking, Mr. Chairman.

MR. R. O. LISSAMAN (Brandon): Mr. Chairman, just so long as they stay on this side, we don't care too much, I don't think.

MR. GILDAS MOLGAT (Ste. Rose): Mr. Chairman, on 2 (a) that's environmental sanitation salaries. Did I understand the Minister correctly to give us the figure there as 39?

MR. JOHNSON (Gimli): Oh, yes, I can clear that up quite easily. Last year it was the same -- (Interjection). -- Well it was a mistake if it was because I have a note here. I checked that up -- I looked that up. Last year there were supposed to be 39; this includes the federal and provincial employees. It's the same this year. Nineteen are the responsibility of the Province of Manitoba and 21 of the Government of Canada -- that is we claim their salaries under the federal health grant. And this was the same last year and the only increase here is in salary increments. I did check that because I notice the discrepancy in what we had in here this year from last. It's just that there are two columns; there is the provincial employees and the federal.

MR. NELSON SHOEMAKER (Gladstone): Mr. Chairman, they were passing the items so rapidly there that I couldn't whip the pages over fast enough here and I did want to ask the Minister if he doesn't mind at this time -- and I'm under 7, just above that -- maintenance of mental defectives outside institutions -- now just what program is there under that item, if you don't mind?

MR. JOHNSON (Gimli): Well, this is the item which is broken down really into, this is the maintenance of mental defectives outside institutions. In this item under health, we maintain about 72 patients outside of institutions -- these are mental defectives -- and there are really about a hundred -- the reason this is down a bit is because under the welfare program we were able to transfer a number of these who were not in institutions of any kind but in foster homes with the welfare department, and they are reimbursed 50% by the federal government and that was our reason for shifting these out. I can break it down in that these are largely cases where the provincial psychiatrist certifies the child as a mental defective and the parents wish to maintain the child at home and as we know we are short in this accommodation but in most cases we are requested to make a small grant toward the maintenance of such children. For instance, 43 of these children are at the St. Boniface Sanitorium where the rate is $4.15 a day, that comes out of this appropriation; seven are at the Home of the Good Shepherd; a few are placed by the various Children's Aid Societies -- through them; and the Mennonite Benevolent Society, there are two or three there. Under this appropriation 72 of these children are cared for. The way we have broken it down is when they are placed by one of our societies or in an institution, they come under the Department of Health. Those that are placed in foster homes under the Director of Welfare are paid out of welfare appropriations; and of 140 children so maintained, 72 are in this appropriation.

MR. SHOEMAKER: Mr. Chairman I wonder, is there anything presently being done for

(Mr. Shoemaker, cont'd.) ... the mental misfits, if you want to call them that, that are living with their parents at home, or are they presently qualifying for total disability? In some cases no doubt they are -- total disability. I know in my own constituency, for instance, there are probably a dozen that are just not bad enough to be taken into an institution but for some reason or other they don't qualify for total disability pension either, but they do need some assistance. Now, maybe I should be talking about this under social allowances.

MR. JOHNSON (Gimli): I think I can clear it for the honourable member. These are children where the provincial psychiatrist has certified that they could qualify for institutional care, where we have not got the facility -- in many cases where the parents would rather keep them at home, and just wants some money towards their maintenance, we give say $35, $30, $40 a month to the parents looking after that child at home -- defective child where there is the need. The others as you see were mostly placed in institutions. Now under the welfare program I think I could enlarge on that more fully at that time .... I have the story now if he wants to hear it but ....

MR. SHOEMAKER: Mr. Chairman, perhaps if I get an answer to this one question, it will clear it up for the time being anyway. Can a parent of a child apply for an examination by the provincial psychiatrist and the provincial psychiatrist will then go out to the home and make his report back and thus qualify them for some consideration? Is that possible?

MR. JOHNSON (Gimli): Yes, I think if the child was taken to any of our out-patient department clinics at the three mental institutions the child would be assessed and a report given, and should help be required in maintaining the child in his own home and that's the wish of the parents and we can help, they could possibly qualify under this or under the welfare appropriation.

MR. FROESE: Mr. Chairman, I would like to ask a question under Item 8 if I might be permitted -- Does the amount go to schools who take care of the retarded children or who receives that money?

MR. JOHNSON (Gimli): I didn't get that question -- who receives this money?

MR. FROESE: Yes under item 8 -- does that go to schools for training retarded children?

MR. JOHNSON (Gimli): Well the maintenance of children outside of institutions is the item of -- the $ 63,000 is the money given to parents or to institutions under the health appropriation to maintain mental defectives. The next item 8 is the one that I think the honourable member is talking about. That, as you know, is up from 30 to 60 thousand this year. This is made up of -- this is where we have 226 children now qualified for a grant from the provincial government under this program, and three changes were made this year. We increased the grant from $15 a month to $20 a month over last year; we said that a minimum class enrolment could be lowered from five to three children and it's accepted that the present grant of $20 per child be given on the basis of one-half days attendance equalling a full day, and that a full days attendance would be equal to two days. This is an improvement. And thirdly the full grant paid for each child whose monthly attendance is 85% or more of the possible days. At present the grant is given on the basis of the actual percentage of attendance. Now this came about as a result of a meeting on two occasions with the Association for Retarded Children and their pointing out to us their increased costs and their request for the $20 per month. The reason for this increased appropriation is made up of the increased grant and the increased number of children now attending day school throughout the province.

MR. CAMPBELL: Mr. Chairman, I gather that -- are we now on environmental sanitation?

MR. JOHNSON (Gimli): I think so, Sir.

MR. CAMPBELL: Have we not yet reached environmental sanitation? -- (Interjection) -- I think we were and then went back to another one. What I was going to ask the Minister if it comes under this item -- and I believe by the review of activities that it does -- is the question of fluoridation in water? -- (Interjection) -- Yes, the same policy -- but I was going to ask the Minister if in his department's opinion -- I think it would be better to ask the department's opinion rather than his own because I don't suppose he wants to give a sidewalk technical opinion -- in the department's opinion have any of these areas had the treatment of the water a long enough time to assess the benefits or otherwise? Or to put it still more simply, is there any

(Mr. Campbell, cont'd.) ... consensus of opinion in the department and in the areas concerned as to the benefit of the treatment?

MR. JOHNSON (Gimli): Mr. Chairman, I am not right off the top of my head able to give the categorical answer, I don't think, to the Honourable Leader of the Opposition, but certainly I think my offhand opinion -- I would like to get the answer and communicate it to him -- but my offhand opinion would be that no, I don't think any survey has been conducted or I haven't had the opinion expressed as to its proven value in the cases where it is. I noticed something, I saw a figure the other day where over half of our municipal water systems now have the fluoridation. I think it's in my review of activities there. But certainly it's endorsed by all the health authorities across the country, and as our policy is with qualification we recommend the fluoridation of water supplies.

MR. CAMPBELL: ..... it would take several years before any sort of a considered opinion even based on a survey could be considered to be authentic, wouldn't it? I'm not pressing the Minister for a personal answer because I would think perhaps it is difficult.

MR. JOHNSON (Gimli): I would agree with the honourable member.

MR. PAULLEY: Mr. Chairman, might I ask the Honourable Minister if he has had any delegations of recent months protesting the continuation of the fluoridation of water?

MR. JOHNSON (Gimli): I have the continued sustained mailing list, I think Sir.

MR. CHAIRMAN: 3 (b) passed; 2 passed.

MR. MOLGAT: Mr. Chairman, on 2 before we leave that one. Do I understand correctly then that last year's estimates, the ones we passed here in June where they said salaries -- 29, that that was not correct?

MR. JOHNSON (Gimli): It should have been 39, Sir.

MR. MOLGAT: It should have been 39 in June?

MR. JOHNSON: I could break it down for the honourable ....

MR. MOLGAT: No, no if that's the explanation, that's fine, because if it wasn't then I would wonder how we could hire ten more people for an extra $4,000 salary, which would be quite a feat in itself. However what additional duties has this department taken on because in the estimates for the year before that the ones passed here in February, 1958, there were 11 people on staff and now two years later, there are 39. Now what is it that they're doing so much more all of a sudden?

MR. JOHNSON (Gimli): I think, Mr. Chairman, this is -- I don't think over the years that the liability of the Government of Canada has been included with the other estimates so I would compare the 11 of two years ago with the 18 of today. This is the fact and the truth of the matter and I think in the past most of these appropriations just show the provincial liability in giving the numbers of people involved in these departments, and I put the total number of people employed under environmental sanitation -- the real figure is the 39 -- but the provincial liability here is 19, the same as last year. Remember last year I think we had the bedding and upholstering inspection services added in the last two years and a sanitary inspector, an assistant sanitary engineer. I remember the Provincial Sanitary Control came in two years ago or a year ago; then we had temporary employment in the summer on the swimming pool instructors to go out and check on our swimming pools in the summer months. These are worthy ....

MR. MOLGAT: Then there are included in this 39 some federal people, is that correct?

MR. JOHNSON (Gimli): Not federal people but salaries we claim through the Federal Health grant.

MR. MOLGAT: I see, well then should there not be a recovery item there from the Federal?

MR. JOHNSON (Gimli): Well they're fully recovered and therefore not shown in this estimate. I should have given you the figure of 18 as a provincial liability. Do you understand?

MR. MOLGAT: The other 21 or whatever it is are paid for completely by the Federal people?

MR. JOHNSON (Gimli): Yes, we ...

MR. MOLGAT: ..... they're doing work for ...

MR. JOHNSON (Gimli): Yes, we attempt through our grant structure to claim as much as we can through Federal funds but we can only claim 75% of most of these appropriations in salaries.

MR. CHAIRMAN: 2 passed.

MR. PAULLEY: Mr. Chairman, does the Bureau of Food Controls still come under this item? It used to be a separate item. Does it come under this particular item and has the Minister any comments? I noticed two or three press reports within the last year of investigation into some sort of poisoning at banquets and the likes of that, and I wonder if the Minister has any comment on it?

MR. JOHNSON (Gimli): No, I have no particular comments, Mr. Chairman, the department's coming along quite well. As you know this department has quite a large territory; it is the consulting service and inspects the hotels, pasteurization plants where we give a license, bake shops, restaurants, bottling plants, food plants, slaughter houses in the country, poultry processing plants and as you know, the Federal Department of Agriculture does the animals and packing plants and sets standards in all food lines. The Federal Government again controls manufacturing of food, canned products, and labelling. I can't recall it having been brought to my attention that there was any very serious outbreaks of staff poisoning or anything that I can record with the committee.

MR. CHAIRMAN: (a) to (d) passed; 4 passed; (e) Grants (1) (2) (3) (4) passed.

MR. FROESE: Mr. Chairman, ...

MR. CHAIRMAN: The Honourable Member for Rhineland ...

MR. FROESE: Mr. Chairman, could we have an explanation under (e) (4) Grant to the City of Winnipeg? What does it constitute? What is it being used for?

MR. JOHNSON (Gimli): This constitutes a 50 cents, isn't it, per capita grant in lieu of the establishment of a Health Unit in the Greater Winnipeg area. They get this grant in lieu of a Health Unit. There are no health units in the Greater Winnipeg area and I think this is on the basis of 50 cents per capita if I'm not wrong. To allay the committees fears on the grants to the Canadian Red Cross, $5,000; this again was the negotiations which were carried on between the Canadian Red Cross Society and the government and the Hospital Plan in the past six months. We are one of two provinces in Canada where the Canadian Red Cross conducts the grouping and matching program of blood for the hospitals of the province; it's done through a central depot in Winnipeg here and when it started out before the Hospital Plan came in the provincial government used to give $35,000. That was cut back to five last year and this year the Commissioner informed me that he could claim 50% from Ottawa on any grant which he gave so we took full advantage of that and deleted that from this item.

MR. CHAIRMAN: (f) ...

MR. GRAY: ....would he permit me to -- I overlooked, I'm sorry, I was thinking about something. 3 (4) -- Contingency for Epidemics -- $20,000. Do you think that this is -- taking into consideration that in 1958, there was $107,000 spent -- do you think that the Epidemics are so well in hand that $20,000 would be sufficient?

MR. JOHNSON (Gimli): Mr. Chairman, that's the advice that the Epidemiologists gives me and the Deputy Minister of Health, and what we don't use for epidemics we have been able to make use of this money for equipment for polio home-care patients under this item, and for the servicing of this equipment in the homes of these people. That's really all I can say.

MR. CHAIRMAN: (f) (1) passed ...

MR. PAULLEY: Mr. Chairman, I'm not going to discuss with the Honourable the Minister of Health, the question of cancer treatment. As the committee well knows, we have a resolution I'm sure that will receive the unanimous support of the House when it's finally dealt with; but I would like to ask him in respect of No. 2, under Cancer Treatment, recoveries re Hospital Services Plan. Does this pertain to a recovery on the out-patient treatment of cancer or what exactly does it refer to, this recovery through the Hospital Services Plan of $136,000?

MR. JOHNSON (Gimli): When the Hospital Plan came into being, in order to apportion certain costs towards the in-patient care in these hospitals, it was thought that only about 15% of the cancer treatment facilities at these two major hospitals could be included as a shareable item with the Federal Government. But that has climbed to 27% in actual fact, and that estimate of 27% was given to me by the Commissioner in reviewing his budget before the estimate was put in. That is, he anticipated -- this means that the Plan is able to -- feels it should cover a greater percentage of these from 15 to 27% increase, in the number of, in the overall cost of running a hospital. I hope I can make this clear. Well, these hospitals both have -- these foundations

(Mr. Johnson (Gimli) cont'd.) ... have the radioactive isotopes, radium, the biopsy service and all this sort of thing in these two major centres. And the cost of operating these units is so much money -- say it's $100,000. The Plan thought that about 15% of that cost of operation within the hospital would be its responsibility and therefore would include it in the hospital budget. Do you see what I mean? The Federal Government shares 50% in the cost of all treatment given to in-patients by the Foundation, and the original estimate was that about 15% of the Foundation's budget within that hospital would be given to in-patients, not out-patients. So this climbed from 15 to 27 in our experience. This was a guess, this 15% originally, and the actual figure is 27, so the Plan is able to cover $136,000 last year compared to -- included in their budget. The foundation gets this $136,000 from the Hospital Plan for the services they render to the Plan's patients rather than 10.7. So when the Foundation -- it's really just a bookkeeping thing. The big feature about it is we get 50% back from Ottawa on everything the Plan indulges in this area, and the actual percentage, for instance radio therapy to in-patients, the cost was $85,000 this year which is the 27%; radioactive isotopes $28,000; radium service $6,000; radiation protection $16,200; but I mean that comes to $136,000. This is the 27% of the Foundation's expenses in the hospital. This of course meant that our provincial contribution would have been down approximately $30,000. However, in reviewing the budget with the Cancer Foundation Board, they submitted the things that they wanted to do. Nothing was cut back on but a few savings were realized. For instance last year we put $35,000 into a re-charging of the Cobalt Bomb at the General Hospital. This year we can do the same thing at the St. Boniface for $5,000 less, so we saved some money there. The biopsy service is now largely going to be taken over with federal sharing. The things that increase the plan were another isotope officer, another part time technician, statutory increments, equipment in radiation physics, and the covering of biopsies in doctors' offices. This all tended to offset the $30,000 which was taken over by the plan in keeping this only a few dollars short of last year.

MR. PAULLEY: Mr. Chairman, it seems that the recoveries from the Dominion of Canada are less this year than they were last year. Is there an explanation for that? And one other question, if I may. What proportion does the Government of Canada pay, if any, in respect of out-patient treatment for cancer?

MR. JOHNSON: When we come to the item on hospitalization I think you will see where there's more participation this year by the Federal Government in out-patient procedures than there was last year — a considerable item here. But the recoveries are down under cancer treatment because we can claim only 50% of our actual expenditures. If our expenditures are down a bit we can only claim the matching grant

MR. PAULLEY: ..... do less in respect to cancer treatment this year than formerly was the case?

MR. JOHNSON (Gimli): We are doing more this year than we ever did before. Mr. Chairman.

MR. PAULLEY: And yet receive less grant which is a matching grant?

MR. JOHNSON (Gimli): Well actually so much more has been taken over by the plan. It's just two of one and two of another, but the cancer program is greatly -- the Foundation is actually doing more now than they ever did before. They've now extended biopsy service to doctors' offices throughout the whole of Winnipeg and rural Manitoba. We have this increased number of people in radiation physics -- a radiation protection program and an isotope officer. We're getting more money through the plan and they in turn are getting more back from Ottawa through the plan. Maybe I'm making a simple problem difficult but -- (interjection) -- last year you'll notice we recovered $183,000; this year the estimate is $168,000, but the Deputy Minister put a sign here -- this is a guess on what we expect because we will only get 50% of our expenditure in this regard.

MR. PETER WAGNER (Fisher): Mr. Chairman, who are the people that qualify for free treatment of cancer? What assets do they have? Strictly indigent or they can own a farm and qualify for treatment of cancer? It's under (f) (1).

MR. JOHNSON (Gimli): Well I thought, Mr. Chairman, I said a few words on that the other day. I know what my honourable friend means. If a person comes or says that they're not -- no one is denied cancer treatment in the Province of Manitoba -- nobody. If they feel they can't pay a private phsycian and have no means, and go to the University Clinic at the

(Mr. Johnson (Gimli) Cont'd.) ... Winnipeg or the St. Boniface Hospital they will receive the very best in diagnostic or any surgical care that's required plus the facilities of treatment rendered free of charge by the Cancer Foundation; plus their dressings; plus any chemotherapy or drugs they may require. They are now given through the Cancer Foundation's auspices. This is one of the items that you were voting on but the honourable member knows as well as I do that -- I hope -- that any patient from his area or my area in Manitoba who is diagnosed by the family physician in town can be sent to the Cancer Foundation and the Cancer Foundation will look after the diagnosis or have that looked after -- surgical care plus the treatment through its facilities. I feel that, as we said in our talk, that comprehensive care is available to those who can afford a premium through a doctor sponsored plan or some other plans, but certainly if anyone comes to this Cancer Foundation and fears cancer, or he comes in with a diagnosis of cancer by a physician in the province, they are looked after through the auspices of these two University Clinics.

MR. CHAIRMAN: (f) (1), (2), (3) passed. (g) (1), (2), (3) passed. (b) (4) (a), (b) passed.

MR. CAMPBELL: Mr. Chairman, on the tuberculosis services in general, this is one place I'm sure that the Minister is very pleased to be able to report a decline in the services necessary because there just aren't as many patients. Actually the decrease in the total expenditure seems to be comparatively small though. I had understood that the situation was so good that some of the hospitals had been actually closed and that others were far from being as full as before, and yet there's not a major decrease in the item Treatment and Control, is there? Is the decrease not as big as we had thought?

MR. JOHNSON (Gimli): No, because when the number of patients go down the cost per diem goes up on the patients who are left in the institutions. That is the difficulty. Now last year -- year before this, that's '58, there were 788 admissions to the sanatoriums and this past year 600 -- (Interjection) -- Yes, in fact I can give you the exact figures. The bed occupancy in December 31st, 1958, was 757; it's now 625. There's 132 less in our sanatoriums, 25,000 less patient days, but although our patient days are down the estimated per patient day in this coming year is 105,000 which is down 25,000 from the present year. The current rate of $7.20 per patient per day must be increased to $8.10 in order to cover anticipated salary increases for nurses and other professional staff. The decrease in occupancy is partly offset by the increases in the per diem costs. The cost of the Manitoba patients hospitalized in other provinces is expected to remain unchanged at 25,000. And then of course the $60,000 grant is unchanged. That's the grant made for the TB Registry Service where the X-rays that are incurred throughout the province are sent in and paid for through that appropriation. This year another interesting point is that there were 276 diagnosis of TB last year and 210 in this year, but it's really this increase in per diem cost sort of doesn't offset our greatly decreased number of people.

MR. CAMPBELL: Mr. Chairman, the biggest number of patient days I suppose, is at Ninette, next St. Boniface and then the one at Clearwater?

MR. JOHNSON (Gimli): Yes.

MR. CAMPBELL: What one has been closed?

MR. JOHNSON: Mr. Chairman, at Assiniboine we hope that that is becoming completely a long term facility. I think we started off with 60 beds at Clearwater and I think they are anticipating some more beds there coming under the plan, and so most of these patients are cared for at Ninette and St. Boniface Sanatorium.

MR. CAMPBELL: Mr. Chairman, the building over by the General Hospital, I think it used to be called the Central Tuberculosis Clinic. Is it still operating?

MR. JOHNSON (Gimli): The patients have been transferred. That's where our new rehabilitation hospital will be and the Provincial Government is responsible for that building. That was the old bakery that used to be. The patients have been transferred over to a wing in what they call C flat in the Winnipeg General Hospital while this demolition is going on. Then we hope to reconstitute the TB clinic, as you know, incorporate it into this facility.

MR. CAMPBELL: It's a case of demolition and rebuilding, is it?

MR. JOHNSON (Gimli): Yes it is. The advice was that this building was 50 or 60 years old. It was pretty well shot.

MR. MOLGAT: Mr. Chairman, is it not correct that at least some of these institutions,

(Mr. Molgat, cont'd.) ... and I'm thinking of the St. Boniface one, that the space is being used for other purposes now rather than tuberculosis? Is that not correct?

MR. JOHNSON (Gimli): Yes, Mr. Chairman. Out at the St. Boniface Sanatorium, if you remember, last year we acquired -- the Sisters moved the patients from Hospice Tache over to this beautiful facility that they created for us at the Sanatorium and 12 of those beds we managed to get under the Hospital Plan, and the other 48 were in that appropriation we spoke of a little while ago, in the maintenance of mental defectives. This is a very beautiful facility.

MR. PAULLEY: Mr. Chairman, I can agree most heartily with the Minister on that. I had an opportunity back in October or November to go over and pour tea on the official opening of St. Amant ward in the St. Boniface Sanatorium, and there is absolutely no comparison at all with the old Youville Hospital over in the town of Transcona. As a matter of fact I think the very first speech that I made in this Legislature was supporting a resolution of the then member for Winnipeg South, who is now the First Minister in this Legislature, and -- (Interjection) -- yes, there was quite a coalition and we had a very hard job trying to convince the then Minister of Health who is now one of our learned Justices, namely Mr. Ivan Schultz, and also my friend to my right the Leader of the Opposition, who at that time was the Premier, but I think that a great tribute should be made and given to the Sisters of the Order that took over from Mrs. St. Amant at that time. There is such an improvement it's beyond comprehension to attempt to draw any parallel with the situation that prevailed, as I say, at Youville Hospital with the facilities there now. Whoever is responsible, and I think it was a joint effort because I must give some credit to the former Liberal administration that they did make a little start after a lot of persuasion, and the Honourable Leader of the House was a pretty persuasive individual in those days aided and abetted by the present Leader of the CCF as I recall it at that time, but all in all -- all in all I think it is a tribute to the Province of Manitoba whoever is responsible for it. -- (Interjection) -- No, not entirely, Mr. Premier, not entirely I don't think to the present Minister because I think it was a combination of circumstances and gradually getting better. If I recall correctly the Kiwanis Club of St. Boniface or Kinsmen Club of St. Boniface, I just forget offhand now who, were doing their share even over in the old Youville Hospital in Transcona. But it was a combination of aids and assists. The main point is, as far as I'm concerned, that it was a pleasure to have the opportunity of going over to the Sanatorium and seeing the conditions under which these poor unfortunate children now exist. It was one of those things that I had a great interest in even during the years when I had the honour of being the Mayor of Transcona. I'm very pleased to know and pay tribute to whoever was responsible for the improvement.

MR. CHAIRMAN: 4 (c) passed.

MR. MOLGAT: I would take it then that there's no surplus space at the St. Boniface Sanatorium now. With the use that we're making for the St. Amant Ward, the hospital is being completely used, is it? No vacancy?

MR. JOHNSON (Gimli): Mr. Chairman, I just make this comment, that if there's any space showing up there we will be most anxious to speak -- certain negotiations are proceeding that I'm not at liberty to divulge at this time. I know my honourable friend is giving me a smile, but that's .....

MR. MOLGAT: What is the situation, Mr. Chairman, with regards to the Ninette Sanatorium? Is it being fully used or is there surplus space there?

MR. JOHNSON (Gimli): No, the Ninette Sanatorium is, as I understand it, is being completely -- pretty well utilized.

MR. CHAIRMAN: (4) (c) and (d) passed; (5) (a) to (f) passed; (6) (a) and (b) passed.

MR. PAULLEY: Mr. Chairman, in connection with (6) I notice there is a reduction in the estimates of last year. Does this mean that there is a reduction in the services that the Public Health Nurses are performing?

MR. JOHNSON (Gimli): No, there's still 25, I should have told the honourable members, on this item last year, the same as this year. It's just that two senior nurses that were in the central office were detailed to take over in two of our larger health units and we brought in two lower paid incumbents, and that makes the difference here.

MR. PAULLEY: The same amount of work is being carried on?

MR. JOHNSON (Gimli): In fact we have more public health nurses this year.

MR. SHOEMAKER: As regards the 25 public health nurses, are they all in the City of Winnipeg or where are they stationed in the province?

MR. JOHNSON (Gimli): The 25 here are the nurses in the central office. For instance, three of these nurses are in charge of the practical nurse training program; two work at our V.D. Clinic -- they come out of this appropriation; one is in the central storeroom at Sherbrook Street; one of these nurses is at Grahamdale; one of these nurses does a considerable amount of the follow-up with crippled children; and we have five supervisors here of our health units. These nurses, in other words, are under Miss Williamson, the Director of Nursing, and she directs this operation from Sherbrook Street. The other nurses are all included in our health units across the Province.

MR. PAULLEY: Mr. Chairman, this is where practical nurses come into the situation, is that correct? I guess it does because the supervisors are here. I want to say, Sir, a word of appreciation as one who just recently found out about these girls who invade the hospitals with their yellow uniforms. I had the experience fortunately or unfortunately of being in St. Boniface Hospital and there they had on our particular ward a number of these girls who were taking the practical nurses' training course, and I want to pay them a great compliment for their energy and their endeavours. They realize that when they are finished their training that they will not of course be on a par with a registered nurse, but I want to say to the Minister that in my opinion from the short stay that I was there, that I think these girls are fulfilling a very good job and we trust that through this program that there will be more nurses available. True, they won't be fully qualified or registered nurses, but they will through their training, I'm sure, fill a big gap and assist us as people interested in the health and welfare of the people of Manitoba in filling a gap that has prevailed for some time.

A couple of the girls that were in my particular ward at the time had spent some time out in the hospital at St. Rose and told me of some of their experiences out there, and then they had come in to the St. Boniface Hospital and continued their training. I would suggest this, if it is at all possible, that after the girls have had their, I believe it's a year's training as a practical nurse in a hospital, that the Minister might take under consideration of assisting them in completing, if necessary by additional bursaries or some other attraction, in pursuing their endeavours in order that possibly in a shorter period than the normal three years that they might become qualified to be to all purposes registered nurses. I thought that I couldn't allow this opportunity to pass to say, as one of those who has been fortunately under their care for a short period of time, that I admire the job that they are doing. They seem to be to me a group of young ladies who are sincerely devoted to the task that they had taken. They certainly were not there -- at least it didn't leave with me any impression that they were there simply for a job. But they had a desire, and I would suggest to the Minister that if there is any way possible that through some additional training that in a shorter period of time that they might be able to qualify in general to that of registered nurses with their three-year training, that he take it under consideration. I think it's a worthwhile effort and I appreciate very much the work that these young ladies are doing.

MR. CHAIRMAN: 7 (d) (1) and (2) passed; (e) passed; (f) passed.

MR. FROESE: Under 7 (d) (2), Grants to Teaching Hospitals, could we have the word as to how many hospitals are giving teaching and just what is included in the amount?

MR. JOHNSON (Gimli): These grants to teaching hospitals -- these are grants which are made whereby the three teaching hospitals receive these monies in respect to the out-patient department, plus the cost for special services such as X-ray Lab, physiotherapy services, that are given to out-patients who come for medical care to these hospitals. Now the St. Boniface, the Children's Hospital, and the Winnipeg General Hospital are the three teaching hospitals to whom these monies are paid. This year in making up the budgets we found that the legislation does not require the pro rata apportionment of costs of special service departments to the out-patient departments. Now under this new arrangement the total cost of the special service departments can be covered by the hospital plan with federal sharing and with no portion of these allocated to the out-patient departments. This new procedure reduces the amount that must be covered by the out-patient grants from the province. The reduction for the coming year was quite substantial as you see, and was therefore taken over by the plan. These special facilities -- these elaborate X-ray machines and so on that are under this item are the special services

(Mr. Johnson (Gimli) cont'd.) ... included in this item for which the province paid wholly before are now being covered to this degree by the Federal Government. This was discovered in the talks with the federal officials last fall and the Hospital Commissioner, and due to that fact the transfer of the Plan absorbed so many of these costs in order to get the federal sharing. This equipment -- the reason why the Federal Government will share in this is because much of this equipment is used also for out-patients under the hospital plan. -- (Interjection) -- Yes, once we get down to (g).

MR. WAGNER: Mr. Chairman, under (e) Hospital Care of Provincial Patients, who are they?

MR. JOHNSON (Gimli): This is the estimate when people with no means die in hospital and they are a provincial responsibility as to general costs. It is paid out of this appropriation, and transportation.

MR. DESJARDINS: Mr. Chairman, may I ask the Minister, last year because of the late election the budget of the hospitals were not approved until fairly late and therefore they couldn't help but having a deficit. At the time the Minister stated that the government would make up this deficit. Has that been done, Mr. Chairman? -- (Interjection) -- The deficit of the hospitals last year for the simple reason that their budgets were not approved until late because, through no fault of yours but because of the election, was that deficit covered this year? Is it included in here in any way?

MR. JOHNSON (Gimli): That would be under the Hospital Plan, Mr. Chairman, but certainly the Plan made up legitimate deficits incurred.

MR. DESJARDINS: Did it cover the interest also, Mr. Chairman? The interest to borrow that money which would be a deficit also.

MR. JOHNSON (Gimli): Do you mean where the hospitals borrowed money to -- I don't believe we paid interest on any borrowed capital but where any legitimate deficit was incurred by hospitals, that is made up at the end of the year, but a certain interest on borrowings, unless they were authorized by the Plan, I don't imagine they would be paid for.

MR. DESJARDINS: Mr. Chairman, if I do remember right, through no fault of the government or anybody else it was just the last election last year, the budget of these hospitals could not be approved until I think it was past July and they had no alternative but to borrow to keep on going, and I wonder where they are going to get that money to pay for the interest even if that amount -- the surplus is paid for.

MR. JOHNSON (Gimli): We paid them certain payments in April, I believe, even though we hadn't completed their budgets. I think certain payments were made in the interim. I can get the facts on that to refresh my memory. Although we couldn't give them their final budgets we did make payments to them in April I recall. I'll check on that matter though.

MR. CHAIRMAN: 8 (a) passed.

MR. JOHNSON (Gimli): Just a minute, Mr. Speaker.

MR. PAULLEY: The Minister was going to talk about the Hospital Service Plan.

MR. JOHNSON: Yes, I'd like to make a statement, Mr. Chairman, on the Hospital Plan at this point of the $3 million item, and I just thought it would be helpful to the members of the Committee to have a report at this time.

Now while the Annual Report of the Plan will not be tabled probably till tomorrow or Wednesday, I would like at this time to review the highlights of the Plan's operations for '59 on the basis of interim reports which the Commissioner has made to me during the year. Now he's required to report to the Minister of Health in respect of the operations of the Plan for the preceding year according to the Act on or before March 1st. Now I hope to have this for the Committee or for the House in a few days, but it will contain full details on the administration of the Plan; financial statements for the end of the year, December 31st, '59, including a balance sheet and statement of revenue and expenditures and certain statistical data. Now it was apparently this fully audited statement which has held up the Commissioner. I had hoped to have this tabled before making this statement, however, the massive data which he had to accumulate after the first of the year has held this up and he also requires a fully audited statement. However, I've seen the final draft copy and this will be before us I hope in a day or so.

The interim reports, however, would appear to indicate that '59 was a successful one for the Plan. During the past year approximately 99 1/2% of the population of Manitoba were insured

(Mr. Johnson (Gimli) cont'd.) ... under the program, and of those liable for payment of premiums, approximately 99% either paid the premiums themselves or had premiums paid for on their behalf. This would appear to be a real accomplishment when it is remembered that the year '59 was the Plan's first complete year of operation. The high percentage of the population covered is certainly due in no small part to the co-operation the program has received from the agents, and I would like at this time to express our gratitude to both municipalities and employers for the time and effort that they have spent registering residents and collecting these premiums. During 1959 approximately $13 million in premiums were collected through 200 municipalities and 6,000 employers. The Plan paid for 1,661,000 days of care provided to the residents of the province of which 1,000,632 were provided by Manitoba hospitals and 29,000 days by hospitals outside of the province. Based on preliminary reports it would appear that approximately 95% of all days of care provided by Manitoba hospitals were covered by the Plan. The remaining 5% were covered by Workmen's Compensation Board payments, the government plans of other provinces, Federal Health Government agencies, municipalities, or by individuals themselves. Of course this is where visitors come and they use our hospitals and pay cash. The total amount paid by the plan for the services during '59 amounted to $25,840,000, of which $25,450,000 was paid to hospitals in Manitoba and $410,000 to hospitals outside of the province.

The cost of administration of the Plan in '59 amounted to $1,186,000 or approximately 4.4% of the Plan's operating costs. Of the administrative costs, approximately $750,000 represented salaries paid to the staff, which at December 31st, '59 numbered 275. In addition to premiums collected from insured persons of about 13 million, contributions from the Federal Government amounted to $11,250,000. The balance of the Plan's costs were provided for by the $3 million paid to the Plan under our '59-'60 appropriation. Although I've not yet received the audited financial statement for '59, it would appear that the Plan has completed its first full year of operation with a slight surplus of something less than 1% of the operating costs. The exact financial position will, however, not be shown until the auditors have completed their work which just should be -- I think it was today they finished their statement.

The year 1959 was characterized by intense activity in most areas of the Plan's operations. There are, however, a number of very interesting points that I would like to bring out or interesting developments I'd like to review. On February 1st, '59, I think I mentioned this at the last session, out-patient benefits under the Plan were extended to include a wide range of minor surgical procedures -- electro shock. The adoption of this policy followed an extensive study to ascertain whether the provisions of these additional out-patient services would have the effect of reducing the pressure of hospital beds. It is now apparant that this policy has been a success and has made a valuable contribution in removing some of the pressures from the bed situation by enabling the Plan to provide services in many instances on the out-patient basis to insured people who otherwise would have been admitted as in-patients at a much greater cost to the Plan. On August 1st, '59 the range of minor procedures was extended and by December 31st, 45 different surgical procedures were covered, that is, wherever we could extend the Plan on an out-patient basis to accommodate the patient and the physician we did so. The total number of out-patient claims paid under this policy in '59 was approximately 40,000. Studies are continuing to determine what additional services can advantageously be brought under the Plan.

In January 1st '59, as we know, 250 beds were made available for the care of patients suffering from long-term illnesses in the Assiniboine at Brandon and the Clearwater Hospital at The Pas--Clearwater Lake. These hospitals are administered by the Sanatorium Board. During the past year 27,500 days of care were provided in these two hospitals to chronically ill patients. The availability of the beds in these hospitals facilitated the discharge of many long-term patients and resulted in a more effective use of active treatment beds. Studies are continuing on how additional beds can be brought into use for the care and treatment of the chronically ill patient. We are hopeful that additional beds for this purpose may be brought into use in the near future, and I may be able to report more fully on this subject before the House rises -- I hope so.

Sixty beds were made available, as we have mentioned earlier, at the St. Boniface Sanatorium for the provision of care to children suffering from mental and physical defects, and in 1959 the Plan covered 2,100 days of active care and treatment in this institution. The

(Mr. Johnson (Gimli) cont'd.) ... majority of days of care were for those children -- not being medically necessary of course are not covered by the Plan but by the general revenue of the province -- 12 of these 60 beds we were able to get a federal sharing and have them placed under a Federal-Provincial agreement under the Plan. These beds are set aside for those children who become acutely ill in this category.

A Hospital Standards Division was established under the Plan during the year to provide an inspection and consulting service to the hospitals. The principal function of this division will be to assist hospitals in improving their standards of care. Professional staff have been employed to provide consulting services in such areas as administration, nutrition, pharmacy, nursing and medical records. Because of the need for overall planning of hospital facilities to ensure that adequate and proper services of a high standard are available, and at the same time to ensure that the public funds are used most effectively, the hospital survey board was established in 1959 to study the following, and these are the terms of reference to the hospital survey team: 1. the adequacy of the overall supply and distribution of hospital-bed accommodation in Manitoba in meeting present and future needs under the Hospital Insurance Plan; (b) the hospital bed requirements of rural areas, towns and cities and Metropolitan Winnipeg and the relative needs for chronic, convalescent and active treatment facilities as part of the integrated and balanced system of hospital facilities for Manitoba; (c) the relationship of long-term facilities to alternative care facilities; (d) the adequacy of supply and distribution of hospital personnel; (e) the adequacy of educational facilities for training hospital personnel in sufficient numbers to staff present and future hospital facilities. (f) any other aspects of aid to hospital services in Manitoba which may be referred by the Minister.

During the 18 month period ended December 31st,'59, 191 beds were added in general hospitals. However, when the beds made available by the Manitoba Sanatorium Board to provide care and treatment to the chronically ill were taken into account, the total increase during the 18-month period is 359 beds. The total number of public general hospital beds in service at December 31st, '59 was 4,565 as compared to 4,374 in July 1st, '58. The total number of beds available in all hospital facilities at the end of '59 was 5,926 as compared to 5,567 in July 1st of '58. Over and above the additional beds provided, special services have been added or extended in many instances to improve the services available to hospitals. Besides the beds that have been added up to December 31st, '59, construction projects are either underway or have been approved which will add a further 425 beds to the province's total capacity. Of the 425 beds, about 140 will be available during 1960. These figures do not include beds which may be made available for the care of the chronically ill. I just might add here that we had to have a cut-off date for the hospital survey team, but the Advisory Hospital Commission had been studying certain projects for as far back as two years, and all those that were pretty well ready to go just about the time the survey started, the Commission advised that we proceed with these. They had been cleared and as of that point these are the beds that are referred to in this statement, in that we have already committed -- are committed to this number of beds apart from the survey and apart from any beds which we may add, or any chronic facilities we may acquire and be able to bring under the Plan in the near future.

Effective the 1st of January, '60, this year, the Plan coverage became available to insured persons in nine nursing stations owned and operated by the Oblate Order -- some of these -- and the others under Indian Affairs. The question of providing this extension of coverage was studied and discussed with the Federal Government authorities during '59 and the agreement was signed in December '59. This covers those nursing stations at Cross Lake, God's Lake, Island Lake, Gypsumville, Nelson House, Oxford House, Ste. Therese Point, Split Lake, Little Grand Rapids and Berens River.

The success achieved in the collection of premiums, Mr. Chairman, of residents of the province was to a great extent due to the co-operation of a large number of municipalities which agreed to guarantee premiums on behalf of all their legal residents. Following the approval of this policy by the Provincial and Federal Governments, the number of municipalities participating in this arrangement steadily increased, and by December 31st,'59, numbered 150 out of 192 municipalities. Another related feature is that of March '59 a revised system for the collection of premiums to municipalities was introduced and this eliminated much of the manual work involved previously in these collections and enabled both the municipalities and

(Mr. Johnson, continued)... the Plan to process payments more rapidly and efficiently. On July 2nd, 1959 the plan opened a branch office at Dauphin. Early in 1960 another branch office was opened at The Pas. The extension of the plan's branch office system was undertaken following the success achieved by the branch office in Brandon in serving the public of that city and the surrounding areas. These branch offices which require very little staffing eliminate a great deal of correspondence between insured people and the head office of the plan but possibly more important the existence of these offices has an important impact on public relations in that it indicates to the public that the plan is not merely a Winnipeg operation but is a program serving the province as a whole. There are of course, I must point out that these are service offices from which a field staff operate to assist municipalities and employers in registering residents and the collection of premiums. It's a service office it isn't a processing office; these all have to come through our main office.

The Commissioner has indicated to me that the response of employers in making it possible for former employees to have premiums deducted from their pension cheques on a monthly basis has been most gratifying. On December 31st, 1959 approximately 5,000 persons were having their premiums remitted under such arrangements. Government hospital insurance plans were established in Ontario, Nova Scotia, New Brunswick and Prince Edward Island during the year and now all but Quebec have established government hospital insurance plans. The Manitoba Hospital Services Plan has entered into reciprocal agreements with all of these provinces, all of these participating provinces I should say, and through these agreements the cost of care and treatment provided by out-of-province hospitals to persons insured under our plan is paid for on the same basis as though the persons were residents of the province in which they were hospitalized. We have complete reciprocity with all participating provinces in Canada.

During '59 an advisory committee to the Minister of National Health and Welfare under the Hospital Insurance and Diagnostic Services Act of Canada was established by the Federal Government and met in Ottawa. This committee is made up of officials from all the provincial insurance schemes across Canada and held its first meeting in October '59 in Ottawa. The work of this committee and those committees which it replaces is invaluable especially during the formative years of the various insurance programs since a medium is provided for the exchange of views on various subjects of common interest. There is a great need to develop a common approach to many problems in order to provide for as great a degree of uniformity as possible particularly in the provision of benefits to Canadians outside their own province with respect to quality of care and statistics. During '59 a study of pension and group insurance programs for hospitals employees was initiated and a professional consulting service was retained to carry it out. This study is extensive and will not be completed until the latter part of 1960. All important features of such programs including portability, uniformity of benefits, methods of administration, benefit costs, etcetera are under review.

The crowded conditions existing in the Plan's former head office at 116 Edmonton Street during '59 reached a point where it became necessary to secure more adequate quarters. 30,000 sq. ft. of floor space were secured at 185 Lombard Avenue on a five year lease and the staff of the plan moved into the new location early in January, 1960. Working conditions are vastly improved and this is already having a beneficial effect on the production. I might point out that it got to the point in our building on Edmonton Street where our girls were working arm to arm; it was most unsatisfactory and we were fortunate in getting adequate space.

As you will recall a number of amendments to the Hospital Insurance Act were passed last session, these amendments were passed to facilitate the administration of the plan and to correct certain inequities that were discovered during the first five months of operation and additional amendments will be introduced at this session to cover a few additional points which require change -- nothing extensive. A study of nursing home facilities was undertaken in June of 1959. The study covered the following aspects of institutions that were looked at; the physical facilities, the type of patient under care, the type of care provided, and the cost of such care and this has brought to light information that was never before available and should be most helpful in the placement of aged and infirm -- in paying for the cost of aged and infirm in alternative facilities.

Now Mr. Chairman, I would like to make a brief statement on the future financing of our

(Mr. Johnston, continued).... plan. As you know the present monthly premium rate of $2.05 for single persons and $4.10 for family heads was set early in 1958. A review of 1960 budgets would appear to indicate that hospital costs have increased by approximately close to 20% since 1958. In addition, as I have already stated, the benefits of the plan have been extended considerably since the plan was established in July 1st, 1958. An intensive study is being undertaken at this time in connection with the future financing requirements of the plan. At the conclusion of this study we expect to be in a position to forecast the effect of rising costs and increased on the premiums rates of the plan. This study of course is closely allied with the program of the hospital survey board currently being carried out with respect to hospital bed requirements in the province since the level of costs of the plan depends to a very great extent on the number of hospital beds and ancillary services that are available to the public. It's impossible to anticipate the results of the study now going on into the financial arrangements, but I think it is safe to assume that the total cost of hospital care will continue to rise, and this increase will be the result of many factors as we can see them from the reports I have received. I think the most important are the increased costs resulting from the higher salary and fringe benefits for hospital employees; (2) the increased costs of supplies purchased by hospitals; (3) the increase in costs resulting from the continual advance in medical science. While this factor is responsible for costs increasing more rapidly than costs in other areas of our economy, there are certain redeeming features about these high costs; in many cases of course lives are saved which prior to the implementation of new discoveries could not be saved; and on others, persons are able to return to work more promptly than previously with a corresponding increase in earning power. There is of course a further factor which affects the financing of the plan which affects the financing of any public service organization and this is the situation which has resulted from the great increase in the birth rate since 1945, coupled with a relatively low birth rate we experienced during the period 1930 to 1944. The increase in hospital costs is influenced by the total population, whereas premiums are collected only from persons born prior to 1942 and the group of premium payers has become a relatively small proportion of the total population as the high birth rate continues. The situation will of course begin to correct itself by about 1963 when the persons born in '45 and subsequent years begin to pay premiums.

Now as the study of the financial needs of the plan which I referred to a few minutes ago cannot be undertaken until the hospital rates for '60 have been established, this study will be projected into the future and will take all the factors into account which have a bearing on the financing of the plan, population growth, increased hospital costs and I would recommend above all the recommendation of the hospital survey team. I think this will tell us the number of beds -- and any financial requirements of the plan will depend so much on what our real needs will be in the future. I just thought I'd make that statement Mr. Chairman, based on interim reports which the Commissioner and I went over, and I hope to be able to table the report as soon as the printing is completed.

MR. CAMPBELL: Mr. Chairman, a very interesting statement and a very important one. When the Minister was mentioning just near the end of these remarks about the financial situation and the expectation that the rising costs of hospital care that have been in evidence recently would continue, he listed two or three main reasons that he saw for this rise continuing in the future. I was wondering if he wouldn't be prepared to admit that there should be at least one factor that would tend to keep them down to some extent -- and that would be the higher bed occupancy under present circumstances. Isn't it a fact that with the increased use of hospitals arising in part from the hospital services plan and the careful provision of the hospital facilities that the occupancy is much higher and that that should result in some control of the rise in rates?

MR. JOHNSON: Oh, I'm sorry...

MR. PAULLEY: Mr. Chairman, I don't know if the Minister wants to answer the Honourable Leader of the Opposition first or not.

MR. JOHNSON: Well I'll take them together -- if they're not too long.

MR. PAULLEY: You know Mr. Chairman, I listened with great interest to the first part of the Minister's statement and I join with him in regretting the fact that we haven't got the annual statement before us so that we could see at a glance the financial status of the Plan.

(Mr. Paulley, continued).... But I did jot down some of the figures that he gave me and I trust that I jotted them down correctly, because it appears to me and I was going to say, that on the basis of the figures of the financial statement for 1959 that we might aniticpate a reduction in the hospitalization premiums in the province; and then in his final remarks, in his final remarks, the Minister has suggested or paved the way for a possible incæase in premium rates. Now it seems to me that the figures that the Minister gave us were something in the neighborhood of thirteen millions of dollars collected in premiums and that there was eleven and a quarter millions of dollars as the federal contribution, and then in our estimates of last year there were three millions of dollars our of Provincial Treasury which comes somewhere in the neighborhood as I figure it to about twenty-seven million and that the Minister's figure of 25 million 8 paid to hospitals -- would if these figures that I jotted down are correct -- would leave us with a surplus of approximately a million dollars. Now as I say however, Mr. Chairman, that it's rather difficult to reconcile the figures not having the financial statement before us. But just as I say jotting those figures down with the present provincial contribution or estimate of three million dollars to the plan, it would appear to me that either through premiums paid directly by the participants in the scheme plus the amount out of the treasury of the three million dollars and plus the amount of federal contributions, that rather than as I mentioned, any suggestion of an increase, that there should be a reduction.

It does seem to me and I haven't the exact figures of Saskatchewan or any of the other jurisdictions but it does seem to me Mr. Chairman that in that province that province that the net premium paid in respect of the fund is considerably less. Now I know that the answer will come from across the House that a lot of this is or a portion of this may come out of, will come out of the hospitalization tax which is levied in Saskatchewan and I appreciate that. However just on the basis of Manitoba' figures alone it seems to me that at least at the present time, and I'm not suggesting that there won't be increases in the per diem costs of hospitalization in 1960 and I appreciate very much that fact that the Minister was not able to give us any figures on that basis due to the fact that the rate board has not come to any conclusions, as yet -- but it does seem to me that from observation that there has not been any general awarding of increases in respect of financial returns to our nurses and others in our hospitals of recent months. It may be that the hospitals are anticipating further increases in their salary costs. Of course I'm sure that committee will appreciate the fact that I'm not aware of anything along that line. However I would suggest to the Minister that before there is any attempt made to increase the premium that the matter be given very, very serious consideration particularly in the light of the figures that he has given us this evening of the operations in respect of 1959.

I appreciate very, very much the job that the commissioner and the administrative board are doing in respect of hospitalization. But I recall in some debates in this House a few years back where we were discussing the question of the old Manitoba Blue Cross as against the hospitalization scheme similar to what they had at that time in Saskatchewan -- and that was before we had the system here in Manitoba -- that we used to point out in our arguments that the administrative costs in respect of the Blue Cross at that time was considerably higher than a governmently operated scheme. At that time I think the difference between the old Blue Cross and the Saskatchewan insofar as the administrative costs was somewhere in the neighborhood of eight or nine percent with the Blue Cross and 4% in respect of Saskatchewan, and I'm very, very pleased to know that through the institution of the plan in Manitoba, that the contentions we held at that time have now been revealed in Manitoba and that our administrative costs here are on a par or approximately 4%.

Now then I would like to ask the Minister what charges are assessed against the plan, if any, other than just those specifically dealing with hospitalization and patient treatment in the hospital. Now the Minister has mentioned to us coupled up with hospitalization such things as a nursing home survey; also a survey in respect of hospital beds. Now while the overall costs may not be great I would suggest that these would not be properly or should not be properly chargeable against the scheme itself. Again I say if we had before us the annual report of the commission we'd be able to ascertain whether or not, and I'd appreciate the Minister telling us whether there are any charges assessed against the Manitoba Hospital Services Plan of this nature because it seems to me that the only proper charges that should be made for which premiums are assessed against the people of the province, should be only those in respect of

(Mr. Paulley, continued)... the administration directly on the scheme itself and the charges made in respect of care to the hospitals and nothing else should be taken under consideration. I appreciate the remarks of the Minister wherein he mentioned to us that as the result of the new hospitalization plan it is beginning to be revealed that patients are returning to work more rapidly now than ever before which was another vindication I think of the stand that we of the CCF have taken in the past in respect of hospitalization and are now taking in respect of comprehensive health insurance. I will not belabour the committee Mr. Chairman on those points but it does seem to me that those are now being revealed.

Now I asked the Minister the other day in respect of the - specifically of the transfer or the suggestion of Grace Hospital moving out of its location to St. James and I asked him the question there whether they were considering or if he could say whether they were considering the use of the present location for more of a supplementary care, shall I say, to acute hospitalization; and if that was the case it might be advisable to allow them to proceed with their plans and thereby making available to the people of Manitoba added facilities in respect of care which is not of the acute nature. I also asked the Minister and he touched on it again this evening as to the survey of the nursing homes. I don't think that he answered that question the other night in respect of some of the nursing homes, the private nursing homes, particularly those in the City of Winnipeg -- some time back there was quite a lot of publicity as to the facilities of the homes themselves. I'd like to ask him again have they been brought up to a satisfactory standard as compared with what they were?

Now again I say Mr. Chairman, it appears to me that based on the figures that Minister gave us here tonight that unless there's some tremendous change in the costs in the year 1960 there appears to be no justification for increases in the premium rates of the province. He mentioned to us the fact of the number of those who are paying premiums isn't increasing very rapidly, because I think he mentioned something about those born in 1940 or something like that. But I want to point out to the Minister, I wonder how true that really is because of the fact that just as soon as any youngster becomes the age of 19 immediately they or their parents become liable for the premium and it's a continuing process and that he may have some answer in respect of the difference in the birth rate. I certainly won't argue on the comparison basis along that line but I do point out that there are each year a considerable number of dependents of this year under the age of 18 who are becoming either premium payers in themselves or by their parents, and apropos of that -- and I'm not preaching for a call because I happen to have a daughter that's over the age and going to university so I want it understood I'm not preaching for a call in this -- but I have had drawn to my attention on numerous occasions the restrictive features of the Act itself that there is no provision for non-payment of premiums of any person over that age limit unless they happen to be in indigent circumstances and I know that in some cases that it's been a burden to some people. I would once again -- it's been appealed from this quarter before -- appeal to the Minister to take that under serious contemplation. Now that's only a few remarks that I have at the present time apropos of this. I again say and reemphasize that on the basis of the figures that we have been given here this evening it seems to me that there is absolutely no justification for the administration to increase the premiums in respect of hospitalization.

MR. GRAY: Mr. Chairman, may I ask one or two brief questions? No. 1 is the reciprocity in the 9 provinces of Canada: does this apply anywhere in the United States? I have in mind persons of Manitoba paying the hospitalization and going on business or otherwise to anywhere in the United States is his hospital -- can he apply the hospitalization anywhere in the United States? No. 2 question, in connection with the finances: are the hospitals consulting either the health department or any other commission before they raise their fees? Thirdly, are the hospitals here operating as a pbulic service only. In other words, they charge so much as is custom to operate; in other words are they making a profit or are they having a deficit; and the grants to the hospitals which we give so often and the private donations or gifts that they get, does that apply to the operating costs of the hospitals enabling them to carry on without raising the premium on the hospitalization? This is the only questions I have to ask at this time.

MR. CHAIRMAN: The Honourable Member for Rhineland.....

MR. FROESE: If I might. Did I understand the Minister correctly when he said that

(Mr. Froese, continued).... the rates for 1960 have not been set. Does the government set the rates for the hospitals, and if so are they uniform across the province?

MR. DESJARDINS: Mr. Chairman, just a question -- the Honourable the Minister referred to the long-term patients. Now I wonder if he could tell me if there is anything to the rumour that a hospital for long-term patients is to be built in conjunction with St. Boniface Hospital. Is this under consideration or is that rumour completely false? (interjection) That was a hospital for long-term patients that you referred to.

MR. SHOEMAKER: Mr. Chairman, as the honourable Minister was preceding with his statement, I listed a number of questions to ask him. Some have already been answered, but the number one question on my list was, and I don't know whether this is the right place to bring it up -- but what has happened to the million dollars of the Blue Cross money? Has it been decided to whom it should go yet because by this time, with two years interest it should be up to a million and a quarter or something of that kind. That was number one. Number two was; does it appear that hospital costs will rise in 1960, and we have already had the answer to that one. Now I was wondering if it would not be a fact that following this survey that we were told about, should it not tend to reduce the costs of the total patients in Manitoba by removing the patients or a great deal of the patients from the hospital to a class of care that probably costs 50% of that? Now for instance at Neepawa at the moment, and this under the new Social Allowances Act, a lady there has been given $35 a month and that enables her to stay out of the hospital, thereby saving $300 there -- and surely through all the different plans that we have listened to the last couple of days it should be a tend to reduce the overall cost.

I was wondering too if the Minister has given consideration to -- that is if there is to be an increase in premiums -- to making a one day deductible or a two day deductible rather than an increase in premium, because I think there are many advantages to having even a one day deductible rather than an increase in premium itself. It will work two ways. It will act as a deterrent and if the average stay per patient is seven days -- and I think someone suggested the other day that the average stay per patient was in the neighborhood of seven or eight days -- well if you reduce it, that is if the patients pays fro one day then automatically you reduce the cost by 10% of even greater than that. So I would certainly be in favour of having a one day deductible rather than an increase if we must have one or the other.

Now I happen to be on the executive of the Associated Hospitals of Manitoba and the last couple of days I have met with the executive secretary of that association and as a result of our meeting, the executive secretary has drafted a little letter here confirming what we said and I hope that the Minister might allow me to read it because it is, we consider, a recommendation of all the hospitals in Manitoba. I know that the Minister appreciates the good work that the Associated Hospitals of Manitoba have done in the past and are presently doing, because even prior to the introduction of the plan in Manitoba, the Associated Hospitals of Manitoba, came up with a per diem cost, that is they introduced a report accounting program that enabled the province to -- well, they had at their fingertips the cost per bed of every hospital in Manitoba, I think, as a result of the report accounting program that was carried on by the Associated Hospitals of Manitoba. Now the Associated Hospitals of Manitoba too, have through their efforts obtained a lot of money, a great deal of money from the Kellogg Foundation and that has kept their cost down as the Honourable the Minister knows, and I think this year they have been assured of another $50,000 or so from the Kellogg Foundation and that all helps to reduce the cost. But here are some recommendations from the executive secretary if you might allow me to read them, and they're in regard to hospital standards, and Mr. Chairman, the Minister did refer to hospital standards. This is what he has to say on that: 'The establishment of a division of standards under the government cannot be questioned by anyone in that it is necessary and desirable to have a standards division that will ensure that minimum standards under the legislation affecting hospitals will be carried out. It is felt, however, that the improvement of patient service and management should be a matter for hospitals to determine rather than the division of standards within the government. Since the educational aspect of management and technical personnel is under hospital administration, it is strongly felt that consultant services should also be a hospital function and that therefore, hospitals should have excess to personnel in a working situation that will act in a consultive capacity or on a part-time basis

(Mr. Shoemaker, cont'd.) .. in several institutions. The primary reason for this thinking is that as hospital utilization and consequent costs become a greater proportion of governmental spending and the competition for the tax dollar becomes more active, hospital standards of care may be effected or determined by expedient financial and political policies instituted by government. In the long run it is felt that hospitals' standards would be preserved and indeed improved if consultant services were a matter of hospital responsibility rather than government responsibility. In addition, one could refer to the British Columbia situation where there is a rapid decline in the interests of citizens in their community hospital because of the government control elements which have been instituted. In the long term, consideration should also be given to the manner in which the standards division has been set up in that this division is a part of the Manitoba Hospital Services Plan under the direction of the Commissioner. This then means that the purse strings of the plan are held by the same person as that of the hospital standards. This is not a desirable situation and hospital management would certainly have reservations as to whether the standards are influenced by the budget division of the Manitoba Hospital Services Plan". That's what they recommend as regards to hospital standards.

I think perhaps that's all I have to say now except that I do disagree with the Leader of the CCF, the Honourable Leader of the CCF, on the one point. I think that if the insurance rates must rise, then they should be paid for by an increase in premium because it is a fact that every person in the province except the pensioners who are exempt from paying premiums that we all have to contribute and it would have the same effect as if you put on a sales tax or anything else--except that if you put a sales tax on to pay the deficit then you would catch the old timer that is presently exempt under the plan. I understand that approximately 35% of the pensioners in the province at the present time, are exempt from paying premium--about that number--and they are the people who can ill afford to pay it. But you would catch that group if you introduced a sales tax. Therefore I would recommend that you either have a one-day deductible or a two-day deductible or an increase in premium if we must have it. In my short period of life in Neepawa, I have seen hospital costs rise from $1.50 to $12 in 25 years and there doesn't seem to be any indication that they will go down--but rather up.

MR. PAULLEY: Mr. Chairman, I would like to put my friend at ease there, that I'm certainly not advocating any sales tax in respect of hospitalization. It's one of those things that I disagree with. All that I tried to point out to the committee was simply this, that on the basis of the figures of '59, there seems to me to be no justification for any increase at all in the premium rates; and suggested to the Minister that he should look at the thing very, very closely, not once, but a dozen and once before there is any attempt to increase the premium rates in respect of hospitalization. I want to disagree also with my honourable friend who has just spoken, on the system which the Social Credit Government of British Columbia has adopted in respect of a deterrent charge for hospitalization. So I want to assure my honourable friend as he leaves, that I am not advocating in any way, shape or form a sales tax for the Province of Manitoba.

MR. JOHNSON (Gimli): Mr. Chairman, in answering some of these questions, I'll start with the Honourable Leader of the Opposition who, I think, was wondering if the hospital costs were not going up because of the increased stay of patients in hospital. Was that the question?

MR. CAMPBELL: No, it wasn't, Mr. Chairman. My point was that because the bed occupancy is much higher that I would think that might be a factor in reducing costs because the same staff can carry on for that number of people.

MR. JOHNSON (Gimli): The manner in which the Hospital Plan is financed, of course, there are many factors here. The reverse holds true that you have to maintain the same staff very often despite the occupancy, but the rising hospital costs are due to higher occupancy--although the final statistics for '58 and '59, I haven't seen them--but we notice that the higher occupancy took place largely in rural hospitals. As you know our city hospitals were pretty well top occupancy before hand. I was looking for the statistics through my notes here, but I can inform this committee that my commissioner and his colleagues advise me that we have--I haven't got the figures with me but I will obtain it soon, I hope--the average per diem stay per patient in this province is the lowest in Canada. Now I can do no more than to congratulate again, reference was made to it by the Leader of the CCF Party, that I think we're very fortunate in this province to have the staff that we have under that Hospital Plan. The Commissioner

(Mr. Johnson (Gimli), cont'd.) .. and his staff have worked unceasingly since I came to office; they have been tremendously resourceful in pursuing every possible opportunity to obtain more funds for the Province of Manitoba through the structure of the hospital plan and are doing a magnificant job.

There are so many questions here, but the Honourable Leader of the CCF Party mentioned this factor of hospital charges or the fact that we seem to be loading the plan with so many other charges such as the survey I mentioned plus the inclusion of certain facilities in the out-patients and so on. At no time have I or my colleagues gone to the Commissioner and asked him this--it's been in pursuing budgets, that here's a shareable item that is a hospital cost, we should include it under the plan and get our federal share. And I might say that these things that have been taken under--such as out-patient costs of course, that's a real step forward--the inclusion of certain special services in the out-patient departments of hospitals are used on these out-patients too and quite naturally should come under the Hospital Plan. These have not amounted to large items. The nursing home study which we did of course is most important and was carried out by the actuarial staff of the plan because these men are highly trained in the making up of hospital budgets and had tremendous experience in this field and I think the committee will agree that it's of direct consequence and concern to the plan to include other--find out what facilities may be obtained and placed under the plan's jurisdiction. Concerning this again under the hospital survey which is being carried out at the present time, we have set up a branch in the hospital plan of research and statistics under the head of a full-time actuary and this man had extensive experience with the Blue Cross before he came to our plan; a highly-trained person; he is acting as secretary to the hospital survey team and he is going to be in the position of setting up a permanent set of statistics where we can just draw off in the future our hospital bed requirements. That is, all this--as he goes along with the survey team now, the method by which this survey is being done, all these statistics are being pulled in for every hospital district--this will be a continuing project for him and should bring to light, many facets in the future and in an essential part of the plan's operation.

Also the hospital survey, the director with whom we were extremely fortunate in obtaining on loan from the Federal Government--this in no way implies that the Federal Government is sponsoring this survey, that's not it at all--it's just that he is being loaned to us to chair this survey. One of the other members of the hospital survey team is our medical consultant, senior consultant to the plan, who has done a tremendous job, has gone to practically every hospital in this province, sat down with the medical staff in the hospitals, talked over the ways and means of cutting down hospital stays and whatever we can do to facilitate the operation of the hospital in that regard; and also this man was for many years chairman of our Advisory Hospital Commission and is very familiar with the rural hospitals throughout the province. The other person is a Mr. McNabb, the administrator of the Portage General Hospital for Port Arthur and he is one of the paid staff. As a sounding board or--we'll probably extend an honourarium there--the sounding board for this plan is our advisory committee under the Hospital Services --under this hospital plan representing our municipal people and associated hospitals and so on.

I might point out in coming back and it includes two questions here. Only doctors admit patients to a hospital and the patient only leaves the hospital on the doctors say-so--and we provide this care under the plan. Now the other thing that was mentioned here was what about the standards of nursing homes? What did you find out about them and so on? I just wanted to point out that in the City of Winnipeg, most of these institutions have been under the City of Winnipeg Health Department for many years and they were the only inspection service really on these homes, or inspected most of these homes over the past. When we went into these institutions looking at the per diem costs in these various nursing homes in the Greater Winnipeg area and around Winnipeg, this was of direct concern to the plan to find out what facilities were available and so on. And as I said earlier, it brought to light information which we never had access to previously and we, and as I pointed out earlier in my opening remarks, in the executive division, as this study went on last summer and last fall, we came to the conclusion that we had to have a directorate of alternative care. As I described in these different institutions, you find many elements of medical care and many of these places as never been classified before.

Some facts which we learnt. I'd like to share with the committee, in that 1,452 of 1,837

(Mr. Johnson (Gimli), cont'd.) . . patients were over 70 years of age; only 547 out of 1,837 patients accounts were paid for by other than a public body; only 500 were admitted directly from hospitals--543; 1,151 require help in daily washing and toilet; 402 patients have been in an institution longer than five years; only 44 patients will improve. Now we extended--in other words this was the opinion of the medical consultant as we looked at some of the alternative care facilities and was one of the prime reasons for setting up the Department of Alternative Care and Elderly Persons' Housing. This plan's operation depends as much on placing of people in suitable accommodation in elderly persons' housing units than all the elements up to the plan, and this is why we're doing this study of our future needs. This is why we have the hospital survey going on; this is why we're into these alternative facilities to try and strike a happy medium. It's our duty in the department to bring the greatest benefits to the people; it's our duty at the same time to provide a decent standard of care; and it's also our duty to protect public funds. The plan must share this with the Health Department as a whole. As I said this is a tremendous area as important as the plan itself. As we extend facilities of the plan into this area--and we should--our studies indicate that there is a need and we're going to include certain services, and I'm going to include them on an interim basis until such time--to cover those in need of this care, until, if it's suitable accommodation--until such time as our survey is complete and we can forecast our needs. We have to go all out with alternative care.

The Honourable Member for Inkster brought up the point of; what about in the United States? A person travelling in the United States is covered on the same formula--on the formula that we apply here, that is we pay the same costs as we would pay in a hospital of comparable size in this province.

Now I want to bring to the attention of the committee, this advisory commission meeting which was held this past year in Ottawa, where we sat down with other provinces and discussed this problem of out-of-country benefits I guess you should say. This hasn't been a big item in our budget but there have been some inequities in that certain people travelling get into an accident. One person was killed for instance last year and the plan paid the sum of $5.00 which was the OPD charge that we pay the hospitals in Manitoba for an out-patient visit. Of course this is all inclusive in the Province of Manitoba. Down there with all the services laid on, the charge was very high. In going over other legislation and discussing this at length with the Commissioner, we are proposing by regulation, to change--we're looking at this at the present time. We feel that at the Commissioner's discretion we should extend that to say 75% of the cost to this person who gets into an accident or an emergency situation down in the United States or in another country. Because while we are not, I don't feel justified in paying hospitals in the United States the per diem rates when they run up to $50 a day on elective work, I do think in an emergency and so on that we should try and extend our benefits a little more. We are investigating this at the present time and I think a little more generous policy is being devised.

The Honourable Member from Inkster mentioned grants to hospitals and donations. The money which is, and Mr. Chairman, I hope that lots of people get this idea and I think it'll come back, voluntary donations to hospitals is still--this money which hospitals receive can be used in the form of gifts, is reportable of course, they can use this for operating capital. Certainly all equipment, if a gift is given to a hospital in equipment and so on, we will depreciate it as long as we are notified and it is essential equipment and so on. To this end we've appointed a clinical advisory scientific technical committee who advise the Commissioner as to essential equipment. Hospitals as you know when the hospital plan came in, hospitals were completely lacking in operating capital largely having been running pretty close to the wire for many years, and this has been one of the difficulties since the plan came in, in that they have a shortage of this operating capital.

The '59 deficits as the Honourable Member from St. Boniface brought up, these deficits are now being paid where justified. The hospitals have been notified of allowable expenditures and so on, and hospitals really have to have a little of their own operating capital. We paid advances during the year; we were a little late getting our budgets out the beginning of last year and we paid advances during the year based on expenditures prior to the budget coming out.

Now, Blue Cross money--the Honourable Member from Gladstone brought up some interesting points, the Blue Cross money, of course, is now, since the Bill passed at the last

(Mr. Johnson (Gimli), cont'd.) .. session, the Blue Cross Board have been winding up their two railway contracts which held up the accumulation of the money, and then the advertising as you know will be carried out, following which I think this money will be distributed or advertised and what is not distributed will be turned over to the Cancer Foundation. I have just been notified of these facts and I cannot speculate as to just what that amount will be or how much interest has been accumulated in the past year. The Honourable Member from Gladstone mentioned that lower cost beds in certain areas would help relieve the costs of the plan. That is true possibly to a point. I think he has in the back of his mind the idea of intensive care and less intensive care sections of hospitals, and this is exactly what our hospital survey team is sitting down with every hospital in the Province of Manitoba and discussing these points with them. I wouldn't like to speculate as to what they're going to come up with but due to the method by which the hospital plan is financed, every bed in this province once it's created is a cost of $5,000 per year to the plan aside from capital costs. You must realize of course there are many benefits that have come from the plan in that hospitals, especially rural hospitals are now able to budget for the full complement of RNs, the patients are getting better care. I like he, can remember when I went into practice beds were $3.50; for five bucks you got a private bed, in my little hospital, and when I left the per diem rate was $18 for private, $15 for an ordinary bed. So only my rich patients could go to hospital. Hospitals were chronically short of staff and one thing this has done is brought a higher level of care in this regard to the people of Manitoba. Certainly the thinking throughout hospitalization seems definitely coming around to the point where we have intensive care centres where we concentrate our nursing care and so on and our less intensive care. The Honourable Member from Inkster mentioned, have the practicals been in for a raise yet? I have no knowledge of this at this time, I think their rates are fairly comparable at this point. The Honourable Member from Gladstone brought up the point of a deterrent. In future planning, we'll certainly bring this to the attention of the Commissioner. I believe his predecessor spent a considerable length of time with the Commissioner in discussing the merits and demerits of a deterrent system. I am not impressed. A certain province to the west of us has a deterrent. I think you legislate against the poor fellow who has a baby once in a lifetime or has his tonsils out once in a lifetime. However there are many other arguments. I think the demerits against it weighed in favour of it previously but certainly I'm sure the commissioner and his staff will look at this when we get the survey report and look at our needs for the coming year. The Honourable--somebody asked the question: Rate in '60. Does the government set the rates and are they uniform--the Honourable Member from Rhineland. Yes, the budget committee of the hospital plan sets the per diem rates based on the actual costs of the hospitals; all the operating costs are taken into account, legitimate costs, the budget is submitted by the hospital, it is perused by the budget committee on the plan and using uniform terms and conditions which are written out under the Hospital Services Insurance Diagnostic Act of the Federal Government, these rates are given to the hospitals.

The Honourable Member from St. Boniface wondered about certain other facilities being approved under the plan. I wouldn't like to comment at this time, possibly before the session ends I will be able to make some announcement concerning--for conclusion of further facilities under the hospital plan.

The Honourable Member from Neepawa mentioned the standards division under the plan and read a letter from the executive secretary, was it, of the Associated Hospitals of Manitoba concerning the inclusion of the standards division under the hospital plan. I've looked at certain other provinces in this regard. They have the standards division under the plan; there is quite a bit of academic argument as to whether the standards division should be outside the plan or inside the plan. It was my own feeling that in the early stages of the plan that we should include the standards division under the plan, at least until we got through our hospital survey board--until they have made their recommendations--and I have discussed this at length with Dr. Willard who is chairman of our hospital survey in asking the survey team to consider this during the course of their survey. I felt in the early stages as Minister that the standards division should be under the plan; we've had few standards as the honourable member knows in this province in the field of hospitalization. The Federal Government shares in the cost of administration of this standards division and in its early stages I felt it was better to--if we're paying the bills--that we should have some control as to the standard of care. Now that is not

(Mr. Johnson (Gimli), cont'd.) .. showing any distrust of the associated hospitals of Manitoba; I have discussed this with them briefly, I realize their objective is to keep a professional type of standard in assistance to rural hospitals, but I think in these early stages while one hand's paying the bills, I think it better have a little bit to say about what's going on until such time as this survey is completed and they've made some recommendations to me.

Concerning the Honourable Leader of the CCF Party when he brought up the question of the Grace Hospital: I do not really feel free to comment on this at this time. I can inform the Honourable Leader that this hospital was one of those who was at the meeting in which I pointed out that we'd have to have a look at all these facilities. I know they are very anxious to find out what the survey team thinks of it; the survey team have met them on two occasions now. The architect, the federal architect with the Department of Health in Ottawa has been out and had a first-hand study of the situation and I am awaiting the report of the survey team--(interjection)--The hospital survey team? It's hard to say, I don't think it will be, I think it will probably be this spring I hope--it will have to be before too long, assessing our needs for the coming year--

MR. FROESE: I think the Honourable Minister mentioned depreciation. These amounts, the amount of the grants that are paid to hospitals in lieu of depreciation. Does that money come out of the premiums paid by the members or by the individuals in the province or is that being paid out of government funds?

MR. HAWRYLUK: There is just one question I would like to ask the Honourable Minister. If I recall correctly that the initial arrangements when the hospital plan was put into effect was that each municipality be responsible for collecting the premiums for the people living in their area. Now what happens in the case of the City of Winnipeg where the Winnipeg Finance Committee appears to have recommended that the City write-off $30,000 of unpaid premiums? Has the government any intention of absorbing the cost, that is the hospital plan, to pay for that, or will it be up to the taxpayers of any municipality to pay for the losses or for the unpaid premiums that are not paid into the hospital plan? I think that any sort of a plan that is put into effect, I think the losses should be written off by the plan itself rather than have the taxpayers in any municipality foot the bill.

MR. JOHNSON (Gimli): I haven't got the notes here but, the benefits to the City of Winnipeg by virtue of their guaranteeing the premium of all the people in the municipality, that is the identifiable person who can't pay, is in the neighbourhood of three and a half to one. Now where they paid out something over $610,000 a couple of years ago for unpaid hospital premiums, this year that is down by that ratio, and when they guarantee we, through our claims division, give them just as much attention as we give the municipality who doesn't guarantee, that is in assisting them to collect these monies from these people and if necessary leading to prosecution. So I don't think that the City of Winnipeg really has too much to complain about to be quite frank about it in this regard.

A MEMBER: What about the other municipalities?

MR. JOHNSON (Gimli): They're doing all right. --(interjection)--Well, they're all on the ratio of three and a half to one, pretty well across the board--the savings to the municipalities has been very real. Now depreciation grants of hospitals. This is divided into--I can just say this that interest and depreciation is paid to hospitals, depreciation is paid on all hospital building other than that money contributed by the Federal and Provincial Governments towards capital costs. The depreciation is paid on a brick building or frame building and so on, at the different percentages. Interest on debentures is paid between capital cost and the 20% local equity within these hospitals. This comes out of the per diem costs; these payments, these capital cost payments are made periodically. Of course you have to think of--this is rather complicated bookkeeping and I'm not an actuary but I've tried to understand it and the money paid to hospitals--what they call the money over and above the--what do you call it, the semi-private coverage--I just forget the, these are called shareable costs, that is money paid by compensation boards directly to the hospital other than the plan; monies paid by US visitors; monies which patients pay for semi-private care and so on. This all comes under hospital costs and the hospital retains 50% of that towards capital costs and we make up--the province makes up the rest. Ottawa does not share, incidentally, in depreciation.

MR. A. H. CORBETT (Swan River): Mr. Chairman, I hate to interrupt the rapid passing

(Mr. Corbett, cont'd.) .. of the estimates and I'm quite aware of all the miracles accomplished by modern medical science, with the aid of hormones and such like, child welfare, maternal welfare--everything is possible in this world. But I thought I had stumbled on a modern natural phenomenom today when I found that the Honourable Member from Morris and Mrs. Shewman were celebrating their tenth wedding anniversary. And I also found out that they were the proud parents of three children and also the proud grandparents of three children, which, in my opinion, I figured was rather wonderful seeing it was their tenth wedding anniversary; but before I had an opportunity of broadcasting this miraculous event to the world at large I consulted the calendar and found that this was the 29th day of February. So I just ask the House to join with me in congratulating the Honourable Member from Morris on this very auspicious occasion.

MR. HARRY P. SHEWMAN (Morris): Mr. Chairman, and the Honourable Member from Swan River, if there's any bachelors in the committee meeting tonight I would recommend to them it's all right to look after some other man's daughter; I've been doing that for 40 years and it's been 40 years well spent. Thank you.

MR. CHAIRMAN: ..... if it's in order--I don't know whether this is a plea for lower hospital rates or higher. The member for--

MR. SHOEMAKER: Mr. Chairman, I understand that presently and in fact since the beginning of the plan, the plan pays semi-monthly to the hospitals and the payments are arranged to arrive at the hospital on the 16th or thereafter of the month and after the first of the next month. And whereas the payroll is the big item as far as the hospitals are concerned and whereas they generally pay their payroll on the 14th or 15th of the month and on the end of the month, I was wondering if the plan would not consider their semi-monthly payments say on the 10th and the 25th or something, or just prior to payday rather than a day or two after payday. It would help some of the hospitals a little in that way.

MR. JOHNSON (Gimli): I'll look into that, Mr. Chairman.

MR. CHAIRMAN: 7 (g)--

MR. TANCHAK: Just one question, please. If I understood the Minister right. I think there's one percent of the people in Manitoba that refused to pay the premiums--hospital premiums. How does the government deal with them that do refuse to pay?

MR. JOHNSON (Gimli): Well approximately 99 1/2% are insured under the program. In every case our field investigators made something like 9,500--it will be in the annual report --investigations this past year into cases where there is no payment of premium and only in cases where, these are of course where it is felt that the person can pay, this is brought to the attention of the Attorney-General's Department and certain prosecutions have been carried out. In cases of extreme--of hardship, certain exceptions are made. This largely arises in unorganized territory where the government is the insurer. Actually we have been very surprised by the few that we have had real difficulty with.

MR. CHAIRMAN: 7 (g), passed; 8 (a), passed; (b), passed.

MR. SHOEMAKER: Mr. Chairman, I wonder if the Honourable the Minister would report on the staff situation now at the various health units, and isn't it a fact that the municipalities are levied on--based on full staff at each of the health units? Each municipality within an area, they're levied upon, based on full staff requirements, and in some cases where they haven't had full staff requirements there has been no reduction in the levy on the municipalities. Is that not a fact?

MR. JOHNSON (Gimli): Mr. Chairman, the actual cost here is what we deduct. Only one-third of the net cost is paid by the municipality in proportion to the population and each individual in each included municipality, that's the net cost after the deductions are made. The health units--the honourable member asked about staff; last year under the health unit appropriation we had 128--126, this year it's 128. Seven months ago when we sat here we put in a necessary personnel to open up the Shoal Lake, Birtle-Russell Health Unit, but as we didn't have them at that time we have now recruited them, we're ready to go--but so they were included in this previously and that's why there's only the two more, people in personnel in this estimate. The other two were in the two ..... nurses I mentioned earlier transferred from public health nursing into health units, senior nursing super personnel. That's the only increase there--of the appropriation 15, the general salary hike accounted for $52,000 of this salary increase and statutory increments for the rest.

MR. CHAIRMAN: (b), passed; (c), passed; (8), passed; (9)(a), passed; (b), passed.

MR. PAULLEY: ..... this is the extension is it not of the health units into x-ray and diagnostic units? Is there any program of expansion in respect to these?

MR. JOHNSON (Gimli): This appropriation this year takes into account the new unit in the Birtle-Russell area, we'll be putting a lab and x-ray unit in there; and enlargement of the Virden unit, and this accounts for $102,000 of this increase. The establishment of this unit, plus statutory increments, plus the equipment. You see until the hospital plan came in the Provincial Government got 100% of the cost of the x-ray equipment in these lab and x-ray units and now we only get 60% of the cost because 40% is considered as an in-patient service, and this has increased our expenditure here substantially in this year.

MR. PAULLEY: ..... the addition though for this year, is it--

MR. JOHNSON (Gimli): Well we have--just a minute now--we enlarged the Dauphin unit; we enlarged the Portage la Prairie unit.

MR. PAULLEY: That's the only new one.

MR. JOHNSON (Gimli): We enlarged three units this year, took in more territory around the three of them, put in this health unit, x-ray and lab services; we are going into this whole new unit and our program will be as fast as we can to--

MR. PAULLEY: Are there any outstanding requests for the additions?

MR. JOHNSON (Gimli): I think the southern part of the province is pretty well uncovered. Boissevain, I'm sure the Honourable Member from Turtle Mountain will be in pretty soon. But we are studying this problem with them at this time as to--our director has been down to Deloraine recently as a matter of fact.

MR. CHAIRMAN: (9), passed; (10), passed; (11)(a), passed; (b), passed; (c), passed.

MR. SHOEMAKER: Isn't it a fact that student nurses training grants--there's certain grants available through the Department of Education; but under post-graduate study the grants are available through the Department of Health. Is that right?--(interjection)--There are bursaries available through the Department of Health for post-graduate nurses training, according to a letter that I have here. That is so--I see this item is increased very little this year, $53,000 a year ago to $55,000 this year. Now is there--

MR. JOHNSON (Gimli): ..... Is it post-graduate in public health nursing you're referring to? We have bursaries there under the health grants but the other bursaries to nurses are given through the Department of Education as far as I know.

MR. SHOEMAKER: Oh, I see, on public health--

MR. JOHNSON (Gimli): All health personnel would get them through our grants.

MR. SHOEMAKER: Well if there is a shortage of public health nurses--if there is--it would seem to me that this item should be increased slightly to encourage more post-graduate studies in this field. It may be that there is not a shortage but I was led to believe that there was a shortage of nurses by and large.

MR. JOHNSON (Gimli): Mr. Chairman, I can inform the honourable member, the turnover is pretty heavy due to certain reasons that effect most departments, but we have 109 this year I think it is, public health nurses; we've never been better off than we are this year. We can get grants through the public health and professional training grants to send these girls on post-graduate training or bursaries in public health nursing. But this appropriation you're looking at here, this is just for, this is the E. W. Montgomery bursary's assistance to dental students and the David A. Stewart scholarships to worthy medical students. These are both undergraduate awards; and this year we have nine young dentists graduating on this bursary. They're going to come back and work here, by golly!

MR. CHAIRMAN: 12 (a), passed.

MR. PAULLEY: Mr. Chairman, on 12, how many medical officers have we in unorganized territory? Does this represent a decrease in the number because last year's estimates had all inclusive of thirteen four apparently for salaries and this year it's seventy-four fifteen with $12,000 as supplies and expenses?

MR. JOHNSON (Gimli): Well, I can explain that. Last year you see, we passed thirteen four--now we have twelve here.

MR. PAULLEY: 12 here aye?

MR. JOHNSON (Gimli): I'll deal with the 12,000. That's two physicians now on a--this

(Mr. Johnson (Gimli), cont'd.) .. is an increase in the number of monthly payments to certain physicians who act as health officers in unorganized territory. We have 13 of them and two on a fee for service basis. Now we did have a contract with the doctors at The Pas for the care of medical indigents north of The Pas and we transferred them to a fee for service basis which makes the difference in this estimate here. The difficulty there was that quite frankly, medical indigency is almost universal amongst our provincial responsibilities in that area. The Deputy Minister and I went up last summer and met with Dr. Jacobs and his colleagues and it was felt that in order to retain their services we made an arrangement whereby we would pay them a percentage of a fee for service basis that was agreeable to them. This was due to various factors and things that happened up there and has resulted in the change in this estimate.

MR. CAMPBELL: Are these sort of retainers, Mr. Chairman--are they just retainers so to speak, or are they according to the number of calls?

MR. JOHNSON (Gimli): Well, we're paying them on an interim arrangement there until we could have more time to study it. It became almost an emergent situation and Dr. Jacobs was attempting to compile a list of all the provincial responsibilities in that area who he thought we might be responsible for. In the meantime we made a temporary arrangement to pay 75% of the Manitoba Health Service fee to them on a fee for service basis until such time as other arrangements might be made, and this definitely--the problem was that they were paid a retainer of $6,000 and it was costing them $10,000 to keep another doctor there who did nothing but look after these people.

MR. CHAIRMAN: 12--14 (a), passed.

MR. GRAY: Mr. Chairman, under 14, I see that in the last report that very little is being done for education and prevention. The money is well spent seeing that the number of children are being looked after--I think that the amount, although it's increased, but based on the figures here in your report, it shows that you have yet not sufficient funds. But my main question is what amount is being spent on education and prevention rather than the cure?

MR. JOHNSON (Gimli): Well, Mr. Chairman, the whole program under dental care is mainly aimed at attacking the universal disease dental caries. Our health education department has done much in the past year in assisting with dental health, dental education. This department has a full-time health educator under the director of dental services who does nothing but emphasize the need for the prevention of dental caries throughout rural Manitoba and in the city. I think in the past year there's been more effort than we've been able to put forth for some time because as I understand it, we've always had difficulty in keeping dental staff and we've been very fortunate this past year--Dr. Connors has been very active and as you see, the amount of work done is tremendous; when we only have one dentist to 6,300 people in rural Manitoba and one to 2,700 in Winnipeg, we have to put the emphasis on dental education. This year we're making provision for another dentist to assist our director and here we have hopes of nine young fellows returning to the province so things are starting to brighten up a little bit I can inform the honourable members.

MR. GRAY: Would a college here help you to get more dentists for the rural districts?

MR. JOHNSON (Gimli): Mr. Chairman, that's a hundred dollar question and I think the honourable member knows that.

MR. CHAIRMAN: 15 (a) to 17 (b), passed. 18--

MR. SHOEMAKER: Under 18, I wonder if the Minister would explain what--this is a federal grant--what does it cover?

MR. JOHNSON (Gimli): That is a grant which is set by the--that's the general health grant. The general health grant is 50 cents per capita from the Department of National Health and Welfare and we use this money largely--oh, it's used--when we spoke of those federal salaries under environmental sanitation, for instance, we can use a certain amount of it in that. $331,000 of this amount you see here is used in our local health units for personnel and equipment; we support post-graduate training of public health nurses and sanitary inspectors and public health engineers comes out of this grant; institutes for public health nurses, institutes for sanitary inspectors and health educators; the glaucoma clinic, the poison control centre at the Chilren's Hospital is paid for out of this appropriation; the home-care medical program we spoke about at the General Hospital comes out of here; we paid for part of our polio vaccine out of here this year when we had an over-expenditure under our other item. A certain amount of

(Mr. Johnson (Gimli), cont'd.) .. research is done under this appropriation and the City of Winnipeg Health Department, certain salaries and expenses in connection with their Milk Board comes out of this branch, so it's used for general purposes.

MR. PAULLEY: I didn't realize we passed 16. I was going to ask the Minister what the situation is in respect of the RH factor now. Is it just a continuing process of blood tests and the likes of that--this amount is up from years back--it's more just a continuing inspection, is it?

MR. JOHNSON (Gimli): Oh, yes, it's a constant vigil and of course, other monies are given through the health grant towards the transfusion of these babies. You know that isn't included in here. This is just a continuing research and staff to maintain this as you say, this constant vigil on every pregnant woman's blood that's tested in this province, it's done here.

MR. CHAIRMAN: 18 (a). Resolution 46, Health Division, $10,906,696, passed.

MR. GRAY: Mr. Chairman, before you proceed further, while we are spending $12 million for the health of the province, I think it's worthwhile for us to spend six minutes for the health of the Honourable Minister of Health, and I think he's very tired the way he talks and I was just wondering whether the Leader of the House would permit us now to retire before we start on the Welfare which is a very great subject.

MR. EVANS: Mr. Chairman, I think that we should yield to the impatient plea of the honourable member and excuse the Minister who doesn't seem the least tired to me but who has given I would suggest such patient attention to all, and good-humoured attention to all these questions and matters, and I know he enjoys doing it, and I'm very pleased to move that the committee rise and report.

MR. CHAIRMAN: This was when the salary was to come in; did you want me to make that motion? We held back the (a) (1) on the Minister's salary until we had completed the Health Division. Now if we could just put that through that would complete these two resolutions and we'd be ready then for the Welfare end of it.

MR. PAULLEY: Mr. Chairman, I think we should let the Minister go home this evening knowing that at least he's going to get paid.

A MEMBER: Hear! Hear!

MR. JOHNSON (Gimli): Mr. Chairman, the five little Johnsons will now eat for another year. Thank you.

MR. CHAIRMAN: (1) (2), passed; Resolution 46, Executive Division, $642,834, passed. Would the committee rise and report?

A MEMBER: You see George, we're not such a bad bunch of fellows after all.

MR. JOHNSON (Gimli): That was pretty good!

MR. CHAIRMAN: ..... put the resolution through because this is the last time we'll sign February 29th for four years. Mr. Speaker, the Committee of Supply has adopted certain resolutions and directed me to report the same and ask leave to sit again.

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

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

MR. EVANS: Mr. Speaker, I beg to move, seconded by the Minister of Health and Public Welfare that the House do now adjourn.

Mr. Speaker presented the motion and following a voice vote declared the motion carried, and the House adjourned until 2:30 Tuesday afternoon.