MADAM SPEAKER: Bill No. 31. The Honourable Member for St. James.

MR. D. M. STANES (St. James) presented Bill No. 31, an Act to amend An Act to incorporate The Trafalgar Savings and Loan Association, for second reading.

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

MADAM SPEAKER: Bill No. 32. The Honourable Member for Burrows.

MR. MOLGAT: Madam Speaker, we're carrying on with private members business are we?

MR. ROBLIN: Madam Speaker, I think that it would be a good idea to clean up these private members Bills, advance them one stage, and also the public Bill being introduced by a private member, and then we will go to Committee of Supply.

MR. MOLGAT: I have no objection to that procedure as long as that's what we're doing.

MADAM SPEAKER: The Honourable Member for Burrows.

MR. SMERCHANSKI prsented Bill No. 32, An Act to incorporate Holy Family Nursing Home, for second reading.

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

MADAM SPEAKER: Bill No. 15. The Honourable Member for Turtle Mountain.

MR. P. J. McDONALD (Turtle Mountain) presented Bill No. 15, An Act to validate By-Law No. 32-1962 of The Town of Killarney and By-law No. 12-1962 of The Rural Municipality of Turtle Mountain, and to add certain lands to The Town of Killarney, for second reading.

Madam Speaker presented the motion.

MR. MOLGAT: Madam Speaker, before we have the question on this one, I don't rise to object to the Bill going to committee. I would just like to have the assurance of the mover of the Bill that it has the unanimous approval of the parties involved. I realize a few municipalities are passing by-laws. Was this unanimous on the part of the people involved on councils?

MR. McDONALD: Madam Speaker, yes. We have a letter from each party that owns property within this ground and it is just a small portion of property that was cut off by the No. 3 Highway. It's adjacent to the town and the Rural Municipality of Turtle Mountain did not want to service this property, so they asked us if we could get together and make this little switch.

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

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

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

MADAM SPEAKER: Would the Honourable Member for St. Matthews please take the chair.

MR. CHAIRMAN: Department VIII, Department of Health. Resolution 54, Item 1 (a).

MR. JOHNSON: Mr. Chairman, I can assure the members of the House that it is an honour and a privilege for me to have this opportunity to introduce the Estimates for the Department of Health once more. I would share with the members the thought that each time that the introduction of the Estimates for this department arrives, it becomes tougher to try and synopsize because it is more and more difficult to confine oneself as the needs and wants in the field of health services are breaking out all over, and may I add achievements, which I hope to share with you this evening. However, I can assure you that the Department of Health portfolio is the most exciting portfolio in my opinion. I am deeply grateful for the thoughtfulness and co-operation the honourable members of the Legislature have shown in dealing with the staff of the department over the past year, and I would like to ask the indulgence of the House to make a full statement on the operations of the Hospital Commission separately when we come to this item in the estimates under Hospital Services. At this time, I would like to confine myself to the other matters -- several matters -- in the estimates.

I would like to point out to the honourable members that the summary of activities which I have distributed a few days ago is necessary and has been a tradition in the department to give members a graphic view of what goes on in the department, showing the variety of activity

(Mr. Johnson, Cont'd.) . . . . and the wide scope of interests of the Department of Health which affect almost everyone in the province. The annual report, as you know, is until the end of the calendar year. It is in the library and the copies are sent to the honourable members as soon as they're printed -- that is the whole report. This synopsis you have is this year prepared in the same sequence as the estimates are printed to help the honourable members in any way.

I think it important to take this opportunity at this time to pay respects to two members of the staff of the department who have retired in the past year. Dr. Murray Cleghorn, our Director of Health Services, who served in rural Manitoba as a general practitioner, and his father before him, and who has been with the department for several years in a key position, has gone on superannuation and we cannot speak too highly of the contribution he has made to our province. Dr. Elwood Rafuse, who was formerly Director of the Hospital Standards Division of the plan and latterly in Alternative Care, has also left our midst on superannuation and I wish to pay my respects to these two men. I should also point out to the committee the passing of Dr. Carl Wood, our Director of Standards at the Hospital Commission. Dr. Wood was more commonly known or generally known as a distinguished military man, a Colonel, who following his military career, and in the last few years, made a very real contribution to development of our Standards and Construction Division at the Hospital Commission. His untimely passing leaves another gap in the services at that commission level. Also, I'd like to mention to the committee that Dr. Creighton, our Director of Preventative Medical Services, has suffered a severe and lengthy illness and we hope he'll be back with us again. I thought I should also like, in mentioning these gentlemen, to say once again how very fortunate Manitoba has been, as these men have all left their mark on the activities of our department, the Department of Health for this province.

I would also like to pay my respects to the Provincial Board of Health who have been in operation since the turn of the century. We hear little about them, but they are composed of citizen members and technical members of the department under the chairmanship of the Deputy Minister, who have spent many hours devising various regulations over the years and serving as watchdogs to the Legislature and the people of Manitoba in the development of regulations which combine the latest advances in many fields of activity from housing to cemeteries and recommend these to the Minister.

I would also like to pay my respects to the members of the Hospital Commission -- citizen members who have given long hours and sincere effort in carrying forward the Manitoba Hospital Survey Board report, reviewing with the various voluntary hospital boards the development of a balanced and integrated hospital system for our province. The chairman of the commission has remarked that they've accomplished a year's work in the past three months. I would point out to the new members of the House that this is the first year that the commission has been operating. Formerly it was the Hospital Services Plan, with the Commissioner of Hospitalization dealing directly with the Minister, and now we have a commission, through the Chairman, reporting to the Minister of Health.

I would also like to announce that the Manitoba Health Council has been formed and has had its first meeting. I expect the council to be able to act as an excellent sounding board for the government. As you know, under the terms of the legislation, this body is going to be reviewing the extensions under The Health Services Act, and other matters of public concern which may be referred to it or which they may initiate on their own, and I am happy to report a happy balance of professional and lay people on this board.

I would also like to pay my respects to the many people who serve throughout Manitoba on hospital boards and health advisory boards. They do an excellent job of assisting our staff in meeting the health needs of the community and interpreting the community's needs and wants. Especially may I draw your attention to the wonderful work which the Health Committee have been carrying out between The Pas and Churchill along the Hudson Bay line. I am thinking of Ilford, Gillam, Wabowden, Thicket Portage, where lay dispensers and nursing personnel are carrying out a most essential service and where the chairman of our local health committees in these areas have been inaugurating everything from the development of small clinics to garbage dumps in these communities.

I was especially pleased this year to visit two of the smaller clinics established at

(Mr. Johnson, Cont'd.) . . . . Wabowden and Gillam where the -- Ilford I believe -- where we were able, through our Northern Health Services, to obtain buildings at Kelsey; have them dismantled. We paid for the transportation of this material to these communities, and with the self-help projects and help from the department, buildings were created to serve as community centres in these areas. Again this year we have three young ladies from the northern Indian and Metis settlements taking nurse's training in St. Anthony's hospital in The Pas. We support them on this course and then they come back and help us in the field. I can attest personally to the service rendered by these girls. It's just remarkable. After a three month course and in-training, what a wonderful job they do. This is a first in Manitoba in the last few years and is working out very well.

This year so many important developments have occurred in the field of health services that I could stand here for hours telling you of everything, of all the wonderful things happening right here in Manitoba. Achievements and goals being reached which even since I became Minister are breathtaking. Although the over-all estimates of the department are up somewhat over a million dollars, I assure you that every dollar is judiciously and effectively expended in meeting the several needs. Last year we went through the department inch by inch in the estimates and I'm happy to do so again. I think I can best introduce these estimates by drawing the attention of the Committee to the fact that every dollar bill spent in these estimates has a story behind it, and I'm willing to give all the information I can in assisting the members in a more intimate knowledge of the department's program, of which we should all be proud.

Before commenting or elaborating on the major items in these estimates, I'd like to reflect for a few moments and pay my respects to the several organizations and associations with which the Department of Health enjoys a close working relationship. Mr. Chairman, a department can only be measured really by the understanding, co-operation and participation of the people it serves. It is through 28 agencies that the Department of Health reaches into the community in gaining the understanding of the public's needs and wants, and interpreting these with the various agencies concerned in the development of programs into new areas of endeavour which are challenging us more every day.

As I have often said, the duties of the Department of Health would be meaningless without this concern and interest of so many people in the community. To cite the strength and successes of the department, may I refer to the board and staff of the Society for Crippled Children and Adults who will this fall, and this is a first, open the new school for the handicapped. This, as you know, is a joint effort between the provincial government and the society and the Kinsmen Clubs of Manitoba, and their efforts, of course, will be directed at the pre-school deaf and severely handicapped cerebral palsy children in the province, offering this new resource. This building is being built to four storeys rather than three in order to house other voluntary agencies such as the Multiple Sclerosis Society, The Canadian Arthritis and Rheumatism Society, The Canadian Paraplegic Association and the Manitoba Association for Retarded Children. I think this is a most significant advance in the development of health services in our province, and this centre will be located right across from the new Rehabilitation Hospital. To give you some example of the kind of activity of just one of these organizations -- we all know the tremendous work of the Association of Retarded Children -- for example, the Multiple Sclerosis and Rheumatism Association have a Women's Auxiliary of 75 active members. This shows you the kind of effort that these people put forward, and I think it's a very significant step forward that these five associations will now be housed with offices in one building right in the medical centre area.

A significant development occurred during the past year, as mentioned in the Throne Speech, which is another breakthrough and another first for the Province of Manitoba, and we should all be most pleased, and I refer to the development of the Research Prosthetic Centre for the congenitally abnormal children who may be born now and in the future. The Thalidomide disaster prompted the federal authorities to convene a conference of all the provinces in Canada and the expert committee formed in Manitoba made an excellent representation at the national level and secured for this province a research centre for the development of prosthetics of all types of congenital abnormalities. The area of assistance has hardly been touched in Canada in the past, if anywhere, and this will be one of three centres established by the federal authorities in three locations in Canada -- one of three. I believe the other two are Montreal and

(Mr. Johnson, Cont'd.) . . . . Toronto. I'll deal with this briefly a little later.

The Canadian Mental Health Association has continued its activities, and I would say gentlemen -- and I'll have a little more to elaborate on this later -- another first. This organization is carrying forward a voluntary program and in the past year has been successful in placing 60 people from the Selkirk Mental Hospital back into the community. Actually it's more than this, and I'll deal with that later. I cannot commend them too highly. With the help of volunteers, again the Selkirk Vocational Rehabilitiation Centre, or Work Shop, has been developed where in the Town of Selkirk selected patients are given training in developing work habits, preparing them for discharge into the community. These are people who have had to undergo long periods of hospitalization, five to twenty years, and as a first step in their return to the community, this wonderful facility has been developed simply by the concern and interest of local citizens, combined, of course, with the staff of the Selkirk Mental Hospital, our two senior people in particular.

Another first is facing us in the coming year in Manitoba, this Manitoba Cancer Research Foundation Centre is going forward. For the development of their plans, you will be asked to pass substantial additions to their estimates. When completed this summer, Manitoba will have the most advanced Cancer Treatment and Research Centre anywhere in Canada, if not just anywhere, period. I would also like to point out at this time that the research program in cancer research that is being carried forward right here in Manitoba, and for which provision has been made for facilities above the treatment section of this centre, are cancer studies which are in the vanguard of research in cancer anywhere on this continent, and their development in the future will be in the study of Keno-therapeutic agents, that is the chemical attack on cancer. We have Dr. Lionel Israels heading this program and this is a real service and facility of which we can be extremely proud and grateful.

The Association for Retarded Children -- again, whether this is a first or not, but we think its most significant advance this year has occurred in the development of a strong provincial association to which the province has voted a $10,000 grant to assist in the co-ordination of this very wonderful voluntary association. The Department of Health, working with members of the Organization and Methods Division of the Treasury Department, worked intensely with this organization in analyzing our objectives and roles in the past year and has proved a most worthwhile exercise, and this Association we will hear more about later.

The Sanatorium Board of Manitoba, and when I say another first here for Manitoba, this is the biggest significant step forward in the care services that we can imagine. It has now opened the 158 beds at the Rehabilitation Hospital. Physchiatrists are being obtained and up to 150 patients per day are using the out-patient facility. Something happens to you, Mr. Chairman, when you visit that hospital. It is a hive of activity, and during the session the Members of the House should take the opportunity to visit this fine facility one day -- it is staggering. I have been told by authorities, from both overseas and south of the border, that they have never seen anything to equal the kind of services and the kind of facility we have right here in Manitoba; and I intend to arrange, after my estimates, that we pay a visit to that institution some morning or evening, as the House may wish.

I can't help but pay respect also to the Canadian Red Cross who put on an extended drive for blood donors again this year. We have to soberly reflect periodically how fortunate we are in Canada to have this very unique service. We support them substantially through the Hospital Commission, as you know, and I was just amazed when you learn of the problems with blood products and other jurisdictions. We in Canada certainly have the finest blood transfusion service anywhere in the world, and in Manitoba it's as good as anywhere.

I would also, in mentioning as I said earlier, 28 agencies -- there's the Heart Foundation, the Alcoholism Foundation, the Blind Institute and the other rehabilitation agencies, but I have just touched on some of those agencies with real exciting programs actually going forward this year.

I think we should reflect, however, that the concept of prevention is really the foundation of the department's activities -- that's why this department was created -- but it must be balanced with all the new responsibilities which are placed at the doorstep of any modern health department. In these estimates, we are concerned in committee that the province is getting value for its money with these policies and programs, which are sound and understood by the

(Mr. Johnson, Cont'd.) . . . . staff carrying them out. I am confident, Mr. Chairman, that the staff are cognizant of where they are going and the emphasis on the program is where it should be.

A good example of this versatility which is required, for example, is in the field of rehabilitation. The provincial expenditures under rehabilitation this year will be up about $200,000 in supporting a host of activities. The objective of our rehab program is to take every possible advantage within our resources, of enhancing the those agencies within our community to offer more adequate individual service. As you know, we have the Director of Rehabilitation Services for the Province who acts as the co-ordinator of the various voluntary agencies, rehabilitation agencies, the five major ones in the province. We should all be happy in this committee to realize that no disabled person in the Province of Manitoba need go without essential medical, prosthetic and a host of services, down to vocational assessment and training and job retraining in the Province of Manitoba. I think there were over 300 people received rehabilitation in the past year. It's important that we realize this, that this is a fact in our province.

Today, the activities are exploding as we're beaming rehabilitation procedures at both the physically and the mentally disabled people. In estimates this year, under rehabilitation just for example, to give you some idea as I said earlier of the diversity of examination required by a modern health department, for example, the industrial workshop: provision is made in these estimates for 170 physically disabled people to be assessed on a three-week work assessment course, with subsistence and travelling expenses provided for people from rural areas. These are the physically disabled who might, through work retraining, find new employment. At the Selkirk Community Vocational Centre increased grants to help further the work of bringing back some of our long-term mentally ill patients into the community through this excellent facility, sparked by public-spirited citizens in this province, and now an integral part of the department's program and through that hospital.

For example, the Arthritic and Rheumatism Society are branching out with more and more services in physiotherapy and in assessment of arthritics throughout the province in addition to the clinics established at the Rehab Hospital. Substantial increases are being asked for in that field. The continuation and enhancement of home care projects, the Progress Club, another first in this province where through the co-ordinators of this department the Association for Retarded Children and the Cerebral Palsy group organization have formed a group to handle mentally retarded cerebral palsy children. Such a facility hadn't existed before and a start is being made in this necessary area.

The school for Physio and Occupational Therapy, another first in Manitoba, as this year we graduate our first students in the physio and occupational therapy course at the University of Manitoba, which is conducted at the Rehab Hospital. Substantial monies are provided in these estimates for this program and, of course, the Society for Crippled Children and Adults. As I mentioned, the new school for the pre-school deaf and cerebral palsy people is opening, where provision is going to be made for extra diagnostic clinics and vocational rehabilitation counsellors. These needs, as I am trying to indicate, Mr. Chairman, are just breaking out in so many areas that in 1963, as I say, you need a very versatile department.

I will explain in detail, if members wish when we come to the estimates, some of the change in format under rehabilitation because this has changed for clarity in the past year in the estimate book. However, I think that I would point out to you that we work on the concept in the department and in our rehabilitation program in developing patient centre programs rather than program centre activities that we try to fit a patient into. We try to work this individual patient centre kind of service and I'm sure that members will be glad to know that the department does not differentiate between the physically and mentally ill in conducting this program.

I think we should take great heart in the Rehabilitation Hospital under the Hospital Commission and part of our hospital services program where new care concepts are being brought into play. These just didn't happen. This was initiated several years ago, and the pioneering and experience developed at our municipal hospitals by the staffs there at this level in chronic illness and rehabilitation has been brought in and brought to bear in this new Rehab Hospital along with new personnel from other jurisdictions; and, of course, this year physiotherapy was introduced in the Municipal and Rehabilitation Hospital as an insured service under the plan to

(Mr. Johnson, Cont'd.) . . . . get this underway. I would say to you categorically that we're on the right track here. We can all be most proud of this facility and again this breakthrough in care, this new concept of care which is dynamic, which you must see, I'm sure, assisted and had real bearing and made possible, possibly was one of the key factors when our committee went to Ottawa and laid Manitoba's recommendations before the committee who were looking at the ways and means of assisting congenitally malformed children in the future. I haven't had the final recommendation but I imagine that the facility will be located in this hospital.

I would point out to the committee at this time that an expert committee formed here have given me a list of those who will be invited to Toronto next month to participate in a course, at which leaders in the field of congenital malformations will be the speakers and teachers. Following this, two members of our community will be travelling to West Germany along with two candidates from the other two research centres that have been named to see first-hand some of the progress and developments in that country. I think we must not minimize this and this is a real breakthrough. It is unfortunate it took the thalidomide disaster to really get this off the deck, but once this thing happened, this tragedy occurred, it became almost a -- it wasn't just in Manitoba, North America found that none of us really knew how to tackle this kind of tragedy. However, I'm happy to tell you of this most wonderful development, but again I think it shows the versatility of our department by the approach which the department has made in trying to explore every possibility in breaking out in these new areas of care and care concept.

Now to elaborate again on the cancer facility, I think again we can take great heart in the extension this year by the Cancer Foundation of the Cancer Cervical Smear Service. This is a method of detecting a form of cancer in women. After the first month of operation, one of the heads of the program phoned me to tell me that the number of specimens he had received had quadrupled in the first month of operation and that 23 cases of cancer had been detected in the first 30 days. This is absolutely staggering; and I think that next to British Columbia, let's at least be the second province in Canada to have this service available to all our Manitoba women. Again I've touched on the research that has gone on in this cancer facility and I would say categorically that we must be all most grateful to the voluntary board of the Cancer Foundation for their leadership and drive; and as this facility opens in September next or October, I would say without reservation that it should be as fine as anything in the world, with the very latest in radiotherapy and cancer treatment service; and this is supported entirely in this estimate that is before you.

I mentioned earlier that prevention is the foundation or is the basis of the department's activities. I think that again, last April, we were the first province to initiate the Sabin Vaccine program with the 775,000 Manitobans immunized in one month, the highest percentage of immunization in Canada and the highest incidence or the most successful vaccine program that Ottawa had ever heard of, getting 85 percent of Manitobans involved. Now we're continuing to follow the advice of our expert committee, both locally and nationally, concerning the future use of Sabin, but we are most pleased with this wonderful record because as we all know Manitoba is an Endemic centre in North America for this dread disease. But again, every day we see evidence in the department -- you know one day one of the directors in the department said to me, "You know, sir, the public never seems to hear about the Department of Health until something goes wrong." Here we are with an extensive educational campaign, constant vigilance and when we see things getting a little out of hand in our statistics we move rapidly, but still it's a tragedy in 1963 to hear of diphtheria deaths, of which we had three in the province last month. I cannot -- just to indicate to the members of the committee, that this continuing onslaught on these preventable diseases must be carried forward in addition to this becoming so diverse in so many fields of care activity. Tuberculosis and venereal disease have all received increased attention during this past year. Northern health services -- I think I've spoken on this previously many times -- again the review of activities and synopsis I gave you indicates the kind of problems that these people are running into; the amount of time the staff must spend in the field. These are devoted people and we're very proud of the tremendous work which they have done in the north.

Now the estimates also deal in the preventative field with the professional training grants. We utilize the maximum amount of money available to us in professional training and in the past

(Mr. Johnson, Cont'd.) . . . . year this went to cover and support everything from technician training to nursing institutes and a host of other professional training endeavours. We should also realize that -- and again we tend to take wonderful things for granted. Right here in Manitoba the new President of the Canadian Genetic Association is Dr. Bruce Chown who is one of the pioneers in America and the world in the Rh factor. Here's a service that is universally available to all the women of Manitoba and it's saving lives every day. The director of that department was telling me last week that he gave one child six complete transfusions, and he doubted whether there were many centres in America that could match this. I think it's a real tribute to Manitoba and to Dr. Chown, who pioneered this work, that he has been given this honour so recently. But again, we can all in Manitoba not take a back seat to anyone when it comes to these wonderful advances and these wonderful things we have right here and which, let's face it, we tend to take for granted at times.

Now the big story -- the big story in the department, the thing that makes it really exciting is in mental health. We are moving forward in all aspects of mental health; acute, chronic, retardation and deficiency, and these estimates reflect a happy balance. I want all members of this House to take pride in Manitoba's mental health program. Despite fewer people in our institutions today, as I will point out, we have increased costs each year as we are placing the emphasis on more intensive treatment and in supporting these people in the community. You just look at that estimate book. For example: Community Mental Health -- initiated in '61 -- just before that it was $405,000; this year, $978,000 as we're trying to break out into this new field and at the same time maintaining and enhancing our present program.

Mental illness, Mr. Chairman, is certainly Manitoba's first public health program, and of course this is true everywhere. I think we can say that North America will soon be leading. To emphasize the problem and to put it in its proper context, I thought I would just read an excerpt from the Special Message on Mental Illness and Mental Retardation submitted to the United States Congress by President John Kennedy on February 5th of this year. In his remarks to the congress of the United States, he said, and this applies equally well here, Mr. Chairman: "Infectious epidemics are now largely under control. Most of the major diseases of the body are beginning to give ground in man's increasing struggle to find their cause and cure, but the public understanding, treatment and prevention of mental disabilities have not made comparable progress since the earliest days of modern history, yet mental illness and mental retardation are among our most critical health problems. They occur more frequently; affect more people; require more treatment; cause more suffering by the families of the afflicted; waste more of our human resources and constitute more financial drain on the public treasury and the personal finances of the individual than any other single condition."

As I was looking through the -- if I may digress for a moment -- the department the other day, there's a medical book in my office which said, and I thought I certainly would like the members of the committee to hear this interesting quotation of a couple of hundred years ago, which says: "I do advertise in old English, every man which is mad or lunatic or frantic or ... . to be kept in safeguard in some close house or chamber where there is little light and that he have a keeper which the madman do fear." Here we are in our province, examining our program, examining our estimates, and a couple of hundred years ago this was the attitude. Today the President of the United States, a man in that capacity, makes this statement on mental illness. I would further quote -- there are other quotations here that I could read to you and I'd like to refer to them in a moment -- however, he says here: "That until the community mental health centre program develops fully, it is imperative that the quality of care in existing institutions be improved by strengthening their therapeutic services. By becoming open institutions serving their local community, many such institutions can perform a valuable transitional role." This could be written in Manitoba. Another quotation: "Until comprehensive community mental health centres" -- one of which we're approving some estimates for today which is being created at Selkirk, about to open this spring, Mr. Kennedy said: "We need a new type of health facility, one which will return mental health care to the mainstream of American medicine and at the same time upgrade mental health services."

Mr. Chairman, we are creating this kind of facility. What I said earlier, our people are on course; they are taking a back seat to no one in their progressive thinking. To show you how cognizant they are, I want to read to you some of the remarks in the report made to me the

(Mr. Johnson, Cont'd.) . . . . other day by the provincial psychiatrist. "I am setting out below, in brief form, pertinent facts concerning accomplishments in the activities of psychiatry during the past few years. The average annual increase in patient population for the five years including '58 was 37 patients per year. The total decrease in patient population since 1958 in our three mental institutions is 443. To this figure probably should be added the increased population of the psychiatric institute since the new section was opened in '60. This increase is to '58, that is 24. If this is taken into consideration then the actual decrease in patient population in Brandon and Selkirk in this period of time is 467. If we had encountered an average increase of 37 a year which was our experience prior to and including '58, we would have added to the patient population four times 37 or a 148; and if we add to this 467, it gives us an increase of 605 patients, which we could have anticipated as the additional number of patients in our hospitals compared to what is our actual situation today. The dramatic change has resulted from: 1. The availability of effective psychotherapeutic drugs. 2. A marked increase in therapeutic activity within the hospitals" -- and I might say here the Canadian Mental Health Association and SHARE and other organizations have sparked this -- " giving more individual attention to patients. Utilization to the fullest degree of medical, nursing and occupational staff, to provide a full day program of stimulating activity in addition to group psycho-therapy sessions. The overall change in mental hospital atmosphere from one of restrictive custodial care to the complete open door atmosphere. This decrease in patient population has been accomplished in spite of the fact that we have encountered an increasing rate of admissions to our hospitals, both first admissions and re-admissions. Our discharge rates are increased but the rate of re-admissions has not increased significantly over the rate of first admissions."

In this connection I would just digress to point out to the committee that in 1935 there were 866 patients under care in this hospital. In 1962, the number of people received into the in-patient service was 1,671. It's doubled. In 1962, the admissions were 534, 133 and 50 percent were discharged on first admissions. Today, 93 percent are discharged after first admission. The increase in voluntary admissions is interesting. They have increased approximately five percent per year in the last three years, that is people voluntarily coming for assistance, and during '62 accounted for 30 percent of all admissions to this hospital. In out-patient services, Mr. Chairman, in 1961 there were 3,020 visits to the out-patient department; 746 patients under care. In 1962 in this one hospital, 1,000 patients under care, with 4,500 visits; an increase of 46 percent in one year and 40 percent in the next. In new patients, 63 percent increase in the number of patients between '61 and '62. This indicates that besides a 93 percent discharge rate on first admissions, the out-patient load has increased by 63 percent to cope with this. So all aspects of the hospital program are just being taxed to the limit.

"It is also," he said, "evident that we are encountering a marked increase in the demand for psychiatric services and to individuals who require in-patient care." When I asked the staff what causes this bulge on services in this last year or two, the advice is that -- the statement was made to me, "they just seem to be coming out of the walls." These are people who for years lived in the community with their psychoses and their neuroses, but now they hear that there's help and they're coming and they're getting it.

The average length of stay in hospital of patients who are discharged has been decreasing and it's just now a little over three and a half months. Now these are staggering results. "Part of the increase in admissions to mental hospitals results from the case finding activities of these community mental health clinics that have been set up. The increase is due in part also", he reports, "to an increased confidence on the part of the population, as a whole, in our mental hospitals and our ability to provide, to really provide a planned, effective therapeutic program." He also says, "the increased demand for out-patient services has even surpassed that for in-patient services," as I indicated. "The admission to hospitals have been increasing at 20 percent per year." And this is the staggering statement, Mr. Chairman. "In 1962, there were 3,648 individuals attending our out-patient clinics and these are in our large mental hospitals. These individuals made a total of over 16,000 visits, which is an increase of 41 percent over last year when the total visits were 11,693."

Now, Mr. Chairman, in 1921, do you know how many patients attended the out-patient departments of our three mental institutions? Three - - three. This absolutely goes beyond comprehension to where the enlightenment that I've indicated, not only of governments and

(Mr. Johnson, Cont'd.) . . . . staff but the Canadian Mental Health Association in getting to the public, and the realization by all of us that mental and physical illness should have no distinguishing features so far as our services program is concerned. I often wish today that the Honourable Member from St. John, the former member, hadn't left me before I could make this statement to this House because we have, this year, 47 doctors on the staffs of our mental hospitals; 15 -- now wait a minute -- 15 qualified psychiatrists in our three major institutions; and seven under training and about to receive their higher certification. I have the breakdown in the estimate book. However, I would at this time pay my sincere respects to the dedication and the plain hard work that the psychiatrists have been showing, and what has stimulated them and encouraged them have been these features of a little support and the community mental health program getting out to the people and the reception by the public for their services.

I'm going to take the liberty, Mr. Chairman, of distributing to the honourable members of the committee, a report made to me by the Executive Director of The Canadian Mental Health Association and ask him to pass them around. You can read them a little later. But this is a story that is a "first" to my knowledge in Canada and another thing which all of us should be very proud. Of 200 patients, 200 patients who have been in our large mental institutions from five to twenty years, from five to twenty years, 200 have been placed back in the community in the past year. I had a phone call yesterday morning from one of our large hospitals that they had closed another ward. Now this is a success story that I certainly wouldn't have contemplated a year ago. One hundred and forty of these patients, Mr. Chairman, are receiving and are in the community with the assistance of The Social Allowances Act. By combining the benefits under that legislation with the psychiatric program in our hospitals and with the concerted effort and drive of the volunteers in the Canadian Mental Health, this has been brought about.

I'd like to indicate to this Committee now, this wonderful story. The director there mentioned 60 people that the Canadian Mental Health Association have helped to place. Actually, the figure given to me by one of the directors today was 139 actually in the community with the Social Allowance Assistance and up to 200 placed out of hospital. This is a fantastic story and statement and I appreciate it, but the way it was brought about was this. A little over a year ago the Canadian Mental Health Association and the SHARE group in Selkirk branch of that association, who totalled about 140 in numbers, advertised for foster homes for these people. Applications were received from people; they were referred by the volunteers to our director of this program; the psychiatrist sent out a social worker to look at the foster home and bring the foster parents to the hospital to meet the patient and then make the placement; and with the support through the Out-Patient services and under this Act and so on, with this support -- in other words, from the department and from these agencies, this wonderful story can be told.

Again I've made mention that it's not only in -- we've made this other breakthrough in developing this workshop in conjunction with the Selkirk Mental Hospital. The big first, and the kind of thing that even the President of the United States is talking about in Congress, is that 50 beds will shortly be opened -- or we hope won't be too long at Selkirk, a 50 bed acute reception unit, 25 men; 25 women. This is a community resource where the acute severe cases are given intensive therapy in the acute reception centre, and gives us the opportunity with the rest of the staff to continue this kind of activity which goes all the way from brightening up the wards, opening the doors, work placement, technical vocational assistance in this work, assessment and placement in the community, placement through the co-operation of the Mental Health Association and our social workers. This community centre at Selkirk is something we can take you to visit probably in the coming year. Again, as even the man of the stature of the President of the United States in talking of mental retardation -- the reference I made to it -- again these estimates in the Province of Manitoba reflect the fact that we're on the right track with community involvement.

I've mentioned the progress of the beginning this year of the program for the cerebral palsy who are mentally retarded; in the past year the expansion of the activities of the Association for Retarded Children -- it has trebled in the last two, three years; and the development recently of the Riverside Lions Club who are sponsoring an activity centre with that association. We are mentioning the enlargement and expansion of the St. Amant ward; the tremendous explosion in the support of mental defectives outside of institutions; the use of the vocational

(Mr. Johnson, Cont'd.) . . . . rehabilitation agreement in the rehabilitation of the retarded; the expansion of activities in Broadway Home, which in the past only the top people were really taken out of Portage and placed through the Broadway Home back into the community. It concentrated on selected people from the Portage Manitoba School who could be partially sustained in the community. Now there's more emphasis on training at that institution. As a matter of fact, there are 105 boys and girls and people in the Portage School who are classed as pupils, that is they participate in everything from kindergarten to a Grade 4 level in a teaching process, and 118 participate in bands and choirs and socialization activities of all sorts.

We all know of the wonderful attitude of the staff of that school where we are attempting to be a school and where we are all, as a province through these wonderful voluntary associations, helping the community with their special classes; supporting the retarded in the community. People working with these children want the community concept in the community approach and we certainly endorse that and gradually extend and enhance our activities at the Portage School. I should say that this year at Portage la Prairie we are developing our first three cottages, and this is where we hope to have up to 30 disturbed boys in a cottage with more of a homey atmosphere, hoping that this will further enhance our placement of these people back into the community. I think we had 27, or was it 42 -- I can check that figure -- placed out of Portage in the past year with this enlightened program, but we must continue to keep this happy balance of maintaining and developing our ideas, and I can assure the committee that our staff are on the right course.

In mental retardation and mental deficiency, we don't have to take a back seat in Manitoba to anyone. In Manitoba, as many of you may know, there is research in Mongolism, which is receiving substantial help also from the United States government. This is research of the highest calibre and has shown that one chromosome separates you and I from the fate of so many of our brethern who have this defect in their development.

In Rh research, this alone, look at the contribution that has made. Rh research has prevented a great deal of mental deficienty. Before we could determine this, children became jaundiced, developed a thing called . . . . . , which left many mental retardees. So in Rh Laboratory, in this universal Rh program in the province, in the support of our research in mongolism, in our development of better hospital standards, where they're really being critically analyzed these days, through the voluntary boards, the profession and the support of the citizens of Manitoba, we have reached the standard of hospital care which is available in this province, which is equal to anything in the world. These are the things -- all these things have to go forward together and all these methods of prevention of mental deficiency must be studied. I hope that further focus and attention will be placed on this whole matter by the development of our research centre for development of congenitally malformed children.

Now again, Mr. Chairman, I think that we have to achieve again this happy balance between research and improved care. I would point out to the committee that these aren't small steps, they're not baby steps, these are strides forward that we can match with anyone, and I think that we in Manitoba and this committee can all be proud that we're playing a part in studying the details of estimates that are doing these kinds of things for the people of Manitoba.

I would like to say to the honourable members of the committee that -- I'd like to point out that this year, this May, Manitoba will be host to the Canadian Public Health Association and, as the host province, the Minister is honorary president of this association. The keynote address at this conference will be smoking and cancer, and I think it is the department's responsibility, and the department feel this keenly, to ensure full knowledge of this important problem. There is no use sounding off statistics; it's proven. We must pay attention to this for oncoming generations and my department has been working with schools and local guidance people as to how to get this to our youth, and certainly my convictions on this matter are certainly shared by our federal health people.

I know there's a resolution on the Order Paper from the Honourable Member from Wellington, but I would like to point out to the Committee, Mr. Chairman, that I would like to distribute, and I have it standing by for distribution, a statement on lung cancer. Then I want to distribute this plus a pamphlet from the Sanatorium Board of Manitoba, and distribute to the leaders of the parties a book put out by the Royal College of Physicians of England which is -- I will also place six or seven copies in the Library for the rest of the honourable members.

(Mr. Johnson, Cont'd.) . . . . I'm sure many members of the House will have seen the recent news item wherein the President of the CMA, Dr. MacCharles of Winnipeg, was quoted as saying: "Smoking Doctors Set a Bad Example". I agree wholeheartedly with this statement. I've taken the liberty, with his permission, of having reproduced for distribution to the members the full text of his letter to the Medical Association Journal. I'm circulating this because I think the honourable members of this House look upon themselves as leaders in their communities and examples of proper living no less important than the doctors who practice amongst you. I would, however, like to supplement Dr. MacCharles' statement with some sobering statistics from right here in Manitoba, and these concern deaths from lung cancer in Manitoba between 1922, when we had no deaths reported, and 1961 we have 176, an increase of 600 percent. In 1961, lung cancer killed 176 male deaths more than the total from motor vehicle accidents, which stood at 113. In all sincerity and seriousness, I share these grim figures with you because I believe that all of us in this House share a responsibility with medicine to do all we can as individuals and as public servants to broadcast this message to Canada in such a way that the public, and particularly our youthful segment, can apply the only antidote that I know exists, and that is personal wisdom. The Member from Wellington, as I mentioned to him I had this material, and he has agreed that I could distribute this despite the resolution he has on the Order Paper.

Mr. Chairman, not too long ago a Member of this Legislature said to me in a moment of weakness in the opposition, that compared to other jurisdictions to which he had been and experienced hospital costs and health problems, Manitoba was the "Garden of Eden". While I may not agree that we're quite to that development yet, I think that we must realize in perusing these estimates that these services and this department has been developed and built up over many years, and some 70 years ago or more that the elected representatives in this province first became custodians of the mentally ill, and that little passage I read pretty well applied to the thinking of that short time ago really in our history. I'm the first to admit that not all the needs are being met, but I think that these estimates reflect a happy balance and I feel convinced, as we peruse these estimates further, that every single member of this Legislature can be proud of Manitoba's health program that we have in 1963. Thank you!

. . . . . Continued on next page.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, I think it is true to say that at least at times I'm considered a bit of a rebel in this House. For instance it has always been difficult for me to accept the tradition of congratulating everybody if we mean it or not and try to stab them in the back after. But in this instance I'm certainly very sincere in congratulating the Honourable Minister. I don't think that there is much doubt that his sincerety and his integrity, and so on, has never been questioned. It is indeed very difficult to stand up and speak after him -- not that he is perfect and that all his programs are perfect -- no indeed, but at least you know that he has been working very hard; that he has been very sincere; and he seems to take it so much to hear, when you attack some of his programs, it seems that you're attacking a child of his.

Mr. Chairman, the $21 million spent in this department, approximately half of this amount is under the item Manitoba Hospital Plan, therefore I think it might be advisable for us to have a look at this Plan. The Honourable Minister chose to wait until a little later before discussing this and no doubt he will be able to enlighten me in some of the questions that I have today. Of the 10 1/2 million under the item we know that the provincial contribution is around 3 1/2 million leaving a balance of approximately 7 million. It would seem that the 7 million should represent the total amount of money levied through that six percent provincial income tax. I'm anxious to know, Mr. Chairman, if the six percent income tax brings a revenue of $7 million or is it more than this? At the special Session that we had in 1961, on October 20th, 1961, on page 170 of Hansard we will see that the Honourable the First Minister assured this House that any surplus would be turned over completely to the Manitoba Hospital Plan; and, of course, he also stated that the government would still contribute $3 million from the general revenue. Of course besides the amount of $10 1/2 million there is also the revenue from the premiums which is paid directly to the Plan.

At this stage, Mr. Chairman, I must admit that I am rather disappointed to see that this department did not see fit to make a more extensive report available to the members. We have a report here that is certainly very well done; very easy to understand -- in looking at it the other day I noticed a few things, such as the -- (interjection) -- there's too many pictures. Oh yes, in the different birth -- in 1961 we had 23,500 and we've gone down to 20,000, although in '60 and '59 we still had in the 23,000. The deaths are also down of 6,500 in '61 and also in '59 it was in the 7,000 and even the marriages were 5,000, where in '61, '60 and '59 we were in the 6,000. Now there might be an explanation. I see here that this is only the preliminary figure, although there is a note here that the statistics are not expected to vary much from the final figure. This is something that struck me and no doubt the Honourable Minister will have an answer to this.

There is another thing that I can't say that I like too much: they show the inside of a little folder, match folder, and they seem to advertise certain free clinics in St. Boniface. I wish that maybe they'd move that a little further from St. Boniface -- (interjection) -- Mr. Chairman, I confess that I was very surprised not to receive more of a report than this. I had no knowledge of this; I was expecting something until last night when the Honourable Minister told us this was it. It might be that I can get this information elsewhere with all the different reports and propaganda material that we receive from the government, it seems to me that we should at least be furnished with more information before being asked to approve these estimates.

At this time I would like to ask the following questions of the Honourable Minister. What is the total cost of this plan? What amount comes from premiums? What amount comes from the general revenue? What amount comes from the special provincial income tax? What is the total amount raised by the province by this special income tax?

Although this plan is very costly, Mr. Chairman, it seems that many doctors have accused the government of selling compulsory hospital insurance under false pretences. They accuse the government of selling a scheme which it is not fulfilling. It is a known fact that often times these doctors cannot obtain beds for their patients. Sometimes even in emergency cases.

Now the newspapers made a survey of six greater Winnipeg hospitals and they feel that the report was that 1,700 could not get into hospital at that special time. I know that we have a problem here; it would be most unfair if I tried to blame the Honourable Minister or his

(Mr. Desjardins cont'd) ..... department, but I do feel that he must recognize, that he should recognize this problem. We have a recommendation from the Willard Report, recommendation that there should be more chronic beds, in order to get proper care for those cases, and also to release beds for acute care. We can come back to this a little later.

But financially the government has a problem, also it has a responsibility; it is a problem it is difficult to get enough beds. But it is nevertheless true that many people cannot be admitted to the hospital. It is also true that they are paying for this care and that they are not receiving it. It is also true that it is a compulsory plan and that the government will prosecute those who refuse to pay. This is certainly not respecting the freedom of the people. All the Minister has to say on the subject is that it would double the premium if enough beds were obtained. Well I don't believe that this is quite right.

First of all I would like to correct the false impression that some people might have that the government claims, that the government pays -- I shouldn't say claims but it leaves the impression -- that it pays -- 80 percent of the cost of construction of these hospitals. The owner or corporation must pay the first 20 percent; the federal government will pay $2,000 per bed; the provincial government will pay the same, and this does not represent more than 10 to 15 percent; the balance of approximately 55 percent is raised by debentures. The interest on these debentures is paid as an operating expense. The capital to repay these debentures is paid by the depreciation on building. Of course there is no depreciation allowed, only 20 to 25 percent covered by the federal-provincial grant. For example, if you had a 50-bed hospital, if you built that at the cost of a million dollars, we'll say, 20 percent would have to be paid by the owner, or $200,000, leaving a balance of $800,000.00. The federal-provincial grant would be $2,000 each per bed, or in this case 20 percent, another $200,000, leaving a balance of 60 percent, $600,000, and this would have to be paid by raising debentures.

The Honourable the First Minister gave us a schedule of hospital projects approved for future construction grants last year. According to the Willard Report the recommended way of improving the situation would be to make more room for the extended treatment and extended care, and, of course, by doing this we would release beds for acute care.

I would like to know what is the situation with the Salvation Army in St. James at the present? Last year the Honourable Minister told me definitely that construction grants would have to follow the schedule that he gave us and this would mean that money, the grants would be available only in '65 and '66 and apparently we have some people who are definitely interested in building now, and the City of St. James would also like to build now.

What will happen now, Mr. Chairman? I would suggest that the government had some idea that this would happen before releasing this schedule. The Honourable Minister might explain his decision to reverse his decision as far as the present Grace Hospital is concerned, also. It seems that in this case he will ignore the Willard Report and that the Grace Hospital will still be used mostly for acute cases. Is he changing his mind about what he told us last year? Is he getting panicky because there is a shortage of beds? Was the Willard Commission wrong in its recommendation? I would also ask the Honourable Minister why we are not going faster with the home nursing care program? Some hospitals apparently are already to go, so why the delay? This would profit the people of Manitoba and it certainly would save money for the department

This year a very unfortunate accident happened. It would seem that a nine year old boy was refused admittance to a hospital and a doctor told his father that there was nothing wrong with him. The boy died shortly after -- after much suffering. I'm not going to use this to condemn the Minister, the department or the hospital. Certainly there is no blame to be attached, as long as we're dealing with human beings, we will make mistakes; but I would like to know if the Minister has done anything to prevent recurrence of this sad accident. Certainly there must be a way to double check and when in doubt with these emergency patients they should be kept in the hospital for observation. But again I must emphasize this, that I'm not placing any blame, this is something that -- I think we should all use this as a lesson and try to be more careful that some unfortunate incident like this doesn't happen again.

Our hospital plan is probably one of the best in Canada and I would say that most of the credit should go to the hospitals themselves. But unfortunately it seems that the administrators of these hospitals do not receive proper co-operation from the Commission and especially from

(Mr. Desjardins cont'd) ..... its chairman. Unfortunately this man is inclined to run the Manitoba Hospital Plan as his own personal property. He shows little, if any confidence in the administrators of the hospitals. These administrators would like to work in partnership with the government but do not like the dictatorial attitude of the Chairman of the Commission. The Manitoba Hospital Commission should not interfere with the autonomy of the hospital, and definitely not freeze the salaries of the top administrative personnel who are not civil servants. I'm not saying there's anything wrong, I'm just saying that these people are not civil servants, there is a difference. They are in competition with the people in free enterprise and that is a big difference. There should be more discussion with the different hospital personnel before final directives are sent to them. The Commission delays to arrive at nearly every decision. It will require that all hospitals have their budgets in by October 1st, but I doubt if these budgets have even been returned yet. The government delays too long in paying the deficit of previous budgets and also in approving these budgets -- why should these budgets be approved only in July?

The government assume responsibility to pay hospitals for services rendered to insured residents of the province. The financing of the insurance program set up for this purpose -- The Manitoba Hospital Service Plan -- is being regulated much like the facilities like highways, education and utilities. Provision of hospitals and health services should not be classified in the same manner as public works and utilities since many thousands of lives are involved. Hospitals wish to establish a good level of care and introduce required services but are being discouraged by the government or by the commission at times. The government is forcing hospitals into deficit financing positions, creating working capital deficiency in many institutions, then refusing to meet costs of overdrafts. It would appear that the government estimates of Manitoba Hospital Service Plan costs for the years 1961-63 inclusive as tabled in the House, were understated in view of limits being placed by the MHC personnel. Manitoba Hospital Commission administration costs are in the areas of $1 1/2 million per year. High cost staff of this agency is increasing substantially each year, in spite of the size of the MHC personnel many matters require consideration and approval of government, take too long a period of time for assessment and result is unnecessary delays of important services. Many duties of the MHC personnel are duplication of work carried on by hospital personnel and are deemed unnecessary by hospitals. Government is becoming too involved in operational and administrative problems of the hospitals. The government could reduce these MHC administrative expenses considerably by replying on and using to greater extent the services of hospital personnel. They should also rely more on the ability, accuracy, knowledge and experience of our qualified hospital people, instead of duplicating their services. The Associated Hospitals of Manitoba have been endeavouring to establish its comprehensive pension plan for all Manitoba hospital personnel. This attempt has been delayed by the MHC and during this time hundreds of employees are without the benefit of a pension plan. Mr. Chairman, I would suggest to the Honourable Minister that he needs the goodwill, the respect and the confidence of the hospitals to make this plan work. The Minister himself is highly respected and is known for his co-operation on all occasions, but he had better have another look at the attitude of this commission.

Talking about hospital budgets, Mr. Chairman, again this year the budgets are limited to a three percent increase over the '61 budget and to make things more difficult the hospitals are notified in the middle of February. Of course they had to send their proposed budgets in in October. Now Mr. Chairman, I ask you how anyone can say, without considering the budget, how anyone can say that a three percent increase is right? Why not two percent, why not four percent? It seems that the MHC erred in preparing its financial estimates and the people of Manitoba are made to suffer. No reasons are given for this three percent increase -- Why the arbitrary figure? Sixty or sixty-five percent of the hospital budget -- most of the hospitals-- goes toward salaries and the Manitoba Hospital Services Plan, in its projected estimates of 1961, '62 and '63, it estimated an increase of six percent for salaries. What about the expenses paid by this plan that should rightly be the responsibility of the Welfare Department, such as boarder babies -- babies of unwed mothers who are maintained in hospital much longer than they should, because there's no place to send them.

I would also, Mr. Chairman, be much interested to find out if there was any consultation

(Mr. Desjardins cont'd) .....with the hospitals on the establishment of the Manitoba Technical Institute? I would like to congratulate the Honourable Minister for the work done in the field of mental health. I think that he certainly has got all the reason in the world to be proud of what is being done by the medical profession and the government and the people of Canada and Manitoba. I do feel that we certainly are progressing in this all important field; although I think that we might be able to progress a little faster in our community mental health program. It certainly is advisable to decentralize the care of mental patients and many more beds, more facilties are needed, especially here in the Greater Winnipeg area. But I believe that the Minister is doing all he can in this respect.

I was worried about the shortage of psychiatrists and the Honourable Minister told us that there are more than we had last year and he also told us that quite a few more are ready to qualify. I can assure the Honourable Minister that even we of the Liberal Party will not complain of the cost of providing the required number of these qualified doctors. I was going to ask if we were doing anything here in Manitoba to develop these doctors, but I think the Honourable Minister gave me at least some indication -- some answer -- in this respect.

Apparently, though, there is still quite a shortage and of the small number of psychiatrists that we have employed in the province it seems that four or five of them are engaged in doing purely administrative work. I wonder if this is necessary. Could these people receive help by other M.D's? After all these doctors would not be by themselves, they could still count on the advice of these qualified psychiatrists, but they would be released to do, it seems, to do more work, especially when there is such a shortage.

In the field of medicine something will have to be done very soon to help the people of Manitoba with the high cost of drugs. Too many people cannot live without these drugs and cannot afford them. And on the subject of drugs, I read an article a short while ago that scared me very much. It seems that some drug manufacturers -- some scientists--were advocating that new drugs should be tested on patients without their knowledge. I emphatically reject this way of thinking, especially since the world witnessed the suffering that a certain drug caused to so many mothers and especially when so many youngsters were brought into this world without a chance, because of the severe handicaps that they received because of these drugs. I would recommend to the Minister that he do everything in his power to prevent this happening in this province and throughout the whole of Canada. Again on the subject of drugs, it seems that many doctors are too free in prescribing sleeping pills. Too many people live in constant fear of not being able to sleep; too many rely too much on these sleeping pills. This has become a hazard and it might be that certain regulations should be followed regarding the prescribing of such medicine.

Last year I suggested the government should have an air ambulance in the province for emergency delivery of plasma, as well as for the movement of patients and it seems that nothing has been done in this respect. Now the Manitoba Medical Association is studying the formation of an Obstetric Flying Squad to reduce maternal deaths in the province. I think these two projects could certainly work together and would suggest to the Honourable Minister that his department could certainly give assistance to the fulfillment of these projects. While we are speaking of ambulances, I've always defended the private ambulances, even when the operators of these vehicles were being accused of being mercenary, because I realize that they could not operate without receiving such payment. But if the report I heard is true, if it is true that in cases of emergency, when the patient is not conscious the drivers will just take the liberty of picking the patient's pockets -- that he will take his fee and place a receipt in the person's pocket or purse, well I think that this should be stopped immediately, I think that there is a limit. The department should help the shortage of nurses by providing more and better scholarships, and in this I think that it should receive help from the government in Ottawa.

In closing, Mr. Chairman, I would like to refer to something that might not seem too important to some of you, something, nevertheless, that I consider to be worthwhile. That is the proposed legislation prohibiting the use of the floating swimming aids such as beach balls, air mattresses and tubes. If it is true that the Department of Health is considering asking for such legislation I will say that I'm very much in favour of this. Thank you.

MR. GRAY: Mr. Chairman, we reserve the right to discuss under the different items in

(Mr. Gray cont'd) ..... the estimates ..... we feel that not enough progress has been made -- The question of hospitalization and other important matters which perhaps the wonderful address made by the Honourable Minister of Health did not mention. But I'm not one of those, particularly at the opening of the Minister's statement on the salary, that I must oppose everything. This was the opinion of the member that you had here for many years, Mr. Prefontaine who had one religion and this is, if the government says black, say white, otherwise reverse. My personal comment tonight is that in my history in this House, I think the Minister presented an excellent case of progress. I agree with the last speaker, not enough, I agree, but what we have accomplished or what the Minister has accomplished with our help, is something that will be remembered and commended. For instance, he gave us figures of improvement in mental cases, TB, cancer and others. We must realize, and I don't think we do, we take the figures at random, the same as we go to a restaurant for a cup of coffee and we read the papers and that there was an epidemic somewhere in China or in Asia or somewhere else or an earthquake or other calamities and 10,000 people, 20,000 people human lives were lost, and we still continue reading the comics or the sports page. It figures, but we must once and for all realize that a person that has cancer -- we must realize the individual person, first of all the suffering and the pain of that individual, secondly, the tragedy of the family and thirdly, the expense which the individual spent to try and save their life.

The same thing may apply to the mental cases. I remember when the mental hospital in Selkirk or in Brandon was called a "Crazy House" and the family in the neighborhood were ashamed because it was just as bad as sending a man to the penitentiary. We have changed our name, we call it now the mental hospital. We realize that a mental case is a straight sickness the same as any other sickness and now they look upon it as a hospital, and when we heard tonight the progress made in the mental hospitals -- it's only figures, $500, $600, $700.00. I look at one figure, one individual who became mental and there's a chance for him, a hope for him to get out and become independent again and become self-supporting and become an asset. If the $21 million the amount in the estimates could create so much progress -- I don't say it's enough something more should be done -- I think it's one of the finest investments. But not the money alone, it's the sincere interest that those in charge are helping to relieve the pain and suffering of the people of this province or any other province or in the world. So instead of condemming it under the Minister's salary, I'd like to extend to him my congratulations for the work he has done and as I've said before much more could be done and should be done. Reporting about the hospitalization, our group suggested for years to have a complete medical service. We'll probably get that by trying, obligating it and so on.

I am also very much impressed of the voluntary organizations of which I was not aware, who are helping the department or better helping the people to get rid of the disease. The progress that has been made in tuberculosis is amazing, perhaps not enough, but it is amazing. There was a time when there was no free treatment for TB. I'm going to list one case, a certain older man in the city had TB. He was still a carrier and when the secretary of that hospital presented him with a bill which he could not afford to pay the result was he was afraid that they may put in a lien -- which they did -- on his little home. He left the hospital as a carrier of tuberculosis and went home. There is some progress; and if there is progress we must appreciate it; we must acknowledge it. The same thing with any other disease as cancer and tuberculosis and so on.

So my statement tonight is reserving my right to criticize under each item, demand more help, demand more service, demand more institutional accommodations, demand more hospitals, because after all it's nothing less than an insurance policy by the taxpayers in their own interest and in the interest of the people. There was a time that polio, an epidemic of polio, the mother or the father who were poor did not want to send the child immediately to the hospital to find out whether it's real polio or not because they charge for the hospital, they charge for the ambulance and they are charged so much a day. So they waited. The result was that they had to be taken to the hospital, and now in my days, now I see a great progress in the polio and very few if you compare it to 15 years ago, and I know it. I happen to be a member of the municipal hospital so I know it. The day that they have decided not to charge and not to charge anything for a suspect of polio, then the parents rush them to the hospital and hundreds and hundreds, if not thousands of children have been saved, and we don't hear about polio today.

(Mr. Gray cont'd) .....

So my few remarks are that we are very pleased with your statement of progress; definitely not satisfied, but progress has been made and I say that the individual deserves the job, should be commended. If he wouldn't have his heart and soul in it and I don't think anyone can deny the sincerity, the heartfelt sympathy to all the sick and suffering people should be at least given some encouragement. As I've said I could find many faults with the address tonight, but I expect to do it under the different items. But in the meantime, I must acknowledge that progress has been made and it could be only judged not by the figures given, but by the individual cases of each family who are definitely affected, seeing that their loved ones are being discharged from the hospitals well. In some cases cancer can be cured, an attempt is being made. The figures of the tuberculosis cases are less now. It's his duty to do it, but we don't have to throw stones immediately on the department for something which they have missed, and that item that they have missed could be very easily criticized, suggestions could be made and I'm sure that the department and the government will pay attention to it the same as they have done -- if you compare the statements and the figures and the statistics 15 years ago, 20 years ago, even 10 years ago, you will find that many, many human lives have been saved and to the credit of those who take care of it. That's about all I'm going to say tonight. I don't feel like thowing stones or bricks but I do believe in making suggestions and see that they are carried out. I beg the liberty of discussing the department's estimates again under the different items.

. . . . . Continued on next page.

MR. JOHNSON: Mr. Chairman, I wish to thank the last speaker for his kind remarks to the department. I'm sorry the Honourable Member for St. Boniface is out of the House but I wish he would return because, as a member of this Legislature and a member of the Hospital Board in this province, the unmitigated attack on the Chairman of this Hospital Commission just brings me to my feet with all the wrath that I can possibly get into my soul. Because this man is a civil servant; he's responsible; he can direct his remarks to the Minister, not to the Chairman of Manitoba's best utility, in my opinion. I'm disappointed in my honourable friend from St. Boniface, in spite of his kindly remarks to me personally, as a responsible member of this Chamber and a member of the Hospital Board in this province, to make the statement he made about the Chairman of our Commission, who, as you all know, is a civil servant. I don't have to defend the record of the honourable gentleman mentioned. I have the fullest confidence of his dedication to the public good; that I can say from his many, many years in the hospital field as a topnotch administrator and one of the Commission members said to me the other day: "The best little administrator in the Province of Manitoba" that he had come across in 40 years in the business world.

This Hospital Plan is an important business; it is important to sit down with the Hospital Boards of this province and talk over the problems across the table. And just recently every single hospital in Metro, with their chief administrators, were invited in to sit around a table with the Hospital Commission and iron out their problems, and four members of those hospital boards phoned me the next morning to say they had a newer and deeper understanding that they never had before; that they were beginning to understand what this was all about; that we just weren't a pot of money there to be dished out whenever anybody asked for it; we're there to run a business. There are business men on the other side and in this House who realize how business practice is carried on. This is a partnership of voluntary boards and voluntary citizens serving on those boards through their administration. If they have problems of the nature expounded in this House tonight, they should come and see us. I categorically, and with everything in me, deny the allegations and the statements of the personal opinion of the Member of St. Boniface, or his Party, and probably it's both -- I can imagine it's his own opinion and I don't know where he's getting these words -- I don't know what he knows about it but he should be paying more attention to what's going on in his own hospital, of which he's a member, to make statements that he made in this House tonight about this individual. This is an important business; it's important to sit down and talk over costs; and it's important for the Chairman and the Commission to come to terms on the several important matters that face them on a daily basis. This was the man who in three months was given an almost impossible task of bringing in a universal hospital plan, and he brought it in as smoothly, as efficiently, as any plan has been brought in in Canada. He had half the time, a quarter of the time, of any other administration in any other province. I want to say that I will certainly take any of the abuse, that if there is abuse to be had or to be expressed, concerning the operations of that Hospital Commission, or the Chairman of that Commission, who is such a trusted civil servant and dedicated individual. I happen to know a little about hospital practice, too.

To get back to some of this matter -- talking about lack of co-operation. I don't know where this all comes from, and as far as some of these things go -- just the other day two of the top administrators of the two biggest hospitals in this province, and two members of the Commission, one of whom was the Chairman, travelled at my request down to New York City to see a hospital that was operating on a six-day week, to come and take a look at it and see what the bugs were. Those men came back --three of those men came back, not the Chairman of the Commission, to my office to tell me how fortunate we are in Manitoba with the kind of scheme we have and the way it is being administered. This is a great big public utility; this is a growing necessary service that the people are getting. It's important that we have good business practices in sitting down with these Commissions. I can't speak too highly of the individual concerned; nor can I speak too highly of the tremendous amount of work, time and effort that these men have put in in the last few months that they have been sitting back and examining the several problems facing this province with respect to the developing of balanced and integrated hospital system for this province.

He made reference to the Associated Hospital Pension Plan which we hope will come to a rapid conclusion shortly. There's quite a story behind this. Until you know all the facts on

(Mr. Johnson, cont'd).....both sides in the negotiations to finalyze this pension scheme, which I think will be finalyzed very shortly -- it is injudicious, in my opinion, to make the bald statements that have been made by the Honourable Member from St. Boniface concerning this matter in this House tonight, because I can document quite a bit of information concerning this matter.

And as far as delay in budgets and this sort of thing goes, every hospital knows that should there be a delay in budget, and we have been trying to streamline the administration -- or reshuffling our staff in certain areas at the Commission level to get these budgets out earlier each year and we're finally getting them out much earlier. And these budget matters in many cases, especially larger hospitals where we have to sit down with the members of the board --and they have the right of appeal, of course, to the Commission after the Executive Director sets the budget if they're not satisfied, they have the right of appeal to the Minister.

And he talks of the administration: well the administration has gone up a little bit each year. It's around four percent of the total operation, which certainly isn't out of line. I would say that insofar as the Institute of Technology, in the development of that facility, the Department of Health, who were primarily involved with the Department of Education, involved the Manitoba Medical profession, the pathologists and radiologists and several hospitals concerned, who have been doing some training of these people, in addition to our own government program. With their expert advice, and with their reference to the Commission and hospital people were involved in the development of the course that we hope to graduate 75 technicians a year in that facility. We had marvelous co-operation from the professional groups involved and the Department of Education, of course, turns to the Department of Health for advice in this regard.

But when the honourable member mentioned the nine year old boy, I just want to make reference to this, to point out to the Committee that the only person who can admit and discharge a patient to hospital is the physician. The hospital is run by a board; the board has an administrator. Certainly we're all disturbed to hear of people who may be refused hospital admission, but I have been assured, and was assured the first time we sat in this Legislature by the administrators of our hospitals, especially the larger ones, that there were always emergency beds available for that kind of admission. Now the kind of tragedy that he could be referring to is something that can always happen; no one is infallible; the human factors I don't know anything about, but I do say that if there is any problem that the Commission can assist in this regard, it should be brought to their attention.

However, also as a member of the board of the large voluntary hospital, I can't understand that he doesn't understand the capital formula; I have mentioned the process of osmosis and the semi-permeability of some individuals. But I do feel that this is not hard to understand. We have consistently said, and the day the plan came in, in order to keep a voluntary board that the 20 percent principle was desirable; that the government didn't get into the day-to-day operation of each individual hospital; that they continue to own and be autonomous in that sense; and that matching grants are put up in capital costs; depreciation is paid on everything but grants; and interest is paid down to the local equity of 20 percent. And I think that he mentioned, I believe, that the depreciation was not paid on the 20 percent. Depreciation is paid on everything but grants and interest down to the 20 percent. And it is true that the individual hospital concerned has to raise the debentures other than grants, but of course they receive debenture and interest payments and we made arrangements last Session to set up trusteeships to help in the amortization of these costs. So in reality over the long haul in acute and extended treatment hospitals, the firm policy is: matching grants and this 80-20 arrangement as we know it.

I would point out to my honourable friend also -- I don't know what he's talking about when he talks about Grace Hospital and reversal of decision -- here is one example where the Hospital Commission, and I would tell the Committee, did a tremendous job in working with the sponsors of this hospital, in bringing about a decision very satisfactory to both parties concerned. And this hospital has received permission by the Commission in the phasing of their program to proceed by '64 -- they're deep into the details of preliminary planning at the present time to develop the necessary facility and the final size of which is a matter that is still being negotiated with the Commission. As recently as yesterday the Chairman advised me of some further proposals they made.

But I want to make it perfectly clear, Mr. Chairman, that in a $7 million decision, it

(Mr. Johnson, cont'd).....takes time to bring parties together, to iron out all the kinks -- especially when we had to decide the fate of the old hospital and develop the new. However, the happy arrangement is that the Army and the Commission came to the agreement that the facility in St.James would go forward on schedule, in fact, a year ahead of schedule. In the long-term report that I tabled last year and that following the completion of that facility, that the necessary renovations and alterations would be carried out on the present facility and that that fine voluntary organization would continue to operate the two hospitals. So I think that by 1966 they would hope to be in the stage of developing or completing the -- getting on with the present site.

Now these are very expensive kinds of negotiations that go on all the time. I think we have to appreciate the fact that the commission will take a little time to settle down. They're tackling a huge problem. I would point out to the committee, when they mentioned the Willard Report, that last year every single hospital mentioned in the Willard Report -- was written by myself pointing out the phasing that the Survey Board Report, how they had recommended and as the government had adopted, as I shared with you and passed around to you and these several hospitals have now been in to see myself -- been referred to the Commission -- and following which they have been negotiating with the Commission concerning the carrying out of the policy in each individual case. Some hospitals have got right on with the job. Others have delayed their projects somewhat, but to compensate for this the Commission is recommending that other beds be developed by other hospitals that are ready to go ahead in order to keep as much as possible on schedule with our total program. But I told the Commission they had to have -- and I believe this -- they have to have the flexibility in dealing with individual hospitals because each year conditions may change -- there may be some need for variation either way. But when you talk of this statement, "dictatorial attitude of the Chairman of the Commission" -- this is hardly in keeping with the chairman of a large rural hospital who came into my office to tell me, that it was just the difference between night and day, today and when he built his hospital 15 years ago. Fifteen years ago there were no standards division; there was no one to help them with their capital program and in planning. They had no architectural advice to fall back on and guide them. He said it was wonderful working with the staff over there in development of his new hospital. He said it was -- I suggested to him that possibly we were becoming too big and too centralized and he refuted this, saying that this kind of assistance and this kind of help was needed and needed badly by the smaller hospitals in helping them with their programs and this kind of expert advice that wasn't available to them in the past. I think these are things that we must appreciate and I'm certainly going to want that point made only too clear.

Now when we talk of collecting premiums and saying that the government must guarantee this kind of service and so on -- of course we just have to think of Blue Cross days or what went on before universal hospitalization and certainly everybody sold premiums at various times for hospital services, but couldn't deliver them anymore than the government had. I think the government in collecting this premium it is -- and on a compulsory basis -- as my honourable friend knows only too well, he is carrying out the spirit of the Act and is charged with developing a balanced and integrated hospital system. Certainly inany one day, in any one year, and especially after the Christmas season when people have delayed surgery since the summer, there can be long waiting lists at times. We've always had waiting lists; we'll always have waiting lists. It leads to an orderly scheduling of the necessary work. I think our concern in this committee is that emergency beds are available when needed and that it's certainly to provide, as was refuted in a newspaper article last year, 1,700 beds in any one day in Winnipeg would cost an equal amount, another $30 million; another doubling of the premium to carry this kind of thing and it would be certainly of doubtful worth. Today in Winnipeg we have 7.2 beds per thousand. The average in the United States is 4.2. True, they have more nursing home kinds of facilities there, but we enjoy a very high ratio of beds and it might be unique to be able to accommodate everybody in any one day but it would certainly be of questionable worth. Certainly our concern is that the efficient use of hospitals will depend upon a certain number of waiting lists -- and we never know how many people are scheduled at various hospitals and these lists are duplicated. We're continually looking at this and we have a Commission now; we can sit back and take good long hard looks at each one of these problems. But certainly it's our declared policy and instructions to the members of our commission that they are to negotiate and to bring into, as much as possible, the facilities of the associated hospitals and dealing

(Mr. Johnson, cont'd)..... with them in their several problems of joint concern. We still have to, as a Commission, sit down and make the final decision concerning budgets and carrying out of good business practice. Certainly with reference to the monies in the vote here, these represent the income tax and the one percent corporation tax -- the revenues derived therefrom, minus the $3,175,000 that is used -- plus the $3 million rather -- that we talked about.

Now premiums bring in about 12 to 13 million. Federal sharing brings in about $17 million or 44 percent of our total costs and the rest comes out of the appropriation as seen here. However, I just wanted to touch on these few matters before -- and I'm going to stretch the patience of the committee -- but I think that as I introduce my Estimates, I had hoped to deal with some of the matters other than the Hospital Plan and make a full statement on that when we came to it. But I think now is the time, in view of the very direct criticisms of the plan, to share with members of the committee, Mr. Chairman, something of the Hospital Services program which as we know is the largest item of $10.6 million in these Estimates.

The members will be aware that since July 1st of '62, the Hospital Services program has been administered by the Commission established in the last session and it took over administration on July 1st. The way the Commission has applied itself is a tribute, I think, to the individuals making up that body and I think the government can take a good deal of justifiable pride in making the decision to establish this commission and to place under its jurisdiction all matters relating to hospitalization, including planning and construction of new facilities. I can say at this point that I think it has proved itself in the eight months since it has taken charge. They spend a great deal of money and of course their big problem is that people want them to spend a great deal more. The total cost of the services program in '63 will be $43 million. That's more than $45.00 for every person, woman and child in the province. Premiums are going to provide 31 percent of this amount. As I pointed out, the Federal Government will pay about 44 percent and the balance of 25 percent comes from the general revenues. That's where the $10,643,000 in our Estimates comes in. The bigger part of this is balanced off by the special income and corporation tax that Manitobans are paying as of the 1st of January. The amount charged for premiums is really quite reasonable when you consider that premiums cover 30 percent of the total cost of hospitalization. Premiums have the effect of impressing upon people, possibly, that they are buying that service which is really a part of ordinary living expense, to which every self-supporting person should make some contribution. Since almost 70 percent of the cost comes from the federal and provincial treasury, from general revenues, special income tax; the amount of individual contribution as to the cost of hospitalization is related quite specifically to the ability to pay. For the help of those who find it quite hard to contribute their share towards the cost of hospitalization, and we don't stop there, and the Member for St. Boniface mentioned this, but I can inform the committee, that under the Hospital Services program, 47,390 persons in the province receive a waiver of hospital premiums. This is 23,000 people in the exempted pensioners' group and 24,150 who receive some form of assistance -- that is under the Social Allowances and Child Welfare Act. Since the legislation was passed last year in this Legislature, 4,800 students under the age of 21, who would otherwise be paying their own premiums are included in their parent's registration. This is costing the province about $115,000 annually on premium rates.

I should mention another aspect, which I stressed last year. The municipalities are continuing to be extremely helpful by making sure that their residents don't lose their coverage when they are unable to pay their premiums on time. As you know the municipalities do under an arrangement with the Commission -- do this under this arrangement -- whereby the municipalities guarantee premium payments for all legal residents. 181 municipalities out of a 192 are participating in the guarantee arrangement at this time. Taking the last two years, '59 and '60, the municipalities have paid a total of $454,000 in premiums. The hospital accounts paid for residents for whom the municipalities had paid premiums, amounted to $2,780,000. These municipalities would have had to pay most of this large amount if they hadn't paid the premiums, because under the Act they're liable for unpaid accounts incurred by their legal residents. This means that for every dollar the municipalities spent in premiums they saved themselves $5.00 in potential hospital costs. Significant as the financial advantages to the municipalities, I think it is not the most important aspect of the guarantee arrangement. The real

(Mr. Johnson, Cont'd.) . . . . . value lies in the fact that people are protected when they find it difficult to pay their premiums, because of unemployment or other misfortunes and as a consequence they're confronted with the prospect of losing their coverage under the program. This is particularly important in remote areas of the province and instead of having to try to come to terms with the central authority here, whose head office, in some instances is hundreds of miles away, the people can find help directly at their own local municipal offices. Here they can deal with people who know them personally and can take individual circumstances into account.

This is just one of the many ways in which municipal governments serve the individual needs of their residents in the purposes of the insurance program. The roll of local groups in providing and administering hospitals and other health facilities is no less important as I pointed out earlier. We are all aware that some serious and comprehensive studies have been going on and are continuing concerning the future role of local government. It would be premature at this point, to say anything which would pre-judge the conclusions which will ultimately be reached and the decisions which will ultimately be made as a result of these studies. I do wish to say, however, that in the field of health at least, we regard local participation and administration as of the greatest importance, and we would hope that a system could be devised that would make this participation and the administration of health services even more effective than it is at the present time.

I want to point out that we are most grateful and I think in Committee in the Legislature we should be most grateful for the concern and participation in continuing the program of the guarantee arrangement because it is working smoother each year and I think, by and large, works better than anywhere else that I have heard of. But I want to emphasize that in making our plans for the future at the commission level we can't concentrate on the provision of hospital beds exclusively. We hear a good deal about the need for more and more beds from all over the province, but I would like to impress on everyone that we should assess this need realistically in relation to all other facilities and services which have a direct bearing on the number of beds required. The people at the local level should be involved in this assessment and should interest themselves in facts on which they can base a realistic interpretation of the needs in their own area. The Hospital Survey Board as I've pointed out provided us with the framework on which we have based what we consider a sound plan for hospital construction up to about the year 1967. The survey board's report emphasizes the fact that extended treatment hospitals and beyond these, nursing homes and residential facilities for people requiring domicile and custodian care would have to be provided otherwise the need for beds would rise out of proportion to the number of population served. The hospital construction program based on the survey board's recommendation is proceeding and the government is formulating programs with the provision of alternative facilities in order to insure that the construction program will be adequate to meet our needs.

How does the hospital bed situation look when viewed in perspective? The year 1948 will not surely be noted by historians as the year in which the sick and injured in our province suffered acute privation because of the lack of hospital beds. Yet in 1948 there were little more than four beds for every thousand Manitobans. Now, we have better than seven beds per thousand and in about five years when the present phase construction program is completed we would have about eight beds or more if our population continues to increase at its present rate of growth. Extended treatment facilities in 1948 provided one bed for every 10,000 people; now we have one extended treatment bed for every 1,000 people in the province. I agree that comparisons are odious and not always irrelevant but it may be of interest to note in passing that in 1960 the latest year for which these statistics are available when hospital bed capacity was approaching seven per thousand in Manitoba, the average in Canada as a whole was only six beds. The United States 4.5. In quoting these figures, I do not intend to imply that we have overshot our goal in providing beds. I simply wish to illustrate that our hospital program is well up to its mark in construction by every reasonable criterion that we find.

I would like to remind the members of this committee, too, Mr. Chairman, something

(Mr. Johnson, cont'd).... that the people don't realize. Between 1929 and 1944 there were no beds built in Manitoba; there was a dead halt to hospital construction. The 30's, the war and after the war, we got going around 1948. Let me give you, in a nutshell, what has been accomplished since the Survey Board made its report to the government, filed it, including certain projects approved before the board report was completed. Hospital facilities costing $18 million have been placed into service. These included some very major portions among which was the Rehabilitation Hospital of 4.8 million; the Brandon Hospital 3.7; both of which were completed in '62. Last year in this Assembly I announced the partial opening of the Rehab and I repeat my invitation to my honourable friends to see this operation sometime during this session. It would give me equal pleasure to take the members around the Province of Manitoba to see some of the other hospitals opened recently. Brandon -- this is the place to compare the old with the new; the sparkling modern building of the new 219 bed hospital with its clean lines, its obvious efficiency and completeness compared with the austere old hospital which is in comparison dingy and forbidding in appearance.

I'd like to take you to Dauphin for an experience of a different sort. After the new 100 bed hospital had been built, the masons, the carpenters and all the other craftsmen mde over the old hospital in a way which to the laymen must seem miraculous, They have made it over into a spanking new extended treatment unit with 35 beds and modern service areas. This project is of particular interest because it symbolizes a new concept in the provision of extended treatment facilities. It recognizes the advantages of the long-term, most elderly patients in these facilities, remaining closer to their families and friends, and during the long period months and sometimes years that they have to remain in hospital. As late as 1958 such patients from all parts of the province had to come to Winnipeg to receive treatment at the municipal hospitals which were then the only facilities of this type. Since that time of course, we have the Assiniboine Hospital at Brandon, Clearwater Lake, at The Pas were converted into 250 bed extended treatment hospitals. A similar conversion of the St. Boniface San provided an additional 180 beds and the total number of extended treatment beds in the province more than doubled since '58. To carry out a further dispersal of this type of facility, units similar to that at Dauphin are planned at Morden, Steinbach and Portage, in each case by the renovation of existing structures in conjunction with new hospital construction. Twenty beds will be provided at Morden; 30 beds at Steinbach and 40 at Portage la Prairie. Finally, a further 100 beds will be provided, we hope, at the municipal hospitals in Winnipeg and the 250 bed extended treatment hospital that is being planned adjacent to St. Boniface General Hospital. Studies are continuing on this subject to determine the additional needs and where the facilities should be placed. With the completion of these projects which are already in the planning state, the treatment of chronic long-term patients will have entered a new era.

I would like to refer to the remarks made earlier by the Honourable Member from Neepawa during this Session concerning the Willard Report. He said they were looking at extended treatment facilities of their very own and he inferred the government is not getting on with the job of implementing the recommendations. Well the hard facts speak for themselves and should dispel my honourable friend's doubts. Before 1958, long-term patients from Neepawa had to go to Winnipeg for treatment; now of course the areas served by the 186 bed Assiniboine at Brandon, and since last year they can also get out-patient physiotherapy services in that area on an insured basis in addition to in-patient. I must emphasize the needs for extended treatment facilities are being further studied and if experience with smaller units meets expectations, it is not impossible that such a unit could be established in Neepawa in the future. But the first of these units must of course be established where they can serve the greatest existing need, and that is what is being done.

Now, Mr. Chairman, in addition to the hospital construction, taking the whole hospital construction program -- in addition to the $18 million worth of facilities which have already been completed, further projects costing approximately $7 million are either underway or will commence as soon as the construction season gets underway this spring. Projects to extend and modernize the hospitals at Gilbert Plains, McCreary and Roblin are just about completed. The new Nurses' Residence at the Misericordia Hospital will be officially opened in April. Included among projects for which ground will be broken as soon as the frost is out, or very long thereafter, are new hospitals at Steinbach and Winkler; extensions and renovations in

(Mr. Johnson, cont'd)... hospitals in such places as Carberry, Elkhorn, Altona, Ashern. I know I haven't named them all but this will give you the picture. Also a new hospital is being built at the new townsite of the Atomic Energy Company in the Whiteshell and the Pine Falls Hospital is going to be enlarged by 20 beds so that the old Fort Alexander Hospital can be eliminated and one large hospital created. Thirty-two additional projects at a cost of $29 million have been approved and will be undertaken during '63 to '68. Every day as some projects near completion, others are starting. Still others are on the drawing board. In some instances, financial problems are being discussed and resolved. Wherever you look in the city and country the work moves forward. Right now the Hospital Commission is developing a program to provide additional beds in the metropolitan area and has in addition just concluded satisfactory arrangements as I mentioned earlier with the Grace Hospital, whereby that hospital can go ahead with its plans to build a new hospital in St. James, just about as rapidly as their planning stages will permit.

Let me sum up the total picture for you. Taken all together, not less than 70 projects will have been completed or underway in the end of '67 at a total estimated cost of over $54 million. I would like the members to reflect for a moment what these figures mean. There are about 80 public hospitals. We are speaking in terms of 70 construction projects in relation to these 80 existing hospitals, all within a period of less than 10 years. No one can dispute that this represents a basic and comprehensive revision of our entire system of hospitals. No one can claim that in the entire history of hospital construction in this province, anything even approaching our present comprehensive program has been attempted. We can't interpret the hospital construction program only in terms of increased capacity. Of even greater significance is the improvement and safety of care to patients being provided. Throughout the province, the hospitals in the past that have served these communities in the last two decades are not only being enlarged but in most cases replaced, reconstructed or extensively refurbished to provide modern fire resistant facilities, equipped to make the latest advances in medical science available to the patients. We can claim that in the hospital field we are marching along in step with the rapid progress of our scientific age. We must. There is no alternative for us. There is no doubt that this costs a lot of money, not just for the initial provision of facilities but more so in their operation. I can document this for you. In 1959 if you recall, the first full year in which the service plan was in operation, it cost just over $27 million or $31.00 per capita. There's been a steady increase to $32 million in 1960; to $35 million in '61 and in '62 the cost has been $39 million. In '63 we estimate up to $43 million or $45.00 per capital.

I would like to re-emphasize that the major portion of these increases is attributable to improvement and extension of services to patients. One of the great advantages of a hospital services program is that it provides hospitals with an assured source of income and has freed boards and administrators to a large extent from pre-occupation with financing, thus permitting them to concentrate their energies to a greater extent on the improvement of services to patients. No one would wish to curb the initiative and the enthusiasm of hospital people in searching for new and better methods to bring the highest possible standard of care and the latest advances in medical science to the people in their communities. No one will criticize hospital boards if they seek to overwhelm the commission with eloquent arguments to provide them with ever increasing amounts of funds. This is their privilege, their duty and part of their vocation. The Commission on the other hand, is cast in the sometimes unpopular role of having to curb this enthusiasm from time to time. Of having to relate the need for hospital services to the over-all needs of our society and to the economic realities from which there can be no escape. This is a rational division of responsibilities and a practical inter-play of forces, which in the end leads to the most realistic program of hospital care. This has been proven in fact. That this is a realistic way of doing things needs not be argued in words, it can be amply proven by the results that have been achieved to date. I can reassure the members of the House that the interests of the taxpayers, whom they represent, are not being overlooked. In evaluating hospital operating costs a distinction must necessarily be made between increases which are attributal to extended or improved services and those increases which are attributal to higher costs of providing established services. While the former must be assessed on individual merit, the latter should bear reasonable relationship to the over-all economic

(Mr. Johnson, cont'd)..... situation of the province. This is the concept which was followed in '62 and which again forms the basis of the Commission's policy in '63.

Well, I recall when I tried to explain the arithmetic of the Commission last session and I hope that -- I'd hoped that the long recess from the debates here had and the stimulation of the election campaign would have resuscitated the mental agility of some of my honourable friends opposite but -- (interjection) -- so that the House may be spared the boredom of another exercise in this arithmetic -- and of course I haven't got the financial mind that I probably should have -- but in 1962 larger hospitals representing over 70 percent of the hospital capacity in Manitoba were asked to limit -- that's in '62 -- '62 cost increases for existing services to three percent over levels obtained in '63. I'm happy to report that hospitals co-operated with this policy and that as a result it was possible to hold costs within the estimates which had been established for this period and a similar policy will be in effect for '63 and has been announced to the hospitals. They've been asked to limit the increase in costs for existing services to four percent over those incurred in '62. The larger percentage allowed in '63 as compared with last year is due to the fact that nurses'salary levels have been raised this past year. For smaller hospitals the policy for containing costs cannot be stated in such precise terms, because their costs from year to year fluctuate more widely. In principle the general program for holding down operating costs will of course, apply to smaller hospitals as well; but past experience indicates that hospitals will accept this policy and will co-operate fully with the commission in holding the costs within manageable limits.

There is another approach to the question of holding down costs. This is by exploring new methods to enable hospitals to improve the efficiency and economy of their operations. I referred last year to the study carried out in '61 by a firm of management consultants for the operations of one or two of our larger metropolitan hospitals. The funds for that study were provided under the program. During '62 a survey again by management consultants was carried out of hospital laundry facilities, with the objective of developing a program which will provide improved service in this phase of hospital operations in the most economical way that can be determined. A major cost factor in the operation of the hospitals is of course the salaries of employees. That increases allowed in hospital budgets has been adequate is perhaps best demonstrated by the fact that the funds provided under the service program have enabled hospitals to raise salaries significantly since '58 and to give additional employment benefits to their employees. Generally speaking salary levels have been raised by about 20 percent since July 1st, '58 to the end of '62 and further increases in many categories of personnel are provided in '63. A group insurance plan and workmen's compensation coverage are now available to employees in all hospitals. There is still some ironing to do in the universal hospital pension scheme, which we hoped would be in operation by now, but the Commission and the Associated Hospitals are strenuously working as I indicated earlier on this project and shouldn't take much longer to complete. This is an important development because only some of the larger hospitals now have pension plans available to their employees.

I should also mention that there has been a reduction in the work week for hospital employees to the point where most hospitals now work a 40 hour week. All in all we can claim without fear of contradiction that employment conditions for hospital employees in our province compare favourably with other parts of the country and we are in a good competitive position to attract and retain competent hospital personnel. It should be a source of great satisfaction to everyone -- it is to me -- that hospital employees are now receiving more adequate recognition and compensation for the invaluable services which they render to our society. In addition, with the funds which are now being provided to them, hospitals have been placed in a better position to attract personnel of a calibre they require.

I refer also to the importance of active local participation in the provision of health services and the hopes we have that this may be further developed and increased in scope in future years. This concept of local participation in the case of hospitals, is representated by the autonomous boards which operate the hospitals, and the autonomy of these boards is founded on the principles of financing under which hospitals are constructed in the province -- and I want to illustrate this, in view of the remarks of the Member from St. Boniface. Under the formula established in legislation, hospitals are required to put up 20 percent of the total cost of new construction. The balance -- 80 percent -- is provided from federal and provincial

(Mr. Johnson, cont'd) ... grants and from approved borrowing, capital and interest of which is repaid from allowances made by the Commission. Consequently the over-all contribution by government to the present capital hospital building program in Manitoba would amount to $43 million if the estimated total cost of our total program be $54 million. There is general agreement as to the importance of the concept of local interest, participation and support in the provision of hospital services. It should be apparent that this community involvement can only be kept alive and perpetuated if there is material local support of each stage of the hospital development. Support represented by local investment in the hospital. As long as this concept is maintained, the relationship between hospital and government will remain what it is today, a partnership, despite the preponderance of the government's share of the cost. If this concept is abandoned, the autonomy of hospitals would be devoid of all foundation. I think you will agree that the principle of autonomy is not self-sustaining, but in fact is founded on a very real way on the mandate under which members of the boards represent the interests of either local taxpayers or voluntary contributors. It is self evident that if this local support were withdrawn, the autonomy of hospitals as we know it, would be defunct; not necessarily as a result of government policy, but in spite of it. After all autonomy is not so much a question of doctrine, as it is a question of spirit. So long as this spirit is generated and regenerated through local support and interest, no government doctrine is likely to impair essential hospital autonomy. Conversely in the absence of local support, no government doctrine, however benevolent would be able to preserve the principle of hospital autonomy. It is therefore evident that any hospital board with a firm conviction as to the importance of its function in the community and the local people themselves should agree that adherence to the principle represented by the 20 percent contribution of the owners of new hospital construction is most important to the preservation of their prerogatives. Not only hospital boards, but all health groups must have a independent voice and must be heard in the councils which determine the policies of the hospital program. One of the basic tenets that has evolved since the government's major involvement in the provision of hospital services, is the recognition of the interrelationship between this and other groups and agencies in the health field. The joint efforts and co-operation and mutural understanding has contributed greatly to the successes achieved to date, but as I pointed out earlier, more is needed; more integration; more molding of the groups and more communication. This is apparent everytime a new service or facility is planned.

There is, for instance, a program for the control of cervical cancer, which I mentioned earlier on January 1st of this year. Under this program specimens are collected during examinations in doctors offices all over the province and sent into laboratories at central hospitals. The program is administed by the Cancer Control and Research Foundation and the funds are provided through the Commission. There is no charge to patients. This is an important public health measure and as you see it involves the doctor, the hospital, the Foundation and the Commission. The negotiations which have been necessary and are continuing until all the difficulties are ironed out, show again how vital it is that groups understand each other's viewpoint if we are to exploit every opportunity to introduce such very important services for the prevention of disease and the improvement of health. Another achievement has been the establishment of various tissue committees. Groups of doctors who review pathologists' reports on tissues removed surgically in hospitals. As part of this program pathologists examination of all tissues removed in hospital is obligatory and is provided as an ensured service by the Commission. The College of Physicians and Surgeons is the final authority in the program, which is designed to provide the opportunity to all doctors who practice surgery to have their work completely evaluated. This program is of great importance in the process of education and the doctors all agree should be continued throughout his active life.

I anticipate that the molding and correlation of various aspects of health services will continue with even greater effectiveness. Hospital Boards will become more interested in matters of public health. Doctors will participate actively in organized programs to provide integrated health services in the community. Municipal people will maintain and extend their active interest in providing health services in their community and this is where the future success can be found. Not in particularism, but in co-operation; and not in fragmentation but in consolidation.

Mr. Johnson, cont'd) ...

I have a list which I think we passed around last year of the construction projects completed to the end of December, 1962, which I will have prepared and distributed to the honourable members -- information on the projects underway. Understandably I can't put costs, too much in the way of costs with respect to this, but I'll try and get this prepared over the week-end to outline to the end of December, 1962, completed projects and the Commission's program for the coming year -- and as you know it has to extend over some years. From the time the hospital receives the approval to build today it takes two years to plan a facility, no matter how much we expedite the matter. With those few remarks at this point having made this statement on the Hospital Commission, I hope the honourable members, Mr. Chairman, are a little more cognizant of and refreshed once more as to the scope of this tremendous utility and that I have answered some of the questions.

While I'm on my feet, and I don't want to hog the whole evening, but just a quick remark -- I could talk for some time on ambulant service and drugs -- but I would like to inform the Committee that I've made reference in the past to the study I had in '58 or '59 with the RCMP to see what might be done in Manitoba. The studies we carried out in instituting northern health services, which mitigated against that kind of service in the north on the advice of the local people and the local flyers, and so on. The studies at the time of the Royal Commission, especially examination of the brief presented by the Manitoba Medical Profession has been summarized by my staff and in light of all the information we have to date, several meetings have been had with the Hospital Commission concerning this matter, who are most interested in looking at the developments in this area, and also we hope to bring the health council, that balance of municipal and professional people who serve on that, into the picture. But this is something that we must continue to study.

The other thing made reference to was drugs. I haven't had the opportunity to study the brief on Restricted Trade Practices just submitted; however, I've had the department summarize this for me. I think this government made a very firm recommendation to the Royal Commission on Health Services re the institution of a national drug board. I note that this is also recommended in the Restricted Trade Practices brief. I also note that the Federal Food and Drug people are taking some action in this respect and our sentiments were well delineated there. Since receiving the report it obviously says that there are three people involved, and three people in the exercise can do so much to help this whole matter -- one is the method of prescribing by the doctors, and to this end my department has written to the Manitoba Medical Profession and told them we'd be glad to review the finds of this report with them and I understand they no doubt will be carrying forward an educational program and working on this aspect themselves. We have to have their co-operation and they are, I know, only too concerned about this whole matter. The Pharmaceutical Association themselves have some very pointed questions to answer with respect to that Trade Practices' Brief where the professional pharmacist serves as retailer and the role that he might play in reducing costs is outlined. And, of course, government has a role through the Hospital Commission where we have a consultant pharmacist continually trying to set up hospital formula is working with the Associated Hospitals and other groups in this area, and, of course, in the department in our own mental hospitals and other programs, we now have policies which we no doubt can continue to improve upon. But certainly the question of drugs is one that is a very complex thing and I wouldn't expect to know all the answers, but I can indicate to the Committee certain definite steps, positive steps, that have been taken which again shows the diversification of the activities of this very exciting and wonderful department.

.....Continued on next page

MR. ROBLIN: Mr. Chairman, I'm prepared to move the adjournment that the Committee rise, Mr. Chairman. We've had a very long discussion and the members may wish to give consideration to the Minister's statement. Is it their desire to continue till -- (interjection) -- very well ..... No. Mr. Chairman, if the Leader of the New Democratic Party wishes to speak now, I certainly don't object to it.

MR. DESJARDINS: ..... NDP, I think I was up before.

MR. PAULLEY: Mr. Chairman, I rise at this time, first of all to ask the Minister of Health as to whether or not there are copies available as yet of the Hospital Commission's Report? I think it would be most helpful to the Committee and particularly individuals who are keenly interested -- I'm not suggesting that all aren't interested, Mr. Chairman -- but I think that in order that we might be able to assess the remarks the Honourable the Minister has made in respect of hospitals, the operation of the Hospital Plan, and the likes of that, that we should have before us the report of the Hospital Commission, particularly in dealing with the question of hospital insurance, etc.

In addition to this request, Mr. Chairman, I want to make adequately sure that every member of this House realizes completely that there is no association whatsoever with the group that I have the honour to lead in this House with the initial remarks of the Honourable Member for St. Boniface. I regret them very, very much and I join with the Minister in deploring an attack of this nature on a civil servant of the Province of Manitoba. It will be, Mr. Chairman, I think, more and more evident as we deal with the estimates of the Department of Health that there will be considerable differences of opinion between the Minister of Health and those of us in this group. I think already my colleague, the Honourable Member for Inkster, has indicated this and this most assuredly will be done.

I'm somewhat amused when I hear the Honourable the Minister of Health make reference at all to the question of hospital insurance. I appreciate very much the fact, as he stated, that back in 1958 on the 1st of July, if I recall correctly, the proclamation setting hospital insurance here in the Manitoba came into effect and then within a period of a few relatively short few months the system had to be put into effect, and I join with my honourable friend in a tribute to the individual that set up the scheme at that particular time. But I think it would be neglectful on my part, however, if I didn't point out and reiterate once again to the Honourable Minister of Health that his political party objected strenuously over the long, long years to the establishment of health insurance plan in the Province of Manitoba; and, if memory serves me correctly, even up until the day of the proclamation those of his political faith objected and opposed the establishment of a hospital insurance scheme here in the Province of Manitoba. But, Mr. Chairman, it does my heart good that here on March 23rd, I believe it is, 22nd in the year 1963 to hear the Honourable the Minister of Health of the Province of Manitoba stand up in this House and now says, "Isn't this a marvelous scheme?" And I agree with him. But it's only a marvelous scheme in the Province of Manitoba and the Dominion of Canada because of the pioneering that was done in that province to the west of us. Once again it has been firmly established that the Conservative Party are followers and are not leaders and I'm happy as I say, Mr. Chairman, that the Minister of Health with all his youthful vigour and eloquence can now stand up in this House and say that we've got a tremendous scheme of hospitalization here in the Province of Manitoba. And I suggest this to my honourable friend, along the same line that he take due cognizance of the fact that in that self-same province to the west of us after a bitter struggle with the opposition of course, and my friends to my right are their coherts, in the Province of Saskatchewan, have now established a medical care scheme that will give to the people of Saskatchewan provision for a proper, or at least the start of it, as their hospitalization scheme was back in 1946, the start of a scheme -- (interjection)-- pardon ...

MR. JOHNSON: .... being brave now.

MR. PAULLEY: Oh I'm not being brave at all, Mr. Chairman, I'm not being brave at all; I'm being factual; I'm being factual because this is the history of health care in the Dominion of Canada, that as I say in 1946, or '48, the Saskatchewan Government under a proper democratically voted-in government with democratic principles established hospitalization, and here, not too long afterwards we have a Tory Minister of Health saying, "Isn't it marvelous that we've got this?"

Now I do hope, Mr. Chairman, and I trust and I pray that it's not going to take as long for

(Mr. Paulley cont'd).... medical care to become established universally as it had took for hospitalization. I'm looking forward that even with the legislative authority of the government opposite that the Minister of Health, maybe in the year 1965, will be able to stand up in this House and say, "Gee, isn't it swell that we're giving to the people of Manitoba full coverage for medicare, which we hadn't and didn't have back in the year 1963 when I stood up in the House and said, 'how glad I am that the Government of the Province of Saskatchewan pioneered in the field of hospitalization'."(interjection)

I listened with great interest to my honourable friend in his opening remarks tonight. I recall a debate the other day, a couple of days ago with the Attorney-General and I think one of his remarks was something to the effect that we hadn't reached Utopia in the field of crime prevention, parole and probation and the likes of this. But listening to my honourable friend this evening, the Minister of Health particularly in his opening remarks, I wondered, Mr. Chairman, whether we hadn't reached Utopia in the field of health here in the Province of Manitoba; because I never heard in all of the years I've had the honour to be in this Legislature, a Minister to stand up and say, "You know, Mr. Chairman, we're first in this; we're first in that; we're first in the other thing -- (interjection) -- it's true .....

MR. JOHNSON: You never thought the Conservatives could be first .....

MR. PAULLEY: "We're first, we're first," he says in the question of cancer --(interjection) -- research. Who was it in the Dominion of Canada, who was it, Mr. Chairman, in the Dominion of Canada was first in the field of cancer research with the cobalt bomb? Who was the first in the Dominion of Canada with free and comprehensive cancer treatment to all of the citizens of any jurisdiction? Was it the Province of Manitoba? No, it was not. And yet my honourable friend, "First in this; first in that; first in the other thing." I appreciate, Mr. Chairman, I appreciate very much, and don't get me wrong, don't get me wrong; I appreciate the endeavours that are being made in the Province of Manitoba; I appreciate the high calibre of our medical doctors and others ancillary groups that are assisting in the field of medicine, but, Mr. Chairman, I suggest to the Honourable the Minister of Health that rather than reaching Utopia as he suggested, by implication, at least, in his opening remarks, we have as yet scratched the surface of what is the desire and what is the needs of the people of the Province of Manitoba -- indeed of the whole of the Dominion of Canada -- (interjection) -- Oh, certainly, I'll take a deep breath if I can. I don't know with my cancerous lung as the result of cigarettes; I don't know how deep that breath ..... and I'm very happy to know, I'm very happy to know, Mr. Chairman, that I have a very good medical advisory in the Minister of Health. But apart from all of this, apart from all of this Mr. Chairman, I want to say to the Minister of Health, and there will be more on this later in the session I sincerely hope and I trust, when we will have an opportunity of debating on a fuller scale the needs of the people of the Province of Manitoba, because in all due respect to my honourable friend, when he throws before us or introduces the estimates for his department as one scrutinizes them -- and it's financial it's true -- but as one scrutinizes the estimates of the Province of Manitoba in the question of health, they're doing exactly the same as I suggested just yesterday insofar as the Attorney-General's Department, they're still dragging their feet and Utopia is a long way off, and I suggest to the Honourable the Minister of Health that he take these points into consideration and as vigorous as he is there is more vigor required. The job has just begun.

MR. ROBLIN: Mr. Chairman, on that happy note, I move the Committee rise.

MR. CHAIRMAN: Committee rise and report. Call in the Speaker. The Committee of Supply has reported progress and ask me to report the same and ask leave to sit again.

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

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

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

Madam Speaker presented the motion and after a voice vote declared the motion carried and the House adjourned until 2:30 Monday afternoon, March 25th.