

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Thursday, February 2, 1967

MR. CHAIRMAN: The Minister of Health.

MR. WITNEY: Mr. Chairman, . . . continue with some of the answers that were requested just before we rose this afternoon. I'll try to make them as brief as possible.

The Honourable Member for St. Boniface asked about the exemptions. Students between the ages of 19 and 21 attending an approved educational program can continue as dependents on their parents' family registration. This extension of the exemption provisions made no change in the case of a student with no parents registered in Manitoba, or of a widow or widower with a student as the only dependent; they continue to pay premiums. However, this needs a little explanation, that if a widow or widower has two children and has a family hospital premium, and one of the children is going to the university, there is no premium charged for that one going to the university; but if the widow or widower has only one child and that child is going to the university, then they have to pay premiums, but they only pay a single premium. The widow or the widower pays the single premium of \$2.00 and the university student pays the single premium of \$2.00, so if you add the two together it is \$4.00. If a woman or a widow or widower, let's say there are two children and she pays \$4.00 for a family contract, if it's just one, they each pay a single premium so there is still \$4.00 being paid. I trust that that is clear.

MR. DESJARDINS: Mr. Chairman, if the Minister would permit me, so we can straighten this now. Yes, the widow is paying a single premium that she would pay anyway and so is the student, the son. In other words, there is no exemption whatsoever because even if he wasn't attending school they would still be paying two single premiums. My information was right, then, that there's no provision for exemption but there is, even if the people happen to be well to do, they have a father and mother and maybe other children, he doesn't have to pay because they have a family plan.

MR. WITNEY: That's about it, Mr. Chairman, the situation as it is at the present time with the regulations under the Hospital Commission. However, with respect to the diploma nurses, diploma nurses going in for their baccalaureate have to have two more years in the university, true, and what will be the situation after the two-year diploma course we don't know yet because the details have to be worked out by the university.

In Deer Lodge - we have no formal agreement with the Deer Lodge Hospital but we have a firm understanding between the federal officials and ourselves, and this understanding expresses the willingness of the Federal Department to turn over the hospital, provided that DVA would have priority use of enough beds for active treatment of service disabilities, armed forces and RCMP personnel and War Veterans Allowance cases. This requirement is estimated at 250 beds and a further condition was that suitable alternative accommodation be available for veterans displaced from the custodial wards of the Deer Lodge Hospital, but in practice, with the continuing liaison that's going on locally between the Manitoba Hospital Commission and the Deer Lodge people, the other parts of the hospital are really being used as a community hospital. For instance, the hospital's occupancy has ranged between 75 and 80 percent since 1960 which is considered to be a reasonable occupancy figure, and 83 percent of the cases at Deer Lodge are Manitoba civilians; 60 percent of the days of care provided in the active treatment areas are covered as insured services by the commission, and in 1965 it was at a cost of some \$1½ million. The federal officials are in agreement with us that the Deer Lodge should be used to maximum advantage to serve the community generally, and there is a constant liaison between their officials and the officials of the Manitoba Hospital Commission.

The Honourable Member for St. Boniface asked about the food handling regulations. There are regulations under the Department of Health Act - I couldn't tell you what section of the Department of Health Act they are - dealing with the matter of foods of all types, with stores, with bakeries, etc., and these regulations are being administered in the City of Winnipeg by the City of Winnipeg Health Department, and outside of the City of Winnipeg by our own food inspectors through the medium of the health units, and the Board of Health is constantly reviewing the regulations. That is one of the reasons why the Board of Health is there - to constantly review the regulations, and no doubt the Deputy Minister who is sitting up in the gallery has made note of the Honourable Member for St. Boniface's comments and the question can be raised with the Board of Health.

He asked for a comparison of costs in 1959, 1966, etc. for home care. I haven't got

(MR. WITNEY cont'd.) those immediately available but I can get them for you and give them to you at a later date. I might also thank the honourable member for the kindness of his comments at the beginning of the estimates.

The Honourable Member for Rhineland asked about water treatments and whether there were recommended amounts of various treatment additives to water. There are recommended amounts, and if there is any problem with the treatment of a community water plant the Department of Health will offer the assistance of its public health engineers in order to check on the situation. We conduct courses also for people who run the water treatment plants in order that they may be constantly in a position of knowing how to handle such matters as the various additives that are put to water for the safety of the public, but if there is some specific problem that he is speaking of, the Environmental Section of the Department of Health will be able to assist and do what they possibly can. In some cases water contains a great deal of mineral and the odd taste is occasioned by the natural elements in the water itself.

He asked about the Medical Services Insurance, whether it will be compulsory or voluntary. As the statement of the government has been to date, we have stated that we would desire to have a voluntary plan but that we would also have a plan which would meet the requirements of the Federal Government in their Medical Care Bill, and from recent correspondence that we have it appears to us that the requirements are such that the -- it looks as if we will be into the compulsory aspects of Medical Services Insurance, but the details of that will come out from the legislation when it comes down in the House, I hope before the end of the month of February.

The Honourable Member for Neepawa mentioned about doctors and patients wanting to get into Winnipeg hospitals. I found the comment a little unusual because the Neepawa Hospital has been asking for more beds and yet apparently the doctors are wanting to have patients come into Winnipeg; I thought there was a little bit of inconsistency at that time. But generally speaking, when patients come into the Winnipeg hospitals from the rural points they usually come in on referrals. The doctors refer them to other doctors here in the City of Winnipeg and they may enter the St. Boniface or the Winnipeg General Hospital through that particular means.

I noted that we had some more discussion again about the question of deterrents and the Honourable Member for St. Boniface brought up the question of utilization fee. As I mentioned the other day, this matter is, and I know the words "under active consideration" may seem rather trite words but they are under active consideration by the Hospital Commission, but as I mentioned yesterday one of the over-riding factors are the universality qualifications of Bill 320, which, unless utilization fees or deterrents were to be placed on a national scale, to date at any rate, have been ruled out by the federal authorities in their interpretation of the terms and conditions of Bill 320, and irrespective of all the interesting debate that we might have on the subject, it still comes back to that point about Bill 320, whether or not it will recognize these utilization fees.

I think, Mr. Chairman, that most of the points have been answered. I note the Honourable Member for Wellington's comment that he is from Wellington and I am sorry that I got him mixed up with Logan.

MR. DESJARDINS: Mr. Chairman, I thank the Minister for his reply. I wonder if he'd consider looking into this question of exemption for students. I think that he must agree with me that that seems to be quite unjust. I don't think this was the idea of the plan or of the commission to exempt people because they are students between the ages of 19 and 21, and it seems that they penalize those that need it most, because here you have a widow with a son who's a student, and he's not exempted, where you might have a family that are quite well off and they have a family plan so the students might be exempted.

Now I don't exactly know what to think of the reply of the Minister in the question of utilization fee and deterrent. Yesterday I gathered that he was strictly against the principle and today he tells me well this would be quite difficult because of a certain bill with the Federal Government. Well, I agree, but you have your conferences, the Health Ministers, and I think that if the Minister feels that there is some good in this, this could be discussed at one of these conferences, because I think that this -- I thought I was going to get a reply now but I guess -- I might get a reply from the Minister. I know that he doesn't want to start a debate at this time but if we favour a certain principle well we can bring it up. We can't say that this can't be done because of the Federal Government, and I certainly think that this is something that would help us in many ways.

MR. WITNEY: The answer to the first question, Mr. Chairman, is "yes", and with respect to the other, the matter certainly has been brought up more than once and discussed by provincial Ministers of Health and I wouldn't wish to leave the idea that that's the only reason why it is not implemented. There is also the discussion which we got into yesterday as to whether or not they actually do deter.

MR. DAWSON: Mr. Chairman, one simple, what I think is a simple question. I note in Hansard on Page 673 you mention that fact that the doctors' offices, there will be an amendment coming into the Hospitals Act, and then you go on to say, "We have two that are in progress of development right now, one at Ethelbert and one at Rivers, and they have been benefiting by a hospital grant." Can you enlarge on that and tell me exactly what you mean, please?

MR. WITNEY: Mr. Chairman, I thank the honourable member for drawing this to my attention. I meant to say Riverton, not Rivers.

MR. CHAIRMAN: (1) -- passed; (2) -- passed; (3) -- passed; Resolution 33 passed. Oh, pardon me, I'm in error. (b) of Resolution 33; (1) -- passed; (2) -- passed.

MR. SHOEMAKER: Mr. Chairman, I notice that under (b), the Alcohol Education Service, there is no appropriation at all this year. Perhaps it's in another department. It appears that we gave them \$36,000 last year and not a dime this year - (b) (3).

MR. WITNEY: Mr. Chairman, this amount has been transferred to another section. It's under Appropriation VI, 3 (c) (5) which is listed as Grants to Other Organizations and it is for the same amount of \$36,000.

MR. MOLGAT: Mr. Chairman, which -- 6?

MR. WITNEY: 3 (c) (5), which is on Page 11 -- no, I'm sorry. It's under the section for Preventive Medical Services on Page 12. Under Grants. Yes. Well, we have never listed any of the other organizations specifically and so we didn't feel there was any reason why we should not move this one in the same position as we had the others.

MR. MOLGAT: We should ask our questions, then, insofar as the over-all grants to alcohol services, under these specific items, not at this point. Is that correct?

MR. WITNEY: I would suggest that, Mr. Chairman.

MR. CHAIRMAN: (b) -- passed. (c) (1) -- passed; (2) -- passed - (c) -- passed. (d) (1) (a) -- passed; (b) -- passed; (c) -- passed; (d) -- passed. Resolution 33 passed. Resolution 34. 2 (a) (1)

MR. PAULLEY: Mr. Chairman, I wonder if the Minister might give us an outline of the situation in regard to the whole ambit of mental health services. He may have covered it earlier; unfortunately I've had to absent myself on a couple of occasions from the House. I would like to know from the Minister, if he can, specifically what plans are in the offing insofar as the hospital at Brandon and the hospital at Selkirk. I will have a few comments a little later in respect of the Manitoba School and possibly the St. Amant School, and I wonder if the Minister might give us a resume of the position in respect of mental health services. I've heard via the grapevine there's a possibility of the chief psychiatric doctor retiring. I wonder if the Minister could confirm or otherwise this matter.

MR. WITNEY: Mr. Chairman, I think generally speaking that in the pages from the summary of activities, if you go through from oh 36 on to about Page 50, that the honourable member will see that we have been able to continue in the progress of the past years in the question of mental health. In respect to the plans, the plans are to continue with the activity that we have now, particularly with the involvement of the community. We have been more and more bringing into the realm of the psychiatric services the health units throughout the province. One of the small but significant steps which I believe was made this year, or which was made this year, was an indoctrination course that was given for the medical officers of health on psychiatric needs both in the field of mental health and in the field of mental retardation. This was done in order to have the medical officers of health and their respective staff to be able to do some of the more rough assessment of the cases which came before them in the field of mental illness or mental retardation, so that when the community mental health teams move into the area their time can be used as effectively as possible.

We've also had some success with our psychiatric in-patient training program. We have nine doctors now who are taking post-graduate work in psychiatry and they are employed by us while at the same time they take their post-graduate services at the university, and the men guarantee that they will stay with us for a period of two years to return the service or the assistance that they received from the province. When this program first started up about a year

(MR. WITNEY cont'd.) ... ago it started out rather slowly but it has now grown until -- it's my understanding that we have nine in the program and there's more interest being shown at all levels.

We are continuing with our improvements of the facilities at Brandon and at Selkirk, in some, improvement of the wards themselves, and we have been able to improve in the facilities, the areas the patients are residing in, such matters as washrooms, etc., and showers. We are also planning at the present time, in Selkirk at any rate, to do away with one of the older buildings and to plan for a new administration building. We have similar types of plans for Brandon. At Portage la Prairie we have two cottages for girls; the contract has been let; soil is being turned; and we have recently also renovated quite extensively one of the older sections of the hospital, and to me at any rate it's quite a pleasure to go out there and to see the difference that has happened as a result of this activity.

We have established our office of child development which was mentioned last year. We have established it now with Dr. Asselstein, and staff is being accumulated and work is being done with the rural areas so that the child guidance operations of the department can be expanded not only from Winnipeg and Brandon but that we will be able to expand them out into the rest of the province. This will take a little time to do but the program has begun; the department is working very actively with Dr. Asselstein. Dr. Asselstein himself is working very actively and we are beginning to plan now for the area of the emotionally disturbed child which has been an area which has not been looked after sufficiently, and we hope that with the office of child development and with the plans that we have that we will be able to enter into this area and be able to report more progress next year.

With respect to the specific question about the Director of Psychiatric Services, Dr. Ed Johnson, he is due for retirement, I believe, in a period of about six months' time and I expect to be able to announce the new appointment in a period of time.

Since the last time that we met with the estimates, we have two new medical superintendents; Dr. Moyses at Brandon and Dr. Lowther at Portage la Prairie, because of the unfortunate passing away of Dr. Atkinson in an unfortunate accident.

MR. PETURSSON: Mr. Chairman, may I ask a question of the Minister? Last summer I was approached with questions about epileptics, and I wonder whether a consideration of people who suffer from epilepsy comes in under this particular section; that is, the difficulty of social adjustment, difficulty of employment and general relationships in the community. It is felt that people who suffer from epilepsy are not easily accepted and they find it difficult to get employment or to hold employment. I don't know what treatment would be involved hereto but people involved did have some medical consultation and were being treated, but they felt that -- as it was put to me -- that nothing is being done. I wasn't able to give them any assurances one way or another. I just wondered whether it would come in under this particular section.

MR. WITNEY: Mr. Chairman, epileptics are being treated at the mental hospitals, at the Psychiatric Institute here in Winnipeg, at the mental hospital in Selkirk and at the mental hospital in Brandon, and we do have some youngsters that suffer from epilepsy at the school at Portage la Prairie, so there is treatment available for them through the mental health services of the province and I think that there's also been considerable progress made in the use of various types of drugs which are available to epileptics now in order to alleviate the suffering that they have. I'm not sure what the professional aspects are with respect to being able to cure the disease, but I do know that there is help available to them through the mental hospitals of the province, either through the Psychiatric Clinic in Winnipeg or the Brandon Hospital or the Selkirk Hospital, if they were to visit the Out-patients of those three facilities, and then service would be available to them.

MR. PETURSSON: This would be for adults as well as others, would it?

MR. WITNEY: For adults as well as children. Any age.

MR. CAMPBELL: Mr. Chairman, I have not been absent from the committee much of the time while the Honourable the Minister was answering questions or making statements, but I may have missed one matter that I am interested in. Did the Minister, Mr. Chairman, give some facts and figures regarding the population of Selkirk Mental Hospital and Brandon Mental Hospital? Am I correct in assuming from the estimates that probably the total number of patient days is not diminishing to any extent, but yet I have the feeling from what the Honourable the Minister has said and from trends that we have heard of for years, that people are staying shorter times there and that more people than in the past are being permanently cured

(MR. CAMPBELL cont'd.) and then released. Is that a correct assumption and has the Minister given figures to bear that out? If he has already given them I can look them up in Hansard, but if not I would be interested in hearing that covered.

MR. WITNEY: Mr. Chairman, the average length of stay of patients in the mental hospitals, while I didn't give figures and it's a little difficult for me to pull them out of the statistics immediately, the average length of stay is decreasing in the mental hospitals, and one figure which I mentioned was that altogether we had been able to reduce the in-patient population at the mental facilities that we have now by some one hundred. We are having more people come to us for service in the out-patient service of these mental hospitals, and as a result of that we are able to treat illness of a mental character earlier and through that fact alone to provide for a shorter length of stay than we have had in the past. And through the community activities we are also able to have a sort of a rehabilitation regime for people in our mental hospitals which keeps them from being in-patient hospitals as in the terms of acute mental illness. As a result of this over this past year the mental hospitals have been able to concentrate on some of the hard core that they have had in their facilities at Brandon and at Portage and at Selkirk, and they have been able to bring about rehabilitation processes and in some cases have been able to reduce the hard core through rehabilitation means and to move them from out of the hospital and to move them out in some cases entirely, in other cases at least to bring about a better situation for the patients than there was when they were just there. So in that area I feel that I can say quite factually that there has been considerable progress again made.

MR. DOERN: Mr. Chairman, I'd like to direct a question to the Minister about the number of psychiatrists in the province. I don't know if he's dealt with this but it's my understanding that there are something like 13 men in private practice in the metro area and I'm told that if you gathered up all the psychiatrists in Manitoba they would equal a number of around 30. Now, the situation is apparently so bad that anyone who wants to see a psychiatrist has to wait anywhere from six weeks to six months. Apparently the way you get to see a psychiatrist is you have a nervous breakdown or a complete breakdown and you go into the hospital and you see him, but to see him in the preventive sense, to see him before you reach a point of difficulty or of no return, it's almost impossible to get in to see one of these men.

The psychiatrists themselves prepared a brief a few years ago, and unfortunately I don't have it with me, but I believe it was the Manitoba Psychiatric Association or something like that. They said we needed 125 psychiatrists about two or three years ago. I would assume that if the population has increased and the needs have increased, etc., we need anywhere up to 135 to 150. So my question is this: how many psychiatrists do we have? And my more important question is: how many do we need? Because it's my impression we need another 100 or we need something like five times what we do have.

MR. WITNEY: Mr. Chairman, there's an Order for Return which is being prepared and I can't recall what the exact figures are in that Order for Return, but I'll have it laid on the table of the House tomorrow or on Monday. Certainly on the waiting list -- I'm not sure what the waiting list situation is like with the private psychiatrists but in our mental hospitals, in the Psychiatric Institute, at the Brandon Hospital and at the Selkirk Hospital, anybody who is suffering from a mental illness does not have to wait many weeks or many months in order to have it taken care of, and in many cases some of the severe matters are being drawn to our attention through the community mental health teams by a more aware group of general practitioners. I don't deny that there is a shortage of psychiatrists but I also don't state that it's any worse here than it is in any other province in the country. In order to offset the shortage in psychiatrists - and we do have a shortage in psychologists also - we have been advertising and recruiting directly overseas for psychiatrists and we have been successful in obtaining some of them. We have recruited through the medical journals and last time we tried a new method which managed to produce at least one psychiatrist for us and that was to use the Sunday newspapers in England. But I believe that perhaps the most effective method that we have been able to devise so far in order to combat the matter is this matter of post-graduate training in psychiatry, so that the doctors may get a post-graduate degree in psychiatry which is being done in our mental hospitals at the present time. Our mental hospitals here are also very active with the School of Medicine, and that fact alone I believe is one of the best areas where we will be able to overcome the problem which we face. Certainly in our mental hospitals we could do with more psychiatrists, but I must also say that the psychiatrists that we have now are coping with the work load that comes to them, and while they're working at

(MR. WITNEY Cont'd.) times - especially on community mental health teams - they're working from periods from 9:00 o'clock close up till 9:00 and 10:00 o'clock at night, then making up their reports, possibly working up until midnight, and then carrying on again next day, that we have been able I think to adequately cope with the numbers of people who have come to the government section of psychiatry and sought help.

MR. DOERN: May I ask a supplementary question? I'm not clear whether I understand the Minister or not. This brief suggested that something like four times or five times the number of psychiatrists we have in Manitoba are needed. Would the Minister care to comment on that? Does he think we're almost O.K. or does he think it is of such serious proportions that we only have one-fifth of the needed number?

MR. WITNEY: The fact that we are able through our own hospitals and the province is carrying the greatest load of psychiatry in this province, our mental hospitals are the ones that get the big influx of people who have this type of illness, the fact that we are able to handle them, I don't think we are into any crisis proportion at all, but certainly we could do with some more psychiatrists to help us with the type of work we've got. As far as the report is concerned, I'm not sure what this report has said. I see many reports which say that there ought to be so many of this per thousand population and so many of that per thousand population and sometimes, as I mentioned the other day, it makes you wonder when you actually see what is happening whether these so many psychiatrists per thousand people are not more of an arbitrary figure than they are a realistic figure.

MR. FROESE: Mr. Chairman, I have a question or two. This is in connection with the matter that we are discussing and, as the Leader of the New Democratic Party already mentioned, the training that is being provided in psychiatry for our nurses, some of the registered nurses that want to take additional or extended training are referred to go to Saskatoon. Is this training that is being offered there superior to what we are offering in Manitoba, or why would they be referred in this case to go to Saskatoon? Is this a different course? Is it at a higher level? Could the Minister give me some information on this point?

MR. WITNEY: To my knowledge, Mr. Chairman, the training of psychiatric nurses which is done in our facilities here at Portage la Prairie and at Brandon and at Selkirk, to my knowledge the training that they get is comparable to any other province in Canada at the present time. I personally have not heard of any girls being referred to Saskatoon because of any higher training that they might have here. I have confidence that the schools of psychiatric nursing that we have are at a high level. Certainly our standards of psychiatry in the Province of Manitoba in our mental hospitals and elsewhere are at a comparable level with any other province. I believe I can say that factually, that on that basis alone I can't see any reason why anybody feels that they have to leave this province in order to obtain a higher level of psychiatric training. The people who graduate are recognized by the Canadian Psychiatric Nurses Association who have their own standards which are on a Canadian-wide basis, so if they can meet those standards the people that are coming from our schools here must be producing a satisfactory type of psychiatric nurse.

We are active here too in orientation training of registered nurses. The Selkirk Hospital is affiliated with the Grace Hospital, and I believe there's one other, and the others are affiliated too, in order to bring more registered nurses in contact with this particular type of nursing, and I'm sure that hospitals such as the Grace Hospital, if the standards were not high, that they wouldn't be affiliated with our hospitals.

MR. SHOEMAKER: Mr. Chairman, I think my honourable friend the Minister suggested yesterday that he was giving some consideration to the brief that was presented to him recently by the Canadian Mental Health Association, Manitoba Division, and I think he should, because I believe these people are doing a wonderful work in this particular field. But some of the things they are asking seem to me to be just a matter of legislation and something that would be very easy to act upon.

In the letter that accompanies the brief, and I'm sure my honourable friend has read it, it is summed up by simply saying this: "The Manitoba Division of the CMHA considers that it is desirable to encourage persons with mental and emotional disorders to seek help wherever possible without the fear of the loss of liberty which has for so long been the dread of accompaniment of mental illnesses. The CMHA also claims that the Act is deficient in that it does not provide any means of compelling the observation or treatment of those who urgently require help to protect themselves or others. If a man is seen butting his head against the wall, there is nothing in the Act for a friend, a doctor or a peace officer to convey him to a

(MR. SHOEMAKER cont'd.) hospital without a warrant. A peace officer may convey him to jail without a warrant, but not to a hospital. A physician called to attend a dangerously mentally ill person at night cannot get the help of the police to take the patient to the hospital without first rousing the Director of Psychiatric Services or a Justice of the Peace or a Magistrate. The CMHA, Manitoba Division, recommends that where a qualified physician certifies that a person is mentally ill and in danger to himself or others and in need of medical attention, he may notify the police who may enter the person's residence, or other place, and take him to an appropriate medical facility for examination. The Association states that there should be adequate provision for review of the status of persons compulsorily detained in mental institutions. It recommends a Review Board."

Now surely if the statements they're making in here are true it isn't too difficult to correct them; we could just correct them by amending certain legislation. And I would like to hear my honourable friend comment on whether or not these are true facts that are in here, and if they are then I certainly think something should be done immediately. And if my honourable friend is not in possession of the statement that I've just read, I'll be quite happy to send it over to him. It's just a brief one-page article and the statements are pretty alarming that's in here. But I think they should either be denied or they should be acted upon, because this is the kind of thing that takes just a stroke of the pen and amend certain legislation.

MR. DESJARDINS: Mr. Speaker, on this same subject all I want to say is that I find it quite odd that any new legislation such as this, the Minister or his staff does not deem fit to discuss things like this before this legislation is brought in. Apparently this wasn't done. I think if these people are doing any kind of work, I think they should be recognized. I don't say that they should dictate, but in everything else we seem to try to take the opinions of these people. If not at least as a matter of courtesy, let them -- give them some advance idea of what you intend, what kind of legislation you intend to bring in, and I think they might have been able to advise you or bring in some suggestions and they probably wouldn't have had any need for this bill. Mind you, it might have been an oversight - I don't know; but in the future I think that unless we have no confidence in these people at all, I think we should at least have the courtesy -- it would be more than courtesy because I'm sure that they have something to contribute also in this field.

MR. DOERN: Mr. Chairman, I understand - and I'm not really up on my statistics at the time - but I know that a few years ago it was generally stated that for every person in an ordinary general hospital there was one in a mental hospital. I wonder if the Minister could indicate to us the following: roughly, how many people there are in mental hospitals in Manitoba and how this compares to people in general or so-called physical hospitals; and also what the expenditures are in each of these areas, or per patient; because if they're not in general balance I would like to know why more money isn't being spent on mental health.

MR. WITNEY: Mr. Chairman, speaking first of all to the comments made by the Honourable Member for Gladstone-Neepawa and the Honourable Member for St. Boniface, when the Mental Health Act was revised and we did away with the Act called The Lunacy Act and The Mental Deficiency Act, and there was another one - we had three of them - and we put them all into one, when it was decided to amend that legislation or to change it completely there were two committees set up, one to do with the Lunacy Act and the Mental Deficiency Act and the other which was to do with the Act that referred at that time to mentally retarded people, and on those committees were represented not only the government psychiatrists but the university and also a psychiatrist from the Scientific Planning Committee of the Canadian Mental Health Association, so there was liaison at least at that level because the Canadian Mental Health Association had a Scientific Planning Committee and from that there were men who worked on the committee and worked on the Act at that time. When the Act that we have at the present time was passed it was based on all of the -- all the latest Acts in relation to mental health and mental illness were studied: the Act that came from Great Britain, the Act that had been passed here in Canada, an Act that had been passed in the United States, and they also made studies of the recommendations that had come from the United States from President Kennedy's committee on mental illness and mental retardation. So there was a considerable amount of discussion and a considerable amount of consideration of the Mental Health Act before it ever came up to my level.

Now since the CMHA presented their brief, they asked me if we were going to make any amendments and I advised them we were going to make some minor amendments for clarification

(MR. WITNEY cont'd.) of the Act. They then brought in their brief, and I took their brief and we listened to it and we sent the brief across to our own people for their comment. The Manitoba Psychiatric Association received a copy of the brief and then subsequently wrote to me. They stated to me that there were some areas that they wanted to study, to see exactly what the CMHA was saying, and they indicated to me by the letter that there were some of those areas with which they didn't agree, and some of those areas were in the areas that were mentioned by the Honourable Member for Gladstone-Neepawa. So I have advised the Canadian Mental Health Association that at the request of the Manitoba Psychiatric Association I will wait until I hear what they have to say and until such time I can then have the benefit of what the Manitoba Psychiatric Association say, and as I mentioned the other night these are the men who are on the front line. Our own public health people, or public psychiatry, these too are men who are on the front line because they're actively engaged not only in preventive psychiatry but in acute psychiatry and chronic psychiatry and what the Canadian Mental Health Association have to say. And I think before I make any changes to an Act that received study and the consideration that our Mental Health Act received before it came up to this House, that I would be well advised to wait and hear what all of these particular bodies had to say. Now I may bring The Mental Health Act before you for just some minor amendments, but certainly on any major changes, before making them these three people must be consulted.

Now, the Act itself has had a very significant effect upon psychiatry and helping people in this province. All through this report you'll probably note, when you read from the Psychiatric Institute, reference made to the ease with which the Mental Health Act has allowed people to seek help, and they have been doing so. Fifty percent in one of the institutions, for instance, people have come on a non-compulsory basis, and the hospital at Selkirk and the hospital at Brandon, while they may not have had 50 percent, have had a similar experience since the Mental Health Act has been brought in; and while in the period of two years it certainly may have shown that it has some faults and possibly, to the Honourable Member for Gladstone-Neepawa it may have got some serious faults, although I think that particular point is in controversy, that the Act itself has brought relief to a larger number of people in this province than would have had relief if the Act hadn't passed, and we were at any rate able to dispense with such terms as Lunacy Act and defeating mental illness with that old crude method of looking at it.

MR. SHOEMAKER: my honourable friend for his comments and to learn that he will give consideration to the presentation made to him and to the House by the Canadian Mental Health Association, because after all is said and done, all of the legislation that is presently before us will probably be outdated in about 10 years hence anyway, and each year we see 50 or 60 bills which are nothing but amendments to existing legislation.

On Page 30 of the summary of activities for the calendar year I notice a paragraph on Skills Unlimited, and it sounds to me as if this is an excellent idea and, according to the article here, is proving quite successful. In my own area and indeed in every area, I suppose, of the world over there are individuals who are unemployable by reason of the fact that no one will hire them because of mental disorders or physical disorders or both, and if these people can be rehabilitated into society by a measure of this kind it is certainly an excellent idea. However, I am a little concerned about the statement that is made in the opening paragraph on Page 30, Mr. Minister: "Skills Unlimited could handle a larger volume of candidates. However, this is hampered by a lack of suitable living accommodation in the City of Winnipeg." Now if they are able to handle greater numbers, then surely we can overcome this factor that seems to be hampering the success of the organization. I wonder if my honourable friend would care to comment on that particular aspect of it and to elaborate probably to a little greater extent than is given in the report on the Skills Unlimited, and whether or not he intends to extend it beyond the Winnipeg area.

MR. WITNEY: The Skills Unlimited operation has been extended. The facility in Brandon - I think it's called the Rehab Industries of Western Manitoba - is now up. I was out there for the sod turning and drove a tractor for the first time in my life - at least a bulldozer; and they now have the building up and it's my understanding from a meeting that took place within a very short while that they will be in operation for people suffering from mental illness from the mental hospital, and retarded children as well.

With respect to the comment about the lack of suitable living accommodation - it sits there. I have no further comment to make on it at this time except to say that the Department

(MR. WITNEY cont'd.) of Rehabilitation and the psychiatric section and care services are continually on the lookout for living accommodation for this type of people, and we have one service club that has volunteered and is endeavouring to get into action with a facility in conjunction with the Department of Health that will provide accommodation for about some 20 or 25 boys. These are the type of people that have been going to the Broadway Home out of the School for Mental Retardates at Portage, and the only reason it's not going now is simply because the Optimist Club, which is the Club that is working at it, have had some rather difficult matters in finding some suitable accommodation that they would be able to use.

MR. PAULLEY: Mr. Chairman, I wonder if the Honourable Minister would care to comment on a brief that was presented to him, as I understand it, a year or so ago by the Canadian Association of Retarded Children in respect of a clinic dealing with the question of investigation into the causes and allied matters of mental retardation in children. I believe this is properly called a Centennial project of the Canadian Association of Retarded Children under the distinguished patronage of the Governor-General of our country. Now it may be that somewhere along the line mention has been made of this or that the Minister has made a statement as to what has happened, if anything, to the start of a clinic. There was some consideration, if I understand correctly, of the possible utilization of some of the area's staff connected with Brandon Mental Hospital to sort of divorce it from Winnipeg. I also understand that there was some disagreement as to whether or not it should not be within the Winnipeg complex in order to use the facilities being built around the medical centre in Winnipeg.

While I'm speaking, Mr. Chairman, on the whole question, I want to once again, if I may, raise the point in the House of the lack of progress that is being made in the provision of facilities for our retardates in the Province of Manitoba. I don't think anyone will take away from the very tremendous job that is being performed by the good sisters at the St. Amant Hospital. Incidentally, Mr. Chairman, in my constituency of Radisson the sisters there are performing very admirable work, aided and assisted by various volunteer associations, but I note that while the bed capacity of the St. Amant ward was increased from 167 to 176 in the calendar year under review at the present time, the statement on Page 39 goes on to say that there continues to be a lengthy waiting list insofar as people desirous of having their children admitted into the hospital. As a matter of fact I know of one case that I have been dealing with on a personal basis for over six years, and now this particular party has been endeavouring to have their child placed in the St. Amant ward in St. Vital without avail. It appears to me from the medical history that there's no question of doubt that the person physically or mentally speaking qualifies for admission into either the St. Amant ward or the hospital at Portage. Now if a person has to wait for a period of six years in order to have their child admitted, I think there is something wrong somewhere, that we haven't been giving sufficient emphasis into the problem of the particular juvenile mental retardate in the Province of Manitoba. So while I appreciate very much that the Minister and the government, the Department of Health do have many avenues of interest and they're costly, I want to impress upon the Minister as vigorously as I can the lack, or maybe rather than use the term "lack", the need for increasing emphasis in forwarding the services for these persons. And I don't see that, Mr. Chairman, quite frankly as I read the estimates for the allocations in the department item No. 2, or 34, Mental Health Services. There's just an increase of about \$1.1 million, which I would suggest would be more or less taken up by wages alone within the whole field of mental health services. So I wish to appeal once again for added expansion facilities in the field of mental retardation particularly with our younger people.

I want to say, too, Mr. Chairman, that I appreciate very very much the work that is going on at the present time in the Portage Home for the -- I believe they call it the Portage School for the Retardates, and may I, Mr. Chairman, just on the name itself, make a suggestion that has been made previously in this House that it is time for a change. We changed, as the Minister stated a few moments ago, the terminology of the Selkirk Hospital for Mental Deficients I believe it was at one time, or some name like that, to the Selkirk Hospital for Mental Diseases. We've got away from the connotation of deficiency and I suggest that this can be done insofar as the Portage Home is concerned. I understand the committee concerned suggested a few other names, such as Prairie Grove or Portage Grove or something like that. It's no question of doubt that the patients there may be mentally retarded but why should we as a Legislature or as a group of men and women here continue the use of this phrase?

I want to likewise pay tribute to the medical superintendent at the Portage Hospital, as

(MR. PAULLEY cont'd.) I choose to call it. I think in Dr. Lowther we have a gem, a man who is keenly interested in all aspects of treatment and care of the boys and girls and young men and women and older men and women who happen to be in his care at the Portage Hospital. It's really a revelation for one to go out there and see the work that is going on. I had the pleasure back in the summertime of pouring tea out there when the newly formed auxiliary of the Portage institution held their first tea, and there were over, as I understand it, 1,700 people who attended the tea that Sunday afternoon and they were very much impressed two ways, Mr. Chairman. First of all, impressed with the manner in which they were received at the hospital; and secondly, impressed for the first time that we in Manitoba had people of the physical and mental status or position of the people there had that required help. And I would suggest to the Minister that because of the awakening interest of the people of Manitoba to the problem that we have, that greater emphasis should be laid in this direction, because I'm positive in my own mind that the more the people know of the problems of the people of Manitoba in the field of mental illnesses, the less difficulty my honourable friend will have in receiving the support financially and otherwise required to make advances in this very important field.

So I say we should pay tribute to the, in many cases to the mothers and fathers of the people who are afflicted with retardation; we should pay a tribute to the men and women who are giving of their time and their ability to help; and I think if I were to be fair - and I try to be fair most of the time; sometimes I'm accused of being otherwise, but I do try to be fair - I do want to say to the Minister I appreciate, as one who is interested in this field of human endeavour, his keen interest, and I do not wish to detract from the fact that the Minister of Health is keenly interested in this field. But there's a big job to be done, Mr. Chairman.

The Minister, if I understood him correctly, announced that there will be an additional two cottages for girls built at the Portage site. I say goodo; it should have been four or five. It's needed. The facilities at the St. Amant are overcrowded. I understand that there will be provisions for -- hope that after more extended care hospitals are built that maybe some of the patients on extended care at the St. Amant site will come away to make provision for more young people, but I also suggest, Mr. Chairman, that the total overall population is growing and it's pretty hard to keep up with it. So I want to appeal to the Minister to take another look if it is at all possible. It doesn't appear to me that in the estimates that we have before us enough emphasis financially has been laid in the field of our mental health services, and I trust and hope that the Minister might be able to use the phrase that was used down in Ottawa recently in respect of the postponement of Medicare; if the economy increases or grows between now and the time we have to consider the estimates for the fiscal year ending in '69 - if we're around - that maybe at that time, through the use of supplemental estimates or Lieutenant-Governor warrants, he will build another three or four cottage units at Portage la Prairie; they're really worthwhile. And I would suggest in conclusion, Mr. Chairman, to the Minister through you that he extends an invitation to all members of the House to go to Portage la Prairie and see what is being done there, to have a talk with Dr. Lowther, who I said in the opening remarks is doing a tremendous job in this very important field.

MR. WITNEY: Speaking first of all about the Canadian Association for Retarded Children and their plans, which he spoke of, which were a research and training and residential facility at Brandon, this was a very large project that the Canadian Association for Retarded Children had in mind. The capital costs of it were very high and the provincial capital cost portion that they were asking for was in several hundreds of thousands of dollars. The operating costs of the facility were also extremely high, and if I recall -- think correctly, the figures for the Province of Manitoba - and these would stand correction - amounted to around about \$85,000 a year, so we wrote to the Association for Retarded Children and told them that we unfortunately could not help them with this particular project but invited them to help us with the new proposals which we had embarked upon as a government through the taking over by the school system of the trainable retarded child and of the new plans that we had for the office of child development. The Canadian Association for Retarded Children, quite naturally they were disappointed and quite naturally they made an appeal, but we have still maintained to our position and we are still in the process of talking to each other, and recently they have come back to us with some new proposals which only about a few days ago I wrote a letter to them asking whether or not we couldn't meet again to discuss these new proposals which they have put forward to us - which at least I am interpreting as a new proposal. The meeting has been arranged for later on in this month.

(MR. WITNEY cont'd.)

With respect to St. Amant's ward, St. Amant's ward has expanded over the period of years. It's gone from about 54, I believe -- well actually when the woman who first started it it was down into the numbers of about eight, that remarkable woman at that time. It's now gone up as we have increased it from 167 to 176 and of course the plans are to turn the whole of the facility over to this type of child and then we will be able to accommodate about 300. One of the delaying factors on it has really been the matter of movement of the extended treatment care people that we have in that facility, and the St. Boniface General Hospital has now -- I understand has made the decision to go ahead with a few hundred bed extended treatment care units, and if I am correct, that decision is made. Apart from the functional planning maybe now in the schematics and the technical things which have to take place, that building will move ahead, the building will go up and we will be able then to transfer the patients that we have in the St. Amant ward in the St. Boniface Sanatorium over to St. Boniface, and with some necessary renovations we will be able to expand out into the St. Amant's ward itself.

I'd like to draw to the attention of the Leader of the NDP that last paragraph on Page 39 which I think is rather significant, that the additional activities planned for the St. Amant ward include a day care program for children and a counselling service for parents of retarded children. These services together will undoubtedly reduce considerably the anxieties and tensions which frequently develop in the home situation because of the presence of a retarded child, and we are hoping that we might be able through this type of service to provide people with some assistance so that in some cases this type of child will be able to remain in the home environment for a longer period of time and ease the pressures which have developed upon St. Amant's ward.

Then we look at Portage la Prairie. The other factor which I think is significant in here is that during the first nine months of 1966 there were 96 admissions and 67 discharges, and the discharges show an increase of approximately 50 percent over the whole of 1965 when the discharges numbered 48, and in addition to this activity the total community work placements increased from 63 in 1965 to 164 for the first nine months of 1966. Now all of this relieves the load on the Portage la Prairie facility and is enabling us to improve the situation there, not only from the physical and rehabilitation of the physical comfort and the rehabilitation of these youngsters, but also on the waiting list that we have at the Manitoba School. In addition, we now have added to our community mental health teams -- we have teams that go from the facility at the Manitoba School for Retarded and have now started to spread across the country. They in turn have been able to do some indoctrination of our medical officers of health, and we in turn are being able to get a greater flow and a faster indication of where we have trouble throughout the province. Now I don't wish to indicate that this is a slow process, but it has begun and it is going to ease the situation.

On the matter of the name of the facility, the Honourable Member for Lakeside drew this to my attention last year. I asked the Department to consider a name for the school at Portage la Prairie, and that is being done. I think that, as a point of interest, that there is a school of thought, and it exists in some of our people, that perhaps mental retardation is an unfortunate circumstance, it's a disability such as somebody having lost an arm, and they feel that perhaps we should just state what it is and let people realize that this is a normal problem, a disability that happens. It happens because it's genetic; it happens because of some accident during the birth of the child, or it happens because of the deficiencies in the blood of the youngster, and why not just let people know what it is and get them used to the idea that there's nothing unusual about it -- it's an unfortunate disability that happens to children the same as happens with knocking off arms or legs. However, you will note that at Portage la Prairie that we have got away from the East Block and the West Block and the Middle Block and the Maximum Security Ward, and we now call them Pine Grove and West Grove and names such as that, and I think that the majority of opinion agrees with the Member for Lakeside and yourself, and we are looking into it, and if we were to have amended the Act this year, this was one of the matters which was to have come forward at that time. And that's all I have to say.

MR. PAULLEY: If I may, Mr. Chairman, I don't want to delay the committee unduly. I appreciate the remarks of the Minister. I cannot agree with him, however, insofar as the name is concerned - and I substantiate this - my argument in recalling to the Minister's attention that this was the reason, the very opposite that he has just suggested was the reason for changing the description of the Selkirk Hospital for Mental Deficients. Now I suggest that if it was valid in one case, it's certainly valid, even more so, because in most cases we're dealing with children who happen to be born this way, and there's the difference between the population at the Portage Home than that at the Selkirk. One were accidents of birth; the other one was a result of a process of mental retardation, the person in the institution at Selkirk and Brandon, generally speaking, having been born normal individuals and their mental deficiency grew on them as a result of stress or strain or for some other reason.

Also, the Minister used some figures to more or less - and his statement on the bottom of Page 39 dealing with the question of the St. Amant ward and the day care program for children and counselling service for parents of retarded children, I appreciate this very much - but it's still not going to overcome the problem of the retarded child in the home and the effect that that child may have on the family itself and other children, and I think that psychiatrists and those in the field of child guidance and child care are more and more coming to the opinion that it would be far better if proper accommodation was provided for the children outside of the home.

Also, my honourable friend the Minister suggests that the population, if I understood him correctly, that the population at Portage was going down as a result of the community activity. That appears to be the fact if one looks at Page 39 of the report of the department, however, if one takes a look at Page 67 the reverse is true, that the total patient population in the Manitoba School for Retardates at Portage la Prairie as of December 31, 1965 was some 1,134, and those remaining under treatment on September 30, 1966 were 1,151, or an increase of 17. I don't know which figures to take. I suppose that when I'm making a plea for expanded activities or facilities, I'll stick to Page 67 which indicate that there is the increasing population.

Also I want to say to my honourable friend, it's very fine - it's very fine for him or the government to say that because of the present arrangements between St. Boniface Hospital and the Sisters of the Grey Nuns to change their facilities for extended care treatment, this isn't going to happen for two or three years. In the meantime, not only is the population of our juvenile child retardates going to increase, so also will the population of our older citizens. Thanks to medical science they are going to increase likewise, and I don't think I need to say to my honourable friend the Minister that the mere transferring of the 200 patients in the extended treatment care services at St. Amant, to new or altered facilities at St. Boniface Hospital proper are going to alleviate the situation very very much at all. More and more people are requiring extended care services; more and more children are requiring the services such as are provided at the St. Amant. So I suggest to my honourable friend, fine, it looks fine to say that we are going to take 150 or 200 extended care patients out of the old St. Boniface Sanatorium and put them into facilities we are going to build at St. Boniface Hospital, but this is going to take time. In the meantime, the need of the people are growing apace.

MR. WITNEY: Mr. Chairman, I'd just like to comment that I am one of those who agree that we should change the name of the school at Portage la Prairie, but I thought it would be interesting for the honourable member to hear what the other side of the story or some of the considerations were by people who are working again in the field. With respect to the figures, the figures actually indicate a turnover of people within the hospital itself. There's been a movement of people through the facility at Portage la Prairie and that's where you receive what might appear to be an inconsistency, but there's a movement of people taking place.

Now with respect to the last point, I do have a brief under consideration at the present time from the Parents Committee of the St. Amant Ward and I must only say to him that there has been progress made, and while I can appreciate the points he made, I can appreciate that we can only go so fast also. I don't suppose we'll ever catch up, but at least the movement is there and I just wanted to point out to him that we have limitations too in the speed with which we can go.

MR. PAULLEY: I want to suggest in conclusion that we change the pace from - what is it, the Death March of Saul or something, to Onward Christian Soldiers which is more spirited, so that these people are taken care of a lot more rapidly than they are at the present time.

MR. MOLGAT: Mr. Chairman, I don't want to extend this particular debate but I'm very interested in this subject and I have spoken on it in past years, not only from the standpoint of what is going on within the institutions but very much about what is going on outside of the institutions as a result of the work that the institution has done. I think the marvellous change that has occurred here, that where in past years we considered that someone who ended up at the Portage Home was there for life, that that has changed completely. There are some, true, who probably will remain there for their whole lives, but there's an entirely new approach it seems to me in this field. The facts are that now more of the responsibility comes upon us who are outside and who are in positions where we can assist these people to rehabilitation.

During the recess of the House, the Christmas period, I went to the Portage Home and spent a day there along with the member from Portage, and I must say we had a most interesting day and I concur with the suggestion that all of the members of the House should go to the institution because I think it would open their eyes as to the things that can be done in this particular field, and I certainly concur with the comments made about the doctor in charge there of the institution, Dr. Lowther. It was most impressive as we walked through the various wards to find the reaction of the people there who in most cases came up to him and called him by name, and it was obvious that virtually everyone there knew him personally.

But the important and interesting development it seems to me are the people who are now coming out of that institution and going to various types of - we might call them half-way houses, and we have here in Winnipeg of course the Broadway Home - and who are going from there to employment. Now this I think is where a great push is needed and where there's a great need for a public relations job to be done with various citizens groups across the province. I do not think it's enough simply to get these people out of the Home. There must be once they come out, obviously, understanding and assistance from the outside, understanding from those who will be dealing with them and assistance, particularly with providing jobs for them. They can be integrated back into society but they cannot do it by themselves, and quite frankly I don't think that this is a field where government can do it by itself either. I know that it's not the approach that's being used, so I wonder here if, as in so many of our other activities, there isn't room for a real draft of so many volunteer organizations, be it service clubs of various types or women's institutes or what have we, but a real drive across the province to acquaint the citizens with what is being done in this particular area, to marshal the citizens forces and assist the institution in getting ever more of their patients out into the world.

Insofar as the number of patients there, I gather from the information I got that there is still a very large waiting list to get in. I think it will probably take quite some time before it can be built to a size to take care of all of those who could be accommodated, but certainly if we can move more from the institution back into active life in the world we would be helping the institution itself; those who need custodial care on a permanent basis who can't get in now; and those obviously who can be rehabilitated.

MR. WITNEY: Just on that point, Mr. Chairman, the committee might be interested to know as a result of the success of job placement or of finding employment for these people - and we do have people who are prepared to employ them - we now bus from Portage la Prairie into Winnipeg a group each day and bus them back out again, and we have been able to do it. We've done it on an experimental basis, and because it's worked successfully we now do it on a regular basis. As far as more volunteer groups, I say "Hear, hear" to that.

MR. DOERN: Mr. Chairman, I asked the Minister a question some time ago and I don't believe he answered. I don't know if it's because the answer is so obvious in the report of the year or what, but I asked him how many people there were in mental hospitals in Manitoba and how many in the general hospitals, and then I asked him the expenditures in each.

MR. WITNEY: Mr. Chairman, the patient population in Brandon, I think there's just under 1,000 now; at Selkirk there are under about 900; at the facility over here, the Psychiatric Institute, they are running at about 65; and in Portage la Prairie they're running at about 1,100; so if you take those figures you've got, roughly about 3,500. Now here in the Metropolitan Winnipeg area we have 3,500 beds, or roughly about 3,500 beds, and the Honourable Member for St. Boniface was telling us about waiting lists today, and when you add all the hospitals all around the rural parts of the province then you see that there are more people in acute hospitals than there are in the mental hospitals.

(MR. WITNEY cont'd).....

Now as for the cost involved, the cost of the various facilities are listed here in the book. The Brandon Mental Hospital, you can see the costs that are there, and the Selkirk Hospital, etc., the Manitoba School for Retardates at Portage la Prairie. The hospital costs for this year are - I forget what they are now, but they are certainly over \$50 million if you take all of the hospitals in this province. So there are far more people in acute hospital beds than there are in mental hospital beds. The per diem cost, I suppose in our acute hospitals run anywhere from about \$18.00 with respect to - I think the Children's is getting up close to \$40.00 a day now. Our per diem cost in our mental hospitals are running anywhere from about seven to nine - that's without amortization of the facilities. The facilities are built -- we haven't got any capital debt built into that per diem structure.

MR. DOERN: Well, do I draw the conclusion that there is approximately equal amounts of money spent per patient in both these kinds of hospital?

MR. WITNEY: No, I don't think you can really compare it because they are a different type of operation. Even an acutely ill mental person is really a little different in relation to acute illnesses of other types, so I don't think you can draw comparisons.

MR. CHAIRMAN: (1)--passed; (2)--passed; (3) (a)--passed; (b)--passed; (3)--passed; (b) - Brandon Hospital for Mental Diseases: (1) Salaries--passed; (2)--passed; (3)--passed; (4)--passed; (c) - Selkirk Hospital for Mental Diseases: (1)--passed; (2)--passed; (3)--passed; (4)--passed; (d) - Manitoba School for Retardates, Portage la Prairie: (1)--passed; (2)--passed; (3)--passed; (4)--passed; (e) - Mental Health Grant....

MR. MOLGAT: Mr. Chairman, I notice this amount of \$450,000. Could the Minister indicate how much the federal portion is of this amount?

MR. WITNEY: This is the total federal portion. The 450,000 is what we pay out and the Federal Government pays it back.

MR. MOLGAT: The whole 450,000 is federal money?

MR. WITNEY: Yes.

MR. DOERN: Mr. Chairman, may I ask the Minister for an explanation of what this grant is for, what it is used for?

MR. WITNEY: The grant is really for research and for payment of staff salaries for community health teams and for education of personnel in the various activities of the mental hospitals.

MR. CHAIRMAN: (e)--passed; (f) (1)--passed; (2)--passed; (3)--passed; (4)--passed; (5)--passed. Resolution 34--passed. Resolution 35: General Health Services - (a) Administration (1) --

MR. SHOEMAKER: Mr. Chairman, is my honourable friend going to make a statement to enlighten the House as to what this means - General Health Services - what does it entail?

MR. WITNEY: This whole section here on General Health, the department is really divided up into two major sections, the one section on Psychiatry and one section on General Health takes in all of the Health Units throughout the province; it takes in all the lab and X-ray units throughout the province; it takes in the section of Environmental Sanitation; it takes in the section of Preventive Medical Health; it takes in the section of Dentistry; it takes in the section of Public Health Nursing; and such matters as Food Control and generally those - the Child and Maternal Health Grant, etc.; Northern Health Service; the Provincial Laboratory. They're all listed down under here as you go past the vote - Care Services, Tuberculosis, etc. It's mainly the Preventive Health Section of the department.

MR. SHOEMAKER: I wonder if my honourable friend would care to tell us what the federal grants are in total for this whole section, if any. And then perhaps when we come to the item on grants, you will tell us on Page 12 (c) (5) - \$281,023 - you have already suggested that the Alcohol Education Grant was included in this figure. Would you be good enough to tell us what else it does include. You could do it now or when we reach the item, it doesn't make any difference to me. I want to make a couple of comments on Health Units and X-ray Units, but I can do that when we get to that particular section of the estimates.

MR. WITNEY: The General Public Health Grants - there are nine of them and they are listed out in the book. Three of them are direct grants from the Federal Government and the other seven are matching the grants. We have on Item No. (q) - the General Health Grant, the expenditure there of \$961,000, and the Child and Maternal Health Grant which comes to \$94,000. I think this General Health Grant is a matching grant from the Federal Government along with

(MR. WITNEY cont'd)....the Child and Maternal Health Grant, a matching grant on a dollar for dollar basis, but I would have to check that out exactly for you.

You will find all about the national health grants on Page 7, 8 and 9, and I am sorry that I don't know the full details right at the present time. It says here the General Public Health grant is used to strengthen and improve existing programs and to extend services in various fields, and then it gives a list of where the funds were allotted and I am quite sure that this is a matching grant of 50 percent from Ottawa and 50 percent from the province. On the basis of the grants as listed under (c) (5) - 148 to 151 - are grants in here to the Canadian Arthritis and Rheumatism Society, the Canadian Mental Health Association, the Manitoba Heart Foundation, the Association for Retarded Children, the Canadian Diabetic Association, the National Safety League of Canada, the Mount Carmel Clinic and the Age and Opportunity Bureau.

MR. DESJARDINS: I wonder if the Minister could, not to waste time, could read this on the record or table the different amounts for these different grants that he's mentioning now, and I wonder if he can give us -- I think the first question was: out of the 6 1/2 million General Health Service, how much is federal grant - just the lump sum.

MR. WITNEY: Yes, I can't give it to you right now but I'll be able to get it for you.

MR. DESJARDINS: Can I ask the Minister then if the total 83 1/2 million spent on your department, could you get this - if you can't give it at this time - if the Minister can't get it at this time, could he give us this at a later date then - out of this 83 1/2 million - the total spent?

MR. WITNEY: Yes, generally speaking, from the Ottawa grants we receive about - I'd better not give you figures - but the figure of about 3 million runs in my mind, if we can get it clarified, and then out of that total of 83 million there would be about 26 million which would be the federal half of the hospitalization costs.

MR. DESJARDINS: I wonder if the Minister would be kind enough at a later date to give us the exact amount of the federal grant from this \$83,648,000. And also, when we're asking about different figures, could he tell us the amount that'll be in the Manitoba Hospital Commission brought in by the premiums, because we haven't got the report of the Commission, and also the amount that's brought in by this 5 percent provincial hospital tax.

MR. WITNEY: Yes.

MR. DESJARDINS: The corporation tax too, the one percent corporation tax.

MR. CHAIRMAN: (1)--passed; (2) (a)--passed; (3)--passed; (b) (1)--

MR. PAULLEY: I'd like to raise a question or two in connection with (b), and I understand my colleague from Logan likewise has a comment or two to make. May I refer the Minister to Page 95 of the report dealing with the question of pollution assessment. I know my colleague from Wellington has raised the matter of pollution on a number of occasions, Mr. Chairman. It's not my purpose to repeat what he has had to say on this very important matter, but if the Honourable Minister will look under the second paragraph, it states, "Major water polluting agencies are under some degree of control by the Provincial Sanitary Control Commission." And then further on in the report on Page 105, we find the following statement dealing with the Provincial Sanitary Control Commission. It states, "The control of pollution of rivers, lakes and streams in Manitoba is vested in the Provincial Sanitary Control Commission under the authority of the Minister of Health and the terms of The Pollution of Waters Prevention Act." And then at the bottom of Page 105, the last paragraph deals with, "The ten-year program of 1961 to 1970 of the Metropolitan Corporation of Greater Winnipeg is progressing satisfactorily and a decision is pending on the alternate use of sewage lagoons or standard sewer treatment plants to handle wastes from the southern area of the metropolis."

The question which I wish to raise, particularly with my honourable friend in regard to the matter of pollution, has there been a change of policy insofar as the Department of Health is concerned, and also, its area of jurisdiction over the pollution of rivers and streams, for I note that the appropriation for the Sanitary Control Commission has been reduced from \$18,470 down to a figure of \$4,200, which wouldn't pay the salary of anyone who may be expert - at least that's my opinion - in the field of pollution and sanitation. So I'd like to hear from the Minister any explanation that he might be able to give to us in regard to the ten-year program and whether or not there has been a change insofar as the control of pollution in our rivers, lakes and streams by the Sanitary Control Commission.

MR. HARRIS: Mr. Chairman, I'd like to direct a question to the Minister. I wonder if he could tell us what progress is now being made with regard to silicosis for the miners. I

(MR. HARRIS cont'd)... don't know whether it comes under this or not but I've always been interested in this, being a miner myself and seeing the effects of silicosis among the miners. What amazes me here is this. The miners work in the various provinces and in each mine they go they collect dust in the lungs, and gradually through the years they are put in such a state of health that they can't work any more. I have seen literally hundreds of these fellows and they were just like walking dead men, because if they walked a hundred feet or so they had to rest for half an hour or an hour before they could go on.

But what gets me is this, when these men come into the different provinces to work, the province says, "You didn't contract this disease here - you didn't contract this disease here." Well, the man goes along, he says, "I can't get no help." He keeps on working and he gets worse. Well who has to look after this fellow. I know one chap come to me from Bissett and it seemed he had to come in here every once in a while - I have to listen to these stories as they come to me - and he seems to have to make his way in here and is fortunate that he had a daughter here that he could go to to have an examination. So I was wondering if the Minister could give us some outline on what they do for these fellows.

MR. WITNEY: Mr. Chairman, the Department of Health, through its section of General Health Services, provide all the X-ray activities and the reading of the plates for the Workmen's Compensation Board with respect to silicosis. The actual conditions of silicosis come under the Mine Safety Branch of the Department of Mines and Natural Resources, and under the area where they have their ventilation engineer, but in the Department of Health our responsibility is to do the X-raying and the interpretations of the X-rays for the Workmen's Compensation Board. I think that we are doing some 4,000 a year and then we issue a licence to a miner indicating that he is able to work and that he has not got silicosis in his lungs. There are also standards set up of ventilation for mines in order to assure that the dust component within the mines is kept at a minimum, but I believe that those regulations are resting under the Department of Mines and Natural Resources.

With respect to the matter of the Provincial Sanitary Control Commission - and the Honourable Leader of the NDP said we did have quite a bit of discussion about this matter - but at this moment you have me puzzled about that decrease and I'll have to have it clarified for you because there is no change of policy. We still have the Provincial Sanitary Control Commission working; we still have the same set-up that we have had over the years. The Metropolitan Winnipeg area has control through the Metropolitan Winnipeg section but they work very closely with the Provincial Sanitary Control Commission. Its function has continued over the period of years and I just at the moment can't lay my hands on the reason for that decrease in the amount of money.

MR. CHAIRMAN: (1)--passed; (2)--passed; (3)--passed; (c) (1)--passed; (2)--passed; (3)--passed; (4)--passed; (5)--

MR. MOLGAT: Mr. Chairman, will the Minister be able to give us a list of these. It's not necessary to have them given to us now, but if he would give us a listing of them which might be put in the Hansard?

MR. WITNEY: Yes, Mr. Chairman, I think it would be faster to do it that way.

MR. MOLGAT: Mr. Chairman, this I believe is where the grant for the Alcohol Education Service is now located. Could the Minister tell us at the moment what are the groups to which he makes grants for alcohol education or alcohol prevention, or any of these particular areas, and are all of the grants now concentrated in his department or are there still grants coming from other departments of the government.

MR. WITNEY: No, all the grants are concentrated in the Department of Health. Grants are made to the Alcohol Foundation; grants are made to the Harbour Light people; and grants are made to the Alcohol Education Services. The grants made to the Foundation and the grants made to the Salvation Army are listed under the section of Rehabilitation and this one is listed here under the section of grants. In this section we have grants to the Institute of the Blind - \$61,000; Victorian Order of Nurses - \$3,500; City of Winnipeg - \$90,265; Voluntary Agencies - \$59,550; Sanitorium Board - \$30,608; and Alcohol Education Service - \$36,000.

MR. MOLGAT: Mr. Chairman, I'm sorry then, I wasn't aware of the fact that under General Administration we should have asked under Item (d) for the grant to the Foundation and the Harbour Light. Could the Minister indicate how much those are -- I presume that's where they come. Is it under (1) (d)?

MR. WITNEY: Yes, the grant to the Foundation in just round figures is in the neighborhood of about \$96,000 -- no, I've got an "O" in the wrong direction so I'd better find it out and

(MR. WITNEY cont'd)... if you'll give me time I'll locate it.

MR. CHAIRMAN: (5)--passed; (6) (a)--passed; (b)--passed; (6)--passed; (7) (a)--passed; (b)--passed; (7)--passed; (d) Tuberculosis Service: (1)--passed; (2)--passed; (3)--passed; (d)--passed; (e) (1)--

MR. SHOEMAKER: Mr. Chairman, is this the total expenditure for Alternative Care Services of every description, or what does it signify by "Care Services". There seems to be a very very small increase in the amount, and I thought we were going farther afield in this particular area.

MR. WITNEY: Mr. Speaker, I'd like to get the exact figure from the department about the grant to the Alcohol Foundation and the grant to the Salvation Army for the Honourable the Leader of the Opposition. With respect to Care Services, this is a grant that is paid for the salaries to the professional staff, to the nurses and to the stenographers, etc., and the supplies --(Interjection)-- Within the department, yes.

MR. CHAIRMAN: (1)--passed; (2)--passed; (e)--passed; (f) (1)--passed; (2)--passed; (f)--passed; (g) (1)--

MR. SHOEMAKER: Mr. Chairman, are all of the Health Units in the province fully staffed at the present time?

MR. FROESE: While the Minister will be answering, could he tell us how many Health Units are presently in existence and operating, and how much is provided for the new Health Unit that is supposed to be set up in southern Manitoba?

MR. WITNEY: Mr. Chairman, I can't give the exact amount of money that has been set up for the new Health Unit in the southern part of Manitoba. With respect to staff, they are all pretty well staffed to capacity. There may be one or two vacancies but I think it is fairly right to say that with the exception of perhaps one medical officer of health, or two, and with one or two nursing positions, particularly up in the north country, that for the most part we have been able to maintain our staff in the Health Units and the lab and X-ray units to a good level.

MR. CHAIRMAN: (1)--passed; (2)--passed; (g)--passed; (h) (1)--

MR. SHOEMAKER: Mr. Chairman, this is one part of the department that always concerns me somewhat, and in fact has cost me money, which is worse. Now on Page 90 of the Summary, there is a correct statement there, and it says, "All patient services are rendered without charge to the patient as these are covered under the Hospital Services Plan. Persons who are not admitted to hospital are charged \$1.00 for the first X-ray; two bits for each additional one for a maximum of \$5.00." Now this is a wonderful service to the areas that are served by them, and if a patient like myself, and indeed my wife did come into Winnipeg here after receiving several X-rays in Neepawa, the first one for \$1.00, then you can have four more for another \$1.00 - that's five for \$2.00 - and do you know what it costs if you come to Winnipeg and did in fact cost me, because I got a bill from the Manitoba Clinic for \$37.00 one day and it was made up thus: \$5.00 for professional services, \$20.00 for X-rays and \$12.00 for lab, for a total of \$37.00. I wrote a letter back, a copy of which I have, and I said I am enclosing my cheque for \$37.00 - and I do not object to the \$5.00 for professional services - but I certainly do object to have to pay \$32.00 for something that I could have got for \$1.25 in Neepawa.

Now this goes on all the time. In fact I wrote the doctor and asked him if he would co-operate to the extent that we could have the X-ray slides brought in from Neepawa to Winnipeg every time we had an appointment and he agreed to do that. Some of the doctors even went so far as to say that the lab and X-ray in the bottom of the clinics are the fringe benefits - if you want to call them that - of a clinic. They say, "How do you expect that we are going to pay for this lovely clinic building if we don't have some fringe benefits?" Well, I don't care how they pay for them as long as I don't have to cough up with some money, but it doesn't seem fair if 50 or 60 percent of the people of the province can get an X-ray for \$1.00 and every one after that for two bits, and the other 50 percent have to pay \$20.00 for an X-ray. These are the disturbing things to me.

Now, I know that if you have the best plan, the best hospital plan that MMS offer, if you have that one then it will cover - it will cover your X-rays in Winnipeg, but there's a lot of people who don't have a hospital plan of any kind and these are the people that I'm concerned about. I didn't have the good plan until I learned a lesson from this one. I now have the best plan that's available, but it's a disturbing thing to me and I'm certain that it's disturbing to a lot of people of the province.

MR. WITNEY: Mr. Chairman, the grant to the Alcohol Foundation is approximately \$160,000, and to the Salvation Army Harbour Light is approximately \$26,740. Also, there was a matter of lab and X-ray in discussion of the estimates the other night and I think if the honourable member will read the Hansard he will see that we are and have been working along the particular problem that he has posed in the discrepancy that occurs with respect to the rural versus the metropolitan sections of the province, and I'm sure that when we move into Medical Services Insurance that the matter will be cleared up.

MR. DOW: Mr. Chairman, I have one question in regard to lab and X-ray. If you are a resident of a certain health unit and have to have lab and X-ray in other units, are they transferable?

MR. WITNEY: In an adjoining unit, I believe they are. Yes. If both units are covered I believe that they are, yes.

MR. DOW: I worded it wrong, Mr. Chairman. Suppose you're in the southwest unit, a registered member of, and you have to have certain lab and X-ray work done in the northern units, are you covered then as for cost factors?

MR. WITNEY: The answer is yes.

MR. MOLGAT: Mr. Chairman, could the Minister indicate how much of this is recovered from the municipalities and from the Federal Government.

MR. WITNEY: In the lab and X-ray units and the health units, approximately one-third is recovered from the Federal Government, one-third from the municipalities who are participating, and one-third from the province.

MR. CHAIRMAN: (1)--passed; (2)--passed; (h)--passed; (i)--passed; (j) (1)--passed; (2)--passed, (j)--passed; (k) (1)--

MR. PAULLEY: Mr. Chairman, does it mean that there will be no medical officers in the Unorganized Territories? There is no appropriation there for salaries.

MR. WITNEY: No, it doesn't, Mr. Chairman. They have combined the (1) and (2) all into the one lump sum of \$65,380.

MR. PAULLEY: How many medical officers are there?

MR. WITNEY: Oh, I couldn't - I'm sorry I couldn't tell you the exact number. I just haven't got it at my fingertips at the moment.

MR. MOLGAT: Mr. Chairman, there seems to be some confusion here however because I was looking at last year's staff provision and it indicated, under Medical Officers in Unorganized Territories, 14 staff members. This year in the list supplied to us by the Minister there are no indications at all for staff in that particular category, so according to the sheet submitted to us he does not intend to have any staff in that particular category in Unorganized Territory.

MR. WITNEY: I would think the reason why this shows up in this particular manner is that we have agreements with the individual doctors throughout the area. For instance, where there's no health unit we have agreements with medical officers of health that they will do various immunization procedures and various other activities within the Department of Health, and so as we are not strictly paying a salary to them but are more or less paying a fee or a supply or an expense, that it was all listed in this one as being the Supplies, Expenses, Equipment and Renewals. The numbers involved in this particular appropriation are the same as they were the year before.

MR. DESJARDINS: Mr. Chairman, does the Minister have a different policy or did he reorganize this, Medical Officers, because the increase in this is only \$25.00 and that's including the supplies, and every other place where we are talking about salaries the salaries have gone up. Now if you have the same medical officers and you're only increasing for \$25.00 and you don't show anything in there, is there any reorganization, is there something different - a new policy here or what?

MR. WITNEY: On the agreements - the agreements haven't changed in their dollar value with respect to the various biologicals that they use for immunization, etc. We supply those to them on a free basis. So this is actually money that is paid directly to the doctors and it hasn't changed with the exception of about \$25.00.

MR. DESJARDINS: Mr. Chairman, it might make it easier if the Minister would break this down, this 65,380, and tell us what part of that is salary. He must have that. Go back to last year's and show us what the salaries are. What is the reason why this isn't given this year?

MR. WITNEY: I'll get it clarified.

MR. CHAIRMAN: (1)--passed; (2)--passed; (k)--passed; (1)--

MR. DESJARDINS: Mr. Chairman, I think we need a word of explanation here. There's a decrease here, quite a substantial decrease in Emergency Transportation. I wonder if we could have a word of explanation here.

MR. WITNEY: This is an item that changes very mightily. It is, as it says, emergency transportation. Sometimes it's high; sometimes it's low; and it oscillates from a high spot to a low spot and this year we're expecting it will be on a low spot.

MR. HANUSCHAK: Mr. Chairman, what are your reasons for predicting that it will be low this year? In other words, elaborate on what emergency transportation includes, and then on the basis of that

MR. WITNEY: It's purely an educated guess; we never know how many people are going to get hurt where we would have to send emergency transportation. For instance, we had emergency transportation up on the Hays River when the St. John's School for Boys were stranded out there. The province paid that amount of money and at that particular time it came to about \$1,500. We never knew that that was going to happen; we don't know what's going to happen this year; but I can assure you if there's emergency transportation and it goes to more than \$4,800, the money will be found for it.

MR. LYON: I think having regard to the hour, we might consider drawing the committee's work to a conclusion. Before doing so however I think it would be of help to honourable members to know that the next department to be called after the Department of Agriculture will be the Department of Welfare.

I move the Committee rise.

MR. CHAIRMAN: Committee rise. Call in the Speaker.

Mr. Speaker, the Committee of Supply has adopted certain resolutions, directed me to report the same and asks leave to sit again.

IN SESSION

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

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

MR. LYON: Mr. Speaker, I beg to move, seconded by the Honourable Provincial Treasurer, that the House do now adjourn.

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