

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Tuesday, May 7, 1968

MR. LYON: Mr. Speaker, I wonder if you would first call, Sir, the adjourned debate on the motion standing in my name and the amendment thereto moved by the Honourable the Leader of the New Democratic Party, adjourned by the Honourable Member from Rhineland.

MR. SPEAKER: The proposed motion of the Honourable the Attorney-General and the proposed motion of the Honourable the Leader of the New Democratic Party in amendment thereto. The Honourable Member for Rhineland.

MR. FROESE: Mr. Speaker, we are considering the speed-up resolution, as it is normally called, and which is generally brought in at the tail-end of the session in order to speed up matters in the House. However, Mr. Speaker, I feel that it is much too early to bring this resolution forward at this time this year and I object very strongly to the inference that is being left so often that this is being done because of the farmer or the rural members. I take exception to this because I don't think this true, especially not on my part, because when I've taken on a job and a duty here I intend to fulfill it and to do my part in the work of this House. Therefore, any expressions or any inference left that the speed-up has to come about because we are so anxious to get out on the land, well this is just not true in my case. My farm work is going on. I've got practically all my wheat in, so why worry?

Mr. Speaker, I feel that we should have started this session much earlier, and there is no reason why we couldn't have had an earlier start in the session. Why can't we start like we did the year before in December or early in January and accommodate those members that are eager to get out, whether they be city or rural, whatever it is. Certainly this should be the case and not have the speed-up resolution, because as has already been pointed out, a good number of the bills could have been advanced at least to the second reading stage so that we could have had the benefit of the introductions by the Ministers on the various bills. This would eliminate a certain amount of checking on our part and also would, I think, reduce the work on this side of the House, and in my case it is very important. I certainly do want to consider these bills fully, and if ever there is something irritating it is this, that when I read a newspaper following a bill being introduced in the House and mentioning certain matters that I have skipped or have not caught attention to, and then read about it in the papers. This is something I object to and I feel very strongly about.

The session this year deals with the largest estimates in the history of this province - \$377 million. This is the amount that we are going to approve here and allocate to the various departments for spending, and I feel that it is up to us to give as close a scrutiny on these various items as possible and to make sure that where economies can be made that we do make them; and where we can be more efficient, that we also do that. I feel that this motion should not come forward at least until the 80 hours have been spent on estimates, as has already been mentioned by one or possibly two other members here speaking on the motion, because what are the rules there for if we do not want to accept them and abide by them through the session.

Then I also wonder whether the Federal election is not a factor and is bringing in some interference on this matter, that some of the honourable members want to get out and assist candidates in the federal campaign, get on the campaign trail. I don't think this should interfere with our work here in this House.

Mr. Speaker, I am probably the hardest hit of any of the members in this House with this particular resolution. I have no one to delegate the work to, as some others might have, and therefore the work falls on me. However, I do not complain and I do not want to complain, but I certainly do not want to be pushed around either. I want to be conscientious in my work and try and do my work faithfully.

Therefore, I place my vote on record as being opposed to the motion at this particular time and supporting the amendment. I am probably not quite so strong on the resolution as a whole -- or the amendment as a whole, but I particularly object to the 10.00 p.m. adjournment time removal and the Saturday sittings. These two are the points that I object to most strongly and will vote accordingly.

MR. SPEAKER: Are you ready for the question on the amendment?

MR. LYON: Mr. Speaker, before the question is put on the amendment...

MR. SPEAKER: Order, please. The Honourable Member for Gladstone.

MR. SHOEMAKER: Would my honourable friend be closing the debate?

MR. LYON: Mr. Speaker, before the question is put on the amendment, which I didn't move and even if I had I couldn't have closed the debate, I should say two or three words on behalf of this side of the House with respect to the thoughts that are contained in it.

First of all, let me say that we find no serious objection to any of the proposals put forward by the Honourable the Leader of the New Democratic Party. As I mentioned in introducing the original resolution, it had been our intention if these suggestions had been made other than in the form of an amendment to agree to very much along the lines of what he has suggested in his amendment.

We might perhaps have argued a bit about two half days for private members in this period of time, because of course when we look at the other jurisdictions, Ontario, we look at the Federal House, we find now that there is two hours a week devoted to private members matters in the Parliament of Canada and the Legislature of Ontario whereas in this Legislature we have seen fit to devote six hours a week, sometimes to the detriment of other important business which is before the House, without taking anything away from the importance of some of the resolutions that are on the Order Paper. But I think it's an area that we will have to give some consideration to in the future, having regard to the growing responsibilities of the Legislature to deal with public matters.

The second matter that should be mentioned, my honourable friend the member from Rhineland said that he thought that the motion was being brought in too early. I think yesterday was the second month anniversary of the sitting of this particular Legislature, in other words we've been in session for two months, and it would not seem to be unreasonable that some more time could be devoted to the public business that is to be brought before the House, so I make no apologies for bringing in the resolution this early. I think that it's the reasonable thing to do, particularly when we are prepared from the government's standpoint to agree to the retention of the regular time for debating private members business and are agreed as well not to sit during the currency of the debate in the Committee of Supply on Saturdays or after 10:00 p. m. I think those are reasonable suggestions. I think that once Supply is finished, however, that the House should be prepared to adopt the full resolution as it is stated in the original motion, and if I overheard my honourable friend the Leader of the New Democratic Party correctly, I believe he said that they were prepared to accept it after Supply.

So I rise merely to say that we agree with the thought that is in the amendment and are prepared to vote for it, although I would suggest an alternative procedure to my honourable friend the Leader of the New Democratic Party; namely, that he accept our undertaking to agree to the principles laid down in his amendment and that he then consider the advisability of withdrawing that amendment in order that the effect of the main motion could then remain as the will of the majority of the House subject to the amendment that he has set forth, which we would agree to, so that when we did finish Supply it would not necessitate the bringing forward of a second motion in order to accomplish this very simple procedure which is done every year. In other words, what I am trying to say is there's no point in trying to make a federal case out of what is a very simple procedural matter that is brought before the House annually and which is really not too difficult to comprehend.

So I put that suggestion forward, I hope amicably, to my honourable friend the Leader of the New Democratic Party for his consideration. I think it would expedite the business of the House if he could accept our undertaking to agree to the points laid down in his amendment, then withdraw the amendment, thereby permitting the House to deal with the original motion. The original motion would then presumably be passed on the understanding that until we have finished Committee of Supply there would be no sittings beyond 10:00 o'clock, no sittings on Saturdays, that the private members days on Tuesdays and Fridays would be preserved until the Committee of Supply was through - we think that these are reasonable requests - and that after the Committee of Supply has finished its 80 hours of work that we would then revert to the regular speed-up procedure which would permit sittings on Saturday if necessary.

Now I'm quick to add -- having said that, I'm quick to add that from time to time accommodations are necessary to suit one group in the House or the other group, and I would not want it to be felt if the House passed this resolution in its original form that the government would be unwilling to consider any reasonable request for perfectly legitimate reasons that honourable members might have for not wanting to sit on a Saturday. I can conjure up such a hypothetical situation as might occur with my honourable friends in the official opposition if the Prime Minister was coming to town and they had to be in a particular place to see him. I

(MR. LYON cont'd) think it would be reasonable that the House should give consideration to not sitting on a morning or an afternoon in order to accommodate them. But I'm merely trying to suggest that even if we do pass the full motion, that we do have from time to time to make accommodations on all sides of the House to fit the reasonable circumstances of all of the honourable members.

So I hope that I have not unduly prolonged the debate, Mr. Speaker, by adding these few words on the amendment, and I would hope that my honourable friend the Leader of the New Democratic Party might find it agreeable to consider our suggestion and perhaps to adopt it in the interests of the government not having to move a second resolution which would take effect after the Committee of Supply had completed its work.

MR. PAULLEY: Mr. Speaker, if I may, it appears as though I have been requested to withdraw the motion. I think that it would be in order for me to state the position that I think is the only one that I can take. I presented the amendment to my . . .

MR. MOLGAT: Mr. Speaker, is he speaking on a point of order, or . . .

MR. PAULLEY: Well, I was requested to . . .

MR. MOLGAT: Well, I think on a point of order, it would be quite proper and I have no objections to hearing the . . .

MR. SPEAKER: Order, please. My understanding of it is that the Attorney-General put a question to the Honourable Leader of the New Democratic Party and I understood him to be replying to that question.

MR. PAULLEY: The question then, Mr. Speaker, directed to me, would I withdraw the motion. I think my position would have to be that the answer is "no". I think that - I agree with the Honourable the Attorney-General that my proposition on behalf of my caucus is a reasonable one. There is nothing to preclude my honourable friends opposite or anywhere else in the House bringing in a resolution subsequent to the expiration of the 80 hours. I cannot, I must say in all fairness, guarantee that there would not be objections to the original motion in its normal form at that particular time. However, I feel that I cannot withdraw the motion that I have proposed. I am glad to know that I have the support however of the government.

MR. SPEAKER: The Honourable Leader of the Opposition, did he have an opinion at this time.

MR. MOLGAT: I just wanted to ask a question, Mr. Speaker, if I could of the last speaker. We've received another additional four bills today. Are there more government bills to be presented to us?

MR. LYON: Oh yes, Mr. Speaker. In line with what I said last week there will still be government bills coming through. If my honourable friend will look up Hansard, it was the hope of the Legislative Counsel that the bulk of these would be in tomorrow. I checked with him again today and he said subject to proof reading, there should be more in tomorrow.

MR. MOLGAT: Will that be the end of it tomorrow then? Will those be the conclusion?

MR. LYON: There will be at least one larger bill delayed - when I say large I mean quantitatively - The Local Elections Act which is really a compendium of election procedures for municipalities in Manitoba. The usual supply bills have to come in as well which always come in at the end of the session.

MR. SPEAKER: The Honourable Member for Gladstone, did he wish to say a word?

MR. SHOEMAKER: Mr. Speaker, I was delighted to hear my honourable friend the Attorney-General more or less consent to vote for the amendment that is before the House. In the ten years that I have been in this House I think we have had about four increases in indemnity and it can no longer be called a stipend I don't think because it's well over the annual wage in Manitoba now. In fact, I suppose it's about three times the average annual wage for Manitobans and most of the people in this House still seem to look on this as just a kind of a part-time job - a job that they kind of do with their left hand and look after all their business at home with their right hand and I think that as the Honourable Member for Rhineland has said, that our first responsibility is here. We are getting \$7,200 a year now in addition to other cost of living allowances and that's a pretty fair pay in this day and age, pretty fair pay in this day and age for two or three months' work here. I know my honourable friends will say that your work doesn't end here. I'm the first one to know that, because I don't think, and I'm not bragging when I say this, I don't think there's another member of the House outside of the Cabinet that does more ombudsman work than I do in my constituency, and if the Members are as efficient as they pretend to be, and as the Honourable Member for Rhineland has demonstrated

(MR. SHOEMAKER cont'd) that he is, then their work back home should not be a problem. Most of the efficient farmers in this House already have a lot of their crop in. If we did introduce the speed up motion, they are going to be done seeding anyway in ten days if providence shines down on us and rains on us, pardon me -- (Interjection) -- providence is very kind to us today.

Now one of the things that concerns me and has done for ten years and is still as great a concern as it was ten years ago, and that is, why is it that all of this government legislation, or ninety percent of it, why isn't it introduced the day after the Throne Speech? Why isn't it? Now, I don't see any reason on earth why it couldn't be done and thereby a lot of the business could be attended to in the first few weeks of the session. I have just, Mr. Speaker, concluded -- well, I haven't concluded but I have been reading this book by W. F. Dawson on Procedure in the Canadian House of Commons, and certainly what applies down there applies here. And they recommend in their conclusions certain measures to speed up the work of the House, speed it up; and one of the things that they say is that the bills, that there's no reason on earth -- it says, "Several improvements could be made to increase the work done by the House as a whole in the same amount of time. The government in particular should make an effort to have its work properly organized before the session begins." Isn't that a dandy recommendation? What's wrong with that?

A MEMBER: The recommendation is good but it's never been done.

MR. SHOEMAKER: It's never been done but it should be done, and why can't it be done?

A MEMBER: We'll do it.

MR. SHOEMAKER: My honourable friend the Provincial Treasurer, the other night was telling us about this million dollar computer. Surely to goodness, with computers and deep thinkers that we can come forward with a program that will speed up the work of the House in the early stages. It says, "When the Speech from the Throne is written, all the major items of government business have been settled; there is no possible excuse for delaying the introduction of legislation; and yet, year after year, the government introduces major items of business in the last month or the dying days of the session."

MR. LYON: Every government?

MR. SHOEMAKER: Every government. That's no excuse. As I said before, 40 wrongs doesn't make a right, and surely in this day and age there is a method. If we can't find one in Canada let's import some of the experts from some of the other countries and try and get a lot of the major legislation introduced at least, in the first stages of the session.

And so, Mr. Speaker, I hope that I will still be a member of the House when the government -- whoever it will be -- will adopt some of the recommendations made by people that are a lot more important and carry a lot more authority that I do, and I think, like the Honourable Member for Rhineland, that there's some advantage in calling the session early in January with the hope that we would be through well before seeding. I know that in this particular session that most of the members are just dying to get out on the hustings but that's no excuse. That's the worst excuse that I could ever think of for trying to close up shop here. It just isn't legitimate at all and the people don't understand that kind of language at all -- and anyway, for some of the contenders, certainly the Honourable Member for Wolseley, the work of the House is not interfering with his work on the hustings; it's not interfering at all. And I don't know, there will be other ones probably no doubt declare themselves. It may be interfering with my honourable friend the Member for Dauphin who still is toying with the idea, and Birtle-Russell -- well he's sitting here. But I still say that the desire to get out on the hustings is not an excuse. However, I'm glad to see my honourable friend the Attorney-General apparently is willing to accept the amendment and it's going to be unanimous.

MR. SPEAKER put the question on the amendment and after a voice vote declared the motion carried.

MR. SPEAKER put the question on the main motion as amended, and after a voice vote declared the motion carried.

HON. GURNEY EVANS (Provincial Treasurer) (Fort Rouge): Mr. Speaker, I beg to move, seconded by the Honourable the Attorney-General, that Mr. Speaker do now leave the Chair and the House resolve itself into a Committee to consider of the Supply to be granted to Her Majesty.

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

(MR. SPEAKER cont'd) Arthur in the Chair.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: Committee proceed. The Honourable Member for St. Boniface may continue his speech.

MR. DESJARDINS: Mr. Chairman, the other night when we had to quit for a little while when the Lieutenant-Governor came in, I was demonstrating how the Weir Government had failed the people of Manitoba and how it was obvious that this government could not handle the job. Now we were looking back at the Medicare business, this Medicare Bill, and what had been done here in this province. I would start by saying this; I'll repeat this - it won't be very long.

For a number of years the members of the government here, the government and the members of this Party have in fact favoured a voluntary plan, and they were after covering those that were in need. Then the Federal Government, and, as I was saying, all the members but two of the Federal Government - including all the Conservative members from Manitoba - voted in favour, introduced and voted in favour of a compulsory plan. Now last year the government proposed a bill - Bill 68 - and at second reading there were only two members that voted against it although many of us and again the members of the government, some of the members of the government, and the members of this Party, were quite reluctant.

Now in Committee, though, things started to change. In Committee I moved that we do not proceed with the bill - and nobody had mentioned this yet - that we do not proceed with this bill, that we go back to the provinces, and that we try to get together to change, to bring another bill. I felt that there was no need; that even if the government stayed with its date of July 1st we could still come back here - and I suggested at the time because of the increase that we shouldn't be paid - we come in for a week or so and bring in a good bill, that we should be ready. The government refused to do this.

Then I also brought in the question - I was talking about the business of B. C. and so on, that they had a plan, and the First Minister then said it's not going to be acceptable, that we're wasting our time. And now today we're told - or yesterday we're told by the new Premier that this is going to be a test case; we'll see what's going to happen to B. C. Now there was no reason; this could have been done very easily. I think that we've been very consistent and we've been responsible in the way we've handled this business here. I think that this is probably the only party that has been.

Then, in the Committee of the Whole House, there was another thing. We brought in - my Leader brought in a resolution (and I'm going to read from the Tribune of May 2, 1967), my Leader brought in a resolution demanding that the fee schedule be part of the Medical Bill. You remember that. "Opposition members in the Legislature, critical of the recent announcement by the Manitoba Medical Service that subscribers' premiums will be increased, have continued to press that a fee schedule be part of the Medicare Bill before it is passed by the House. Liberal Leader Gil Molgat said Monday that if a fee schedule is yet to be negotiated, then a separate bill detailing the fees should be prepared when negotiations are complete and presented to the Legislature at the next session. This bill would then become part and parcel of the Medicare Act, Mr. Molgat said. Health Minister C. H. Witney said a schedule of fees could not be established . . ." - remember this - "Health Minister C. H. Witney said a schedule of fees could not be established until Bill 68 received approval." Well this has received approval. "The Act provides for the establishment of the Manitoba Medical Service Insurance Corporation" and they are now in existence - "which will negotiate a schedule with the Manitoba Medical Association."

I now ask the Minister of Health what has happened to this negotiation. At the time, I had one word to say. I said, "We are being asked to give the government a blank cheque by forming this without this," and this is exactly -- the Ministers and the other members did not like this, but this is exactly what has happened. Now, what did we do by doing this? We didn't ask; we didn't want any schedule of fees. We insisted on passing this Act right now. That gave the doctors a chance to organize. This was mentioned yesterday and it's true. We have here -- I have all kinds of . . . : "Medicare, we're rolling charge;" "U. S. doctor shortage" - no, that's not the one. "Doctors prepare for professional bargaining" and so on. This is exactly what the doctors did.

Now what has happened since then to change all this? There's only one thing: we changed

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(MR. DESJARDINS cont'd) the Premier; we have a new Premier now. This is the only thing. And a man that's not ready for this and a man who hasn't done his homework in this field of hospitals and doctors, or Medicare. At the time, we felt that if all the provinces get together - apparently this is what the government felt - and stayed out, the government wouldn't proceed, and this is exactly the other effect because if everybody would have stayed in, it is possible that the Federal Government could have gone through with this.

Now what are we told? We're told that the first excuse was that Mr. Sharp had said that they'd look at this again. This was the first excuse. Yesterday the Premier said it's not Sharp, it's Stanfield, and the former Premier was in Kitchener saying that this would be looked at again but he was the one that was pushing this and it was when he was Premier that Bill 68 was passed.

Now it's true that Mr. Trudeau said that they will negotiate with the provinces, and Mr. Stanfield said this also. I have a resolution on the Order Paper that advocates the same thing. But I'm saying one thing, Mr. Chairman: What happens now? Now - N-O-W? What happens now? How long are we going to wait? And this is what I'm asking the First Minister. We were told that we had a board to negotiate, and I read from the Minister. Here I have something else: "Health Minister Witney pointed out . . ." - this was when I was asking that the bill be not reported - "pointed out there is no assurance that Alberta system will qualify for federal assistance," - but now it's going to be a test case - "and as far as fees were concerned they will be negotiated by the Medicare Corporation and will have to be approved by the Provincial Cabinet."

That is over a year ago, and what has happened since then? I'd like to know. The Minister told us, the First Minister told us today that the Minister of Health -- or the Minister of Health himself said that he did not have any word, did not have anything to say, did not negotiate with the members of the medical profession for one whole year, and apparently he doesn't know what has happened to his board. Now this board, the Chairman is paid \$21,000. There are five others at \$3,000. What are they doing? I ask the Minister: What are they doing? And isn't it a fact that they were there for one thing, their main job, that you said last year that they would have one thing to do, that they would start negotiating with doctors? What are they doing? Then the First Minister yesterday told us: Hands off; it's none of our business. We're not going to do anything at all but we'll watch. We'll watch. The Minister of Health told us last year we'll watch. He hasn't had any talks with any of the doctors at all.

I have a clipping here from June 6, 1966: "Dr. McIntyre, a doctor of the medical profession, said Negotiations on Medicare have started between the MMA and the Roblin administration. However, details of the progress could not be revealed at this point because the government had asked that they be kept confidential." What are we here for? We are demanding - we're not begging - we're demanding to know what's going on, and we have a right to know because we are representing the people of Manitoba here.

Let us look at what has happened now in this field. We had an 80 percent increase of premium. Now what is the situation here in Manitoba as far as the medical profession is concerned and the doctors, because my friend just told them go ahead; get organized just in case there's a Medicare plan. All right. On July 1, 1967 we're told that there was an 18 percent for some people, an 18 percent increase, and we're told later on - and I'm not going to read all these clippings - that it would go to 30 percent, and then that the non-MMS member would have an increase of 25 to 30 percent. But I'll just take the lower figure. I'll take 12 percent on July 1, 1967 - that was an increase. So the people who were paying 100 percent, their premium by then was 100 percent, started paying - some of them started paying 112, and now there's another 23 percent of this 112, or 25 percent. And I'm just taking the average; some more than that. So that makes 137 percent. But 137 percent will now cover only three-quarters of the cost, so therefore there's another quarter to go, and if that was covered it would be 46 percent. So you go from last year, from 100 percent to 183 percent, and this is very conservative. Very conservative. I took all the small figures, the lower figures; 83 percent, and the First Minister says that we should have status quo.

This is what we're saying. This is why we brought this resolution on Medicare, and I will offer the Minister right now and he can repeat this to the doctors: I will do away with my motion, withdraw my motion; and we will be responsible if the doctors who are so much against this question of compulsory Medicare go back to what it was last year, and that we have a reasonable discussion, and that from now on that the people of Manitoba know the fees.

(MR. DESJARDINS cont'd) I'd be ready to go along. These same people that are against this bill are doing everything possible to force the government; to force the government into going into this compulsory Medicare plan. I think that they're just proving that the members of the New Democratic Party are right. Apparently there is only one way and it's to force everybody. They are asking for 83 percent increase and these poor people, their average wages in 1964 was \$20,220.00. That's the average. The top by the way.

MR. CHAIRMAN: The Honourable Member has three minutes.

MR. DESJARDINS: Three minutes! Cripes, I had about 15 minutes last time. Don't forget that they came in; I didn't speak the whole half hour. I don't need that much but I know I've got more than three minutes.

MR. CHAIRMAN: The Honourable Member's had 25 minutes on his speech.

MR. DESJARDINS: No I didn't, because there's ten minutes we...

MR. GUTTORMSON: Mr. Chairman, on a point of order ... 40 minutes, he can get up and speak as often as he likes.

MR. CHAIRMAN: Order please. He's continuing the speech that he started last ...

MR. DESJARDINS: Well I'll try to finish it as soon as possible but -- well, the average doctor in '64 was making \$20,220. Now I think he was only getting 70 percent of his fee, but we will say 80 percent. You see I'm bending over backwards. So now he's going to get 100 percent, so that would be, that would be another -- in fact I figured I missed an amount here; I recopied this. But after the 100 percent there is still 25 percent that he could collect directly from the patient, that is \$8,425, so the average doctor will make in excess of \$35,000; \$35,000, this is what the average doctor will make. Well I don't think that this is quite right when they are saying there shouldn't be any compulsory rate. I'm not against these people making a fair amount, but look at, with this plan they don't have to worry; they don't have to worry about collecting. This is one thing. The Member from Brandon is shaking his head. I don't know if he's approving or if he's saying that I'm wrong. I would like him to justify. He'll have a chance after -- right now if he wishes.

MR. R. O. LISSAMAN (Brandon): I was agreeing with you. On that particular point I was agreeing with you.

MR. DESJARDINS: You're agreeing; well thanks very much. Well this is the whole thing. We want to be reasonable here too, but these people must go back to this status quo that we're talking about. And there's one thing. I haven't got too long but I'm worried about this extra billing. The Minister yesterday thought it was a good thing because it was a deterrent, a utilization fee, although the government voted against a utilization fee in the field of hospitals. And I'm all for a utilization fee; I said so; but not this kind of utilization fee. If we are going to pay and if the government is going to pay, if we are going to take over MMS it is up to us to set up these utilization fees or a deterrent. When we pay the costs I don't think the doctors can have it both ways.

Now another thing, the Minister, the First Minister talked about awhile ago, about taking Ottawa to court. We don't hear any more about this now. And this government was warned that it should take over MMS. It was a good setup; and now what is left of MMS? What are we going to be stuck with?

Mr. Speaker, I had a few more minutes but I'll comply with your decision and hope that the Ministers will bring in something else that will answer some of these questions, but we cannot, the people of Manitoba cannot go for 80 percent increase in their premiums to cover hospitals, and 83 percent or 85 percent or more to cover medical bills, and if these people want to be reasonable, if we're going to fight for a voluntary plan - and I'm all for it, and I'll do everything in my power to do so - we must have co-operation. We can't just have these people mocking us, and the government has to take action and do it now.

MR. JOHNSON: If I may just enter this debate for a minute to clear a couple of points as I see them, in a rational way, if I may. What I can't understand is the Member for St. Boniface saying that he supports a voluntary scheme now - these were his last words - and the doctors can't have it both ways. Let's look at another aspect of this. The medical profession, knowing that eight provinces in Canada, including this province, are not prepared to go ahead with the plan as outlined in view of all the doubts about our position fiscally across this country, and in view of the uncertainty, and in view of the desire for further consultation at the federal level, I think that these eight premiers must reflect the feelings of their provinces at this time, but when the honourable member talks about the unconscionable action of doctors,

(MR. JOHNSON cont'd) I think you have to put this in perspective.

No government anywhere in this country at any time has ever underwritten medical care. The Medical School in this province was turned over to the University by the profession, and they have always underwritten medical care in this province. That's number one point, and they have done it willingly and my honourable friend knows, as a member of a hospital board, that doctors are prepared to do this.

At the present time, my understanding is that the Manitoba Medical Association is prepared to re-negotiate with the MMS for a continuation and assurance, as the Premier has said, that a prepaid medical plan will be available the first of July, and they talk of the unconscionable fee schedule. Now I read the article in the Tribune and I took the new fee schedule, and I want to put some facts straight for the honourable members. These are the facts.

For example, the article said - and this is a factual statement of the actual state of affairs in the book; I think that we don't want to get this out of perspective - the article said that at the present time the doctors have been receiving \$9.66 for a house call - \$8.40 paid by MMS, \$1.26 paid to schedule. In this connection, doctors have always had the right on a doctor-patient relationship to bill the patient to schedule, and honourable members in this House know that they can count on the fingers of all the hands in this House how many times a doctor has asked his patient to pay to schedule.

And I want to make another thing clear. Ever since the profession existed they've had a minimum fee schedule as a guide. It's an internal thing which I think they have the right to do, having been delegated by this House through their College of Physicians and Surgeons to license medical practitioners and to police them in this province - and done a noble job. They are saying in this connection that this is a guide. I can tell honourable members that that minimum fee schedule I could never have charged in the town where I practised, in a million years. It never occurred to me. We...realistic.

We have -- you know, other people have feelings of humanity - Liberals, Conservatives - besides the NDP. We have humanity for people. They haven't got the gilt-edged inside track on that, and I don't rebut for one minute the humanitarian instincts of my leader of the New Democratic Party. I respect them. I respect them. But he got a little off, a little far the other night. But that article said this extra billing. I ask you to show how many have ever done this.

The new fee, it was said, would be \$12.07, or \$9.02 by MMS and \$3.05 by so-called extra billing. The facts are that in the past year, at 85 percent of \$7.00, for an emergency night call a specialist, a GP has been paid \$7.14 by MMS. The new fee calls for 75 percent, as I understand it, of a \$10.00 fee which is \$7.50. I'm further advised that these fee schedules are now in concert with the fee schedules across Canada. I can inform the honourable members that between 1920 and the time I assumed office as Minister of Health in 1958, there had not been an amendment to the fee schedule charged by doctors. They have been bringing theirs up to line and I recently read a report put out by the National Department of Health and Welfare on doctors' fees across Canada, which show Manitoba about average but show, for some reason, a higher overhead by doctors in this province on total income compared to other provinces. I'm not prepared about my knowledge to comment on that.

Now it talked about anything over re \$400.00. It said that no item above a \$400 billing. But for very exotic surgery, which would be about one or two percent of the total surgery performed in Manitoba, from my examining the book (and I'm prepared to show it to people), the highest is about \$350.00. In fact, I couldn't find an operation as performed by an average man over \$350.00. The article also said that the fee in the doctor's office was \$7.25, \$6.30 paid by MMS with 94 cents extra billing. Now he says this would climb to \$9.14 for an office call of a GP, which would be \$6.78 from MMS and \$2.36 from the patient. For the past year, the general practitioners advise me and the specialists in internal medicine, and all doctors in the office, they have been getting \$5.44 from MMS, 85 percent of a \$6.40 schedule. The new schedule that's so erratic calls for 75 percent of \$6.50 which is \$4.87 paid by MMS, and you read the fee \$12.00, as we hear about for an office call, once a year. For years MMS allowed \$10.00 for a complete check-up once a year. They are now \$12.00. The toughest case is the fellow who comes in and says, "Give me the works." That takes a long time, and once a year this is permitted. Once a year this is permitted.

Now doctors are practical people, and they know that they have always had the right to bill to a customary schedule and I think this whole matter of extra billing is unfortunate because

(MR. JOHNSON cont'd) schedules, government bargaining with doctors, what have you, I think the people of Manitoba - and I say it sincerely - are best served by the doctors negotiating a fee schedule as they have and will do in the coming year. I don't think Manitobans will ever get a fee schedule that is more realistic. This new schedule, as I see it, distributes the dollars more equitably amongst all the doctors in the profession than the previous schedule -- (Interjection) -- Well I think they would welcome, as they have stated, a more lay-oriented board to deal with. They feel the pressures too.

But then, let's look at another thing. What is all this about? Really, Mr. Chairman, when you come down to it about the only thing left that isn't under the public purse today is the individual fees of 784 doctors in the private practice of medicine in the four borders of Manitoba; 784 active practising physicians. The others are salaried or in other jobs; and that's why the Minister has been so actively engaged in his preventative health program, because a most interesting thing has come to light that I should mention. No less a person than Dr. Yarby, the professor of preventative medicine at Harvard University, and one of his colleagues have just published an article, Utilization of Health Services in the United States, a Comprehensive Study. The conclusion is as the doctors have found here: the higher utilization in the higher income groups. And they go so far as to say the advent of Medicare and Medicaid will not erase existing discrepancies. In other words, it's just not a matter of offering prepaid Medicare to really help people. It's public health education; it's preventative health services; public health services of all these types.

So I just thought I would bring these out, which are facts which I took the trouble to look up over the weekend when I read some of the articles on this matter, and to point out that, really, all that's left in the negotiable sector in the health field in our province today, are these individual fees of these practising physicians who have again, seeing the weaknesses as they see them in comprehensive compulsory Medicare, and concerned about the welfare of the people, have said, "We are prepared to continue to underwrite the Manitoba Medical Service type of contract, and we think it's in the public interest to permit us on a doctor-patient relationship" as I understand it - "to bill to a schedule in cases of this kind". And all the research backs up a point.

There is another thing in an article I read there in the paper, that a chest X-ray, this is a PA and lateral - that's two picked films to get a good look at the chest - the article says it was \$11.67, it's now going to be \$14.59 in the new schedule. Ten, twenty years ago a chest X-ray was ten bucks. X-ray, PA and lateral, in the last year a doctor was paid \$8.65; the new schedule at 75 percent of \$13.00 would be \$9.75, and as I read the schedule they are attempting to distribute the care dollars more equitably.

Now, you may say, well the member for Gimli has a vested interest; he's a member of this profession and he's speaking from a position in this regard that makes him a vested interest. Well I can inform the House, Mr. Chairman, that since I came in here I have never accepted a fee or for any little things I might have done, in my constituency or elsewhere, and I have followed this with great and consuming interest and found it the most complex, the most complex problem, and certainly no government anywhere in the world can solve it. My fears, as I expressed last year, were that once we somewhat brought to light -- I understand that thirty percent of the physicians in Saskatchewan are now choosing to practise privately outside the scheme. I don't know what it is about universality and compulsion that does this. The research indicates that Medicare in itself doesn't cure the ills of the less fortunate in society per se. I have always felt that for the government to get into it with all feet would result in so much going to doctors' services in the future that there would be nothing left for research, and this has been the case in those countries who have adopted state medicine, and this is why I was so consumed with some of the debate that's been going on. I feel that I must, as a matter of conscience in representing the people of my constituency, say these things. I don't like the -- I don't think frankly, that there's any great advantage to the public through the government negotiating fees with the profession when they're prepared to accept fees in negotiation with MMS which I think are in the best overall interests of Manitobans, both cost-wise and otherwise. But I also want to reiterate the statement that nowhere has any government every been able to underwrite total comprehensive medical care. I don't think doctors want to be thought of as saints, the people I know, because they take this stand. I think generally they feel the price of freedom is pretty valuable and they go a long way to people of Manitoba, I'm sure, in meeting their obligations in what they think to be the best of their ability is the best kind of care for the people. I just wanted to say those few remarks, Mr. Chairman, because I do think it will help set some illusions straight.

MR. PAULLEY: Mr. Chairman, I wonder if my honourable friend the Minister of Education is in a position to forward to myself or any other interested member of the Committee, the fee schedule, or proposed fee schedule that he referred to during his discourse. -- (Interjection) -- Well, I wonder, Mr. Chairman - I think it's a proper question of my honourable friend - is it possible to obtain a copy of the fee schedule and the documents that my honourable friend referred to in his contribution to this debate?

MR. JOHNSON: I have it at home; I'll look for it.

MR. PAULLEY: You'll look for it for me?

MR. JOHNSON: Sure.

MR. PAULLEY: Thank you.

MR. RUSSELL DOERN (Elmwood): Mr. Speaker, I want to go into an area that seems to have escaped the attention of some of the members and in particular escaped the attention of the Minister of Health himself. At least I'm not aware of any great concern or action on the part of government with the entire question of drug abuse. I wanted to look in general at the situation in Manitoba, as I understand it, and also across the country and suggest to the Minister some of the areas that the government should be looking at which I see no evidence of, any action on their part.

For example, the Canadian Medical Association's Journal in a series on drugs indicates that we are now reaching epidemic proportions across the country and they quote that from January to October of last year there were 1,300 arrests in this country on marijuana charges and 360 convictions. They also point out that some two to five percent of Winnipeg high school students are glue sniffing and in that regard I might point out that the Manitoba Pharmaceutical Association has urged stricter controls on the sale of nail polish remover and airplane glue. I don't know whether the government has any intention of making suggestions to the pharmacists in this regard but it is a very serious problem and the pharmacists themselves are attempting to take voluntary steps in that regard. Larry Pennell for example, a Solicitor-General, pointed out that in a period of 11 months from '66 to '67 there were 946 prosecutions, then in the following period, equal period up till 1968, you had double the number of prosecutions. In Yorkville we get statistics like 81 girls arrested on marijuana charges from ages 13 to 20.

When we look at the Winnipeg picture one can also see that the problem is increasing. Some statistics for 1966 don't give any offences whereas others give two or three. But in 1967 for the first time, in March, we had the first arrest which were two LSD charges and in November and December of last year there were some 15 charges on marijuana itself. Into 1968, in the first few months from January to early April there are already 23.

I could read to the Minister the numerous, almost daily headlines appearing in the press but I won't bother doing that, but it seems to me that almost every day or at least every two to three days we come into headlines of people picked up on various kinds of charges. For example, in the last week there were some dozen young people arrested; charges were dropped on half of them and one or two will proceed. A visiting orchestra I think from Philadelphia or somewhere also had several arrests. And yet in spite of all this and in spite of some of the questions that have been directed to the Minister, he said in reply to a question from myself, that there was no indication that drug abuse is extensive in this province. And then he also added that medical reports are confidential, so that perhaps he wasn't exactly certain of his own comments. But in his opinion there was no problem to be concerned about.

I also asked him earlier whether or not he felt there was need for a medical facility - I don't necessarily mean a separate building but at least some area in which people who are suffering from drug problems could go to and he said no, there wasn't such a facility and then he pointed out that the Public Health units are available to give information to anybody who wishes to have it and he said of course it's available to all people, out-patient department and the physicians' offices.

Mr. Chairman, I think that I'll go into this in a little more depth in a moment, but the Minister apparently believes that the ordinary out-patient department and the ordinary health units of the province are either adequately dealing with the problem or there is no problem. I suggest that it's quite different than what the Minister thinks and that there is need for some action. The Attorney-General, for instance, thought it was a growing problem and that this area was receiving the department's attention but we see no evidence of any action in that area either.

Not too long ago the University of Manitoba was involved in what appeared to be some

(MR. DOERN cont'd.) allegations that professors were smoking pot. This seems to have died down or to have been either inaccurate or exaggerated. -- (Interjection) -- Pot is marijuana.

A MEMBER: What's wrong with that?

MR. DOERN: What's wrong with that? Well, that's another discussion. Dr. Saunderson said that he felt that a fair number of male students were taking LSD or marijuana once or twice a week and there were meetings held to discuss the campus policy. In the Winnipeg High Schools, in St. Vital in particular, which has two large high schools, Dakota and Glenlawn, there was an article in the Tribune in November indicating that some 35 hardcore LSD users were in one of the high schools, that some of the girls were taking LSD but stopped when they were warned of the danger of hormone malfunction. There's been numerous meetings throughout the Winnipeg area in particular and perhaps all around the province; there were several meetings in Winnipeg where hundreds of parents expressed their concern. The Superintendent of St. Vital suggested that 50 percent of the students in his high schools have been offered drugs or know where to obtain it.

So what I'm suggesting to the Minister is, among other things, that there is I think a distinct need for research. Nobody really knows how many Manitobans use drugs and nobody really knows the effect of some of these drugs. For example, there is a considerable variance of opinion on marijuana as to whether or not it is harmful and nobody really knows how many people want or require help. All we have to go on are press reports and police records. For example, one of the Winnipeg Police Sergeants, Ray Wilson, called for more research and information on the problem because he said that he believed the truth is the only way to fight the problem.

There's no conclusive evidence on a number of these drugs. For instance, the Senate has tried to deal with a Bill to make possession of LSD an offence. They were warned that it couldn't be enforced because similar legislation in United States proved that there was no stopping the distribution of LSD among students. We now have the first documented cases of deformity attributed to LSD; the first recorded one was in November of last year in the Lancet, a British medical journal and the Canadian Medical Association Journal documented some 225 cases where there were adverse reactions to LSD. Some 142 cases of prolonged psychotic reaction, 19 attempted homicides or suicides. The question is what's to be done. I think Dr. Penner, well known Winnipeg General Hospital pathologist put his finger on some of the problems. He said that we shouldn't just emphasize the harmful physical effect of these drugs. He said that we should warn that drugs impair one's ability to lead the best possible life in society. He said that he felt drugs were bad for mental health and he thought that once something like LSD becomes a crutch for reality, that a child is in trouble. To him the solution was, he said this "that unless the social problem that cause people to take drugs can be solved, the use of drugs will increase."

Mr. Chairman, this is a growing problem. There are some 3,600 addicts for example, who maybe fall into a special category in Canada; some 250 of them live in the prairie regions. There are of course various kinds of addicts, from the criminal addict to the medical addict to the person who has fallen into drugs due to treatment that he's been receiving and the area of the professional addict which includes doctors, nurses and pharmacists which are some four to five percent of all addicts. -- (Interjection) -- Cigarette addicts are a special category.

There is a federal institution for addicts in British Columbia but it would seem to me that there should be facilities as well in each province. Now I know the Criminal Code regards narcotics as a federal offence and a federal problem but it would seem that since this is a rising problem, since there are known addicts in this province and in this city, since there are literally hundreds of people, and in particular I think hundreds of young people in this very city who are doing everything from glue sniffing to smoking marijuana to taking LSD and speed and perhaps heroin, that this is a question that should be looked into very carefully. When a person is an actual addict and is sentenced then that person must go to British Columbia, and this may cause some difficulties in terms of separation and perhaps might even affect the treatment. The other day a 20 year old woman was sentenced to two years.

It would seem to me that we need a provincial facility - I don't say we need a special building, I don't say we need an elaborate set up - but it would seem that at least one unit in one hospital, in view of the large number of people and the increasing number of people, would merit some special area where people could go, for those who are self-admitted addicts or for

(MR. DOERN cont'd.) those who are admitted because of criminal offences, for the voluntary and for the compulsory. In particular I think the Minister in conjunction with the Minister of Education should consider a public information campaign. I think there's need for a co-ordinated campaign between the two departments to pass on some information to the public. The Minister sort of suggested that one should simply consult the local Health Unit and so on. I did consult them and I'm afraid that their replies are not too heartening in terms of looking for solutions or some background. And I also wrote to the various hospitals. One of the medical directors said that in his opinion he didn't feel a facility would be that valuable but he did feel that a health education program would be useful. Another hospital, in answer to the question of printed material or films available said they had none, which is a typical reply. When asked whether they felt that hard or soft drugs were a problem in Manitoba said, "Relatively small problem at this hospital" and they also felt that an education program should be taken into. Another large hospital: No films for public distribution. No extensive cases in their experience. Probably only 50 in the past year.

Now the department does have the material but it seems that it only sits in the offices, that it's not in the hospitals and it certainly isn't getting out into the public's hands. There are a few films available in the Norquay Building; there are some films in the Visual Education Branch and so on. A few talks are being given. I would think that one of the reasons the hospitals don't have many cases is because the people who are bothered with these problems are not being dealt with; they are not being seen by medical people; those who want help don't know where to go; those who are referred in some cases, there aren't the proper facilities. I don't think that the government is showing any leadership and I don't think that the government, no matter what material it has, is getting that material and that information out to the public. The Department of Education has announced some courses which is, I think, a step in the right direction. I'm not sure how extensive the course will be or how good it is. They're tying it in with information on alcohol and tobacco which would seem to be a good approach but I think we'll have to wait to see the value of that particular course.

Mr. Chairman, I think that the choice is simply this, between the proper kind of approach where you examine the problem, where you bring out materials and where you attempt to halt what I think in the views of some people is an alarming trend toward the increasing use of hard and soft drugs in the community. It's happening all over North America; it's happening all over Canada, it's happening in Manitoba and in particular in the City of Winnipeg. I think we must take an enlightened approach to this. I don't think the present approach is doing any good. The suggestion almost seems to be that there is no problem or we're handling it very well. I don't think this is the view on the part of the public. So I would like to hear what the Minister has to say about this problem, what his department is doing, how he sees it and what he intends to do.

MR. WITNEY: Mr. Chairman, in dealing with the various matters that have come before the Minister since we began discussing the estimates, some time ago, I would like first of all to refer to the comments that were made by the Honourable Member for St. Boniface and also perhaps to clarify some of the questions that were posed to me today before the Orders of the Day and perhaps which I didn't quite understand and perhaps my answers as well were not understood.

In particular, when we deal with the Manitoba Medical Services Insurance Corporation - after Bill 68 was passed a little later on the Manitoba Medical Services Insurance Corporation was set up and that Corporation is still in operation. The Corporation began to work along the terms of the legislation and that was to devise a plan and you perhaps recall that there is a section of Bill 68 which calls for the Manitoba Medical Services Plan. They began to work on that, they hired consultants and they began to work on matters with the Manitoba Hospital Commission which would call for some utilization of common equipment such as computers and the possibility of single premium billing for both services. The Manitoba Medical Services Corporation also began to negotiate with the MMS. The only negotiations that it ever had with the Manitoba Medical Association was some preliminary negotiations that took place with respect to the matter of benefits under the plan.

Now when the situation in Ottawa appeared to change and there was some consideration that the Ottawa Bill might be changed, the corporation began to more or less coast for a period of time until the situation with respect to the situation in Ottawa was to be clarified and I will be dealing with that a little further when I speak to the resolution of my honourable friend from St. Boniface on the main resolution, which calls for us to join the plan by 1968. At the moment

(MR. WITNEY cont'd) the Corporation is working on, well it has been working on the amendments which we plan for that legislation which will give us greater flexibility for whatever might happen following June 25th.

I should like to draw to the attention of the Honourable Member for St. Boniface that the Corporation is set up and our main bill is still legislation of this province. We have not proclaimed certain sections of it. But if there is to be no change in the Federal Medical Plan, it is to remain in the same terms as it is now, it will be possible for the Corporation to move rapidly within the terms of reference that it has on the bill in order to set up a plan.

MR. DESJARDINS: Mr. Chairman, I wonder if the Minister would permit just a question -- not to throw him off. But didn't the First Minister, the Government of Manitoba, say that it will stay out of it for at least one year? Is the government changing a bit? We might not press this resolution if this is the case.

MR. WITNEY: No, the Premier said that we would stay out for at least a year, pending whatever happened to the Federal legislation at that time. So granted the Corporation is more or less marking time until such time as the situation clears. But it is there and it will be able to move if the situation remains as it is and we deem it necessary to join the Federal Plan. -- (Interjection) -- No, the cost of it -- we have the chairman at \$21,000 a year. If he's not doing that, we took him from out of our department, we would simply absorb him back into our department, if he would come. We have our seven members, they are paid \$3,000 a year for their services but the work that they have done so far in negotiating with MMS and with the work they have done in consultation and on legislation is all there waiting for us to pick it up if it is necessary to do so.

I mentioned today in answer to the question that the last negotiation I had with the MMA was at the time that we were setting up Bill 68, and I think perhaps I misunderstood the question, because we had been negotiating with the MMA on the principles which were incorporated within the legislation that we passed last year. That was really the last very direct negotiation that I ever had with the MMS. Now the Corporation had been in touch with the MMA and with the MMS and after the decision was made to delay the plan for a year, as I mentioned once or twice during the discussion of these estimates, we did have discussions with the MMS and the MMA and the premier advised them of what he was going to do and I was present at those meetings. The Manitoba Medical Services Insurance Corporation had come to a point of negotiating agreement with the MMS. The MMS felt that there should be some changes made to that and they approached the cabinet and the cabinet listened to them, and I was there at that time. I trust that that clarifies the situation with respect to myself and negotiations or consultation or discussions that took place following the passage of Bill 68.

The Honourable Member for St. Boniface, and I think his leader, have said that we had established new ground rules. The MMA fee schedule has been under ad hoc change for a good number of years and the MMA decided that they should consolidate their fee schedule and they began that work in 1964 and even in 1965 the general practitioners were being paid 85 percent of the present fee schedule in effect and under the basis of the agreement now with the MMS and the MMA the general practitioners will actually take a decline I understand from the president of the MMA because their portion of that new fee schedule had been in effect since 1965, so they had begun to review their fee schedule, to consolidate their fee schedule, before the Federal Medical Care Act had been announced and certainly before we had brought in our Bill 68 into this House.

There is another matter which I think I should draw to the attention of the members when they're considering the gross salaries of doctors in the province, and that is according to the DBS the overhead costs of the medical profession in this province are higher than any other province and they are running from about 38 to approximately 43 percent. There are several reasons for it and I believe that one of those reasons is the type of practice. For instance, we have large clinics operating in the Province of Manitoba, that also because of those large clinics we have been able to attract and hold some very competent specialized type of medical profession. We have perhaps in the Province of Manitoba also a large number of doctors operating under a group practice. We have perhaps in Manitoba, although I don't know whether I could say definitely, we have perhaps the most unusual ratio of specialist to G.P.'s, where we have about 40 percent of specialists in relation to 60 percent of G.P.'s and the cost of doing business as a specialist is higher generally than the cost of doing business as a GP and the method of course of practice is quite a bit different.

(MR. WITNEY cont'd)

The honourable member asked what is left of MMS. MMS is continuing and MMS is continuing with the sponsorship of the MMA under the conditions that the honourable member knows well, 75 percent of the fee schedule, the right to bill to schedule and a declaration of income for no taxable income and then there would be no billing to schedule. Now that has dealt briefly with the subject of the MMA, the MMS and the MMSIC.

I would like to turn for a moment now to the comments made by the Honourable Member for Elmwood when he spoke about drugs. I would not want to leave the impression that I or any of the Department of Health staff are insensitive to the problem of drugs, but I would not also want to leave the impression that when you take the Manitoba population as a whole that we have a very severe drug problem. As a matter of fact, over the past year or two the number of severe cases that have been received in our mental hospitals particularly from such matters as LSD have been on the decline and when we are dealing with matters of glue sniffing, it goes up and down and quite often it is possible to register the up and down in relation to the publicity that occurs. What we have to be very careful of when we are dealing with, particularly with young people who want to try something new, who want to try a new fad, or a new kick, we have to be very careful that we don't cross the fine line from giving legitimate news and information into the point where we start to generate a problem, by sensationalism or by an inverted form of promotionalism. --(Interjection) — No the alternative is not to ignore it and the problem has not been ignored in this province. As you mentioned yourself the school curriculum over this past two years has been altered to bring about questions of drugs and they are now working on more school curriculum. You referred to the films that we have and you asked who used them. The use of those films, particularly the use of the film "LSD" is increasing and it is getting wide use. We will have new publications that are coming in from the Federal Government which are distributed to all of our health units and anyone who has a problem with respect to drugs, particularly addiction, is able to use the clauses of The Mental Health Act which was passed a couple of years ago and apply for voluntary admission. And as I mentioned when I introduced the estimates, about 75 percent of the people who are being admitted to our mental hospitals now are being admitted to the hospitals on a voluntary basis.

A lot of the problem that we have with drugs is not the more glamorous type that seem to hit the newspapers every once in awhile, the marijuana, the LSD and the glue sniffing, but the straight more academic type of thing such as the barbituates, and we do have problems with people taking over doses of barbituates. Now most of those barbituates are - nearly all of them, except those that are very innocuous, are given on the basis of a prescription from a doctor and in many of the cases of the over use it has either been deliberate but in most cases it's been because people simply haven't observed the dosage that is recommended in the prescription.

You have a resolution on the order paper and we can discuss this matter a little further but I would like to just emphasize once again that we are not immune to the problem but we are concerned that we can create a problem. We are concerned also that legitimate and sensible information or education is disseminated. I think we do have and are obtaining dissemination of that material. Certainly if we went to Montreal and some place such as that -- I notice there is an article in here by a doctor who speaks about drug usage among young people and he speaks of it being alarming; he speaks of it in such centres as Montreal. But I would like to ask the honourable members in the House if they find it alarming in Souris. I asked the question up in Flin Flon and they hardly knew of it. I would like to ask the Honourable Member if he's got that problem in Boissevain or in Neepawa or in Roblin. Now you might have it in a larger city such as 500,000 people, but again as I pointed out, the incidence of the "bad trips" if you wish to call them that, have been declining, as registered at any rate by our mental hospitals and I believe the psychiatrists indicate that that's the same experience that they are receiving with the area of private psychiatry.

I would just like to conclude by answering one question which the Honourable the Member for Turtle Mountain posed sometime ago. That was the question about municipalities and whether the new premium rates were going to be another burden on the municipal taxpayer and I just refer to him, two points which I made during the time that I introduced the statement on the increase in the premium: "In 1967 the Manitoba municipalities paid \$240,000 in premiums for legal residents but the claims paid by the hospital commission for these same residents amounted to more than \$1.5 million." In other words, if they hadn't done it, then by the terms

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(MR. WITNEY cont'd) of the Act they would have been liable for \$1.5 million for the bills that had been run up by indigent people. Now granted the new increases are going to mean an increase to the municipalities in the payment of the guarantee, but just as a sideline I suppose the offset is that the 3 percent commission that the municipalities earn will be increased as well. We feel that with the increase in the new rates that the 3 percent which amounted in 1967 to \$142,000, under the new rates it would be increased to \$250,000. So I can't accept the criticism that he makes that the municipalities will have an extra burden which is to be foisted back upon the taxpayer.

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MR. CHAIRMAN: The Member for Gladstone.

MR. SHOEMAKER: Mr. Chairman, being in the insurance business I know how difficult it is at times to justify a premium increase and my honourable friend the Minister of Health is having nearly as much difficulty as I have had in the past in trying to justify the increases for both the Manitoba Hospital Commission and MMS and after listening to both the Minister of Education and the Minister of Health - and the First Minister, incidentally - I'm still at a loss to know exactly how the increase in MMS will affect me. Now it looks to me, and using insurance language, it looks to me that last year, and two years ago if you want to put it that way, that something that cost me \$85.00 - because if you take a \$100 doctor bill, that is a schedule of fees at \$100, then the MMS paid \$85.00 of the hundred and they never did ask me for the 15. I think I'm right in assuming that. Now, am I correct in assuming that the doctors collectively have said: We want \$123.00 rather than a hundred and we will collect 75 percent of that 123 from MMS and we'll send you a bill for the other 25 percent of 123. Am I about right in my reckoning? Because if I am, then, using insurance language again, I am now paying \$123.00 this year for something that I paid \$85.00 for last year, but in addition I'm getting a 25 percent deductible policy. Is that right or am I wrong? Not only is there a 44 percent increase, I believe - if my figures are correct - in the premium, but instead of having full coverage I got a 25 percent deductible policy. —(Interjection)— Yes.

Now I know that my honourable friend, I think both the Minister of Education and the Minister of Health said that this won't always be the case. As I understand it, if your taxable income is less than \$1,000 they won't bill you for the other 25 percent. But how does the medical, or how does MMS - we'll put it this way - or the doctors arrive at whether or not you are in that taxable income? Are they going to send you a bill and let the onus be on you to prove that you're not or how are they going to arrive at that? This is one of the questions that I would like to have answered.

You know, Mr. Chairman, the other day I had the pleasure - and it was a pleasure - of speaking to I think 15 high school students from Swan River, and about 30 from Brandon. I spoke to them in the Manitoba Room - what they call the Manitoba Room now - and I always make it a point after I welcome them to their buildings and give them a little story, to ask questions of the students. And do you know what the students from Brandon asked me? The first question? Probably they asked my honourable friend the Member for Brandon as well because I think he met with them before I did. Now I must confess the first question they asked was: What do you think of Trudeau? Being a bunch of high school students that was the first question they asked. But the next one was: Why is it that Manitoba Hospital premiums had to go up from \$48.00 to \$84.00 per family? Why was that? And this high school group from Brandon in particular, because the Swan River crowd had to go, but they kept pursuing this question: Why was it necessary to have this major jump all in one year? If the government had the figures that forecast a rise in cost of hospitalization, then why didn't they get busy four or five years ago and put it up by \$15.00 and then five. Why have it all in one fell swoop? And I said let me ask you this question: Do you think that the present government would have been elected if they had said in May of 1966, the first thing we're going to do upon election to office is to jump the hospital premiums from 48 to 84? Likely it would have had some effect on the number of members that are sitting over there.

So what they're doing now is to up a lot of these premiums. I know my honourable friends keep insisting that premiums are not taxes but you just try and explain that to those high school students from Brandon or anybody else. They can't see any difference and neither can a lot of other people in the province. They think it is an imposition that is put on by the government and in a lot of cases they think it isn't justified. They ask: What has the government done with the \$50 million that they received in sales tax? What's happened to the 33 1/2 percent income tax - isn't it 33 1/2 now? —(Interjection)— Thirty-three? These are the kind of questions that the high school students were asking and a lot of other people in Manitoba are asking the same thing.

Do you know that 15 years ago I sat as a member of the Associated Hospitals of Manitoba and you know one of the things that really bothered the Associated Hospitals 15 years ago, because they knew that eventually there was going to be a shortage of beds and a shortage of doctors and there would be rising costs. I mean - anybody knows that. They said if we could cut down the stay in hospitals - I think at that time it was seven point something per patient - if we could cut it down to six days per patient then in effect you would have a 20

(MR. SHOEMAKER cont'd.)..... percent saving or thereabouts. But what's happened in the last 15 years? It's gone up instead of going down according to reports that I have before me, unless, unless things have changed in 1967, unless things have changed and perhaps they have. I hope they have. The statistical supplement to the Annual Report of the Manitoba Hospital Commission for the year 1965 on Page 18 reports: "Inactive treatment hospitals a trend to a generally higher average length of stay may be developing" - and they express concern over it. Well, I don't want once again, Mr. Chairman, to tell the House of what happened to my aunt because I've told that story three times now.

MR. JOHNSON: Tell it again.

MR. SHOEMAKER: But, it still points up the need for some changes and I think - well I'm certain - there's a resolution on the Order Paper that will allow me to tell that story again if I have to. Other people have told the same kind of a story and one of them, a very good friend of both the government and members on this side of the House, Mrs. Errick Willis, you know what she had to say recently about this matter; and another lady that I don't know at all, by the name of Mrs. R. T. Kerr - these are current, well, relatively current statements that both of them made. Mrs. Kerr - Pardon?

MR. JOHNSON: Kerr is current.

MR. SHOEMAKER: Right. The charge - this is Mrs. Kerr speaking now - "The Charge that in the care of the aged the government is lagging far behind society and it will be many years before they catch up, if ever." She's thinking of the present government no doubt. "The real difficulty lies in the shortage of beds for those people who require nursing care." She charged that "There is a shortage of not less than 1200 beds and no one is doing anything about it." These are exact quotes! She pointed out that "The cost of looking after the 70 geriatric patients who lie in Winnipeg's active hospitals every day because they have no place to go, is \$766,500.00" -- well over three quarters of a million. "To keep these same patients in a nursing home would cost approximately one-quarter of this amount."

Now if this is a fact, and if the government would adopt Mrs. Kerr's recommendations, they could save half a million dollars right there. I have had doctors tell me that, and I'm speaking of rural hospitals now, that about 50 percent of the patients that are occupying beds in rural hospitals could be just as well taken care of in nursing homes. Now if this is a fact, then a great deal of more money could be saved.

Mrs. Errick Willis says: "The prediction that Middlechurch Home of Winnipeg would find itself spending in excess of \$175,000 to finance the new personal care home which will open this November instead of the \$80,000 that the Board is technically responsible for", was made by Mrs. E. F. Willis reporting to the Annual Meeting Wednesday for the building committee.

She attributed this (addition in cost) to the government's failure to produce proper legislation and their failure to realize that building costs for a personal care home run higher than for a hostel. And she goes on to point up in fact exactly and concur with what Mrs. Kerr has said. It strikes me, Mr. Chairman, that much more could be done in this respect.

Now, Mr. Speaker, it is no wonder that not only the high school students but the people of this province are really concerned over these huge increases of both the MMS and Manitoba Hospital Commission. I think it should be a real concern for my honourable friend the Minister of Welfare because it would strike me as if every application that is laying on his desk now for social allowances will have to be reviewed because there are no doubt thousands of cases where my honourable friend has said to applicants: Well, now, your income according to our assessment is \$5.00, per month that is, more than your outgo and therefore you do not qualify for social allowances. I believe that the figure is \$2.00 - that is that they get their sharp pencil out and if you have \$2.00 more income than they assess your needs at then you don't qualify for social allowance. Well now if a couple or an individual are faced with these increases in costs of both MMS and Manitoba Hospital Commission it will call for a complete review of all of the social allowance applications because hundreds of them that were turned down will now qualify. This is my assessment of it anyway.

And so, Mr. Chairman, I can well understand that something will have to be done to curtail a lot of these huge rising costs or we're going to be faced with further increases. In tonight's paper, in the Tribune, an article by Manfred Jaeger on "Children's Hospital Manitoba's costliest". I commend every member of the House to read that because it's sure a shocking statement to me. I guess it isn't news to my honourable friend but it records here that the per diem cost of care in the Children's Hospital is now \$59.25 - \$59.25 per day, per day, of which

(MR. SHOEMAKER cont'd.)... the cost of food is \$1.70, \$1.70 out of \$59.00, and this is a staggering figure, I'm sure. So I would be interested to have my honourable friend inform the House as to what he believes the government can do to cut down on some of the huge costs. What is the situation in respect to nursing homes? We in Neepawa, I must confess, Mr. Chairman, are pretty well heeled with our new East View Lodge, although I still say, I still say with East View Lodge where they have bed accommodation for 75, 25 for geriatric treatment and 50 for the ambulant, that it should be the reverse. But the 25 people that are occupying the top floor of East View Lodge I think their cost of care is \$10.00 a day whereas if they were in a hospital it would be three times that. And they're getting better attention I am certain, up there, or equally as good, as they would in the \$30.00 a day bed and these are the kind of things that I'm concerned about, Mr. Chairman.

MR. WITNEY: Mr. Chairman, I think the Honourable Member wasn't here when I commented about this, but just briefly to comment, if he takes a look at Page 18 of the Hospital Statistics for the year 1966 he'll find that the average length of stay in days in the public general hospitals in 1959 it was nine and in 1966, some six years later, it was 9.3. Perhaps you remember that at the time that I was introducing this statement on the increase of the premium I drew attention to the fact that the total days of patient care had begun to level off following 1966, and on that same page he can perhaps see some indication why that is taking place, because in 1959 the average length of stay in days in the extended treatment care hospitals was 54.6 days and in 1966 it was 119.2 and that is basically because the provision for extended treatment care has been gradually rising in the province. We have extended treatment care in Swan River, in Steinbach, in Dauphin, in Morden coming up; we have extended treatment care beds under construction now in St. Boniface, in Winnipeg General and we have them - well not under construction as yet but planned for the Brandon General Hospital. I would also draw his attention to the fact that the statistics on the out-patient utilization of hospitals has increased, and that is because the number of benefits that are granted by the Manitoba Hospital Commission for out-patient services have been expanded, and the more we are able to increase the out-patient benefits under the premiums, and the more that we are able to have more out-patients, we have fewer in-patients.

The other point about home care; since 1964 we have expanded from the one, practically the pioneer, the Winnipeg General Hospital to the St. Boniface, to the Municipal hospitals and to the Children's Hospital, and we have home care functioning now outside of our health units, and with the nursing care beds or the new care facilities, since 1964 - and I think it was in August of that year that the Elderly Persons Housing Act was amended to provide for personal care homes - we have on a non-proprietary basis since August 1, 1964, 477 such beds in the Metropolitan area, and in the rural area 144 such beds. And in total in the Metropolitan area we have 1,683 such beds, which gives us a nursing home beds per thousand population of 3.2, and that compares with the only organized program that we have to compare our statistics with, in Alberta, of 3.7 nursing home beds per thousand population. And if it's of any interest to him, in the United States the total there is about 2.4 beds per thousand population.

So the alternative uses to the acute beds are being developed and are being developed steadily and having an effect, and the effect is shown in the two figures I mentioned, the fact that the numbers of days of acute care in the public general hospitals has only risen by about .6, or about .1 for each year, and that the number of patient days has begun to level off and actually began to decline in 1965 to 1966, and that is continuing at the present time.

He asked about the question of how is MMS going to determine his income. It is my understanding - and he could get further details from MMS - but it is my understanding that it will be a simple declaration of income, but how MMS propose to do it I couldn't answer him.

MR. DAWSON: Mr. Chairman, I know that the Minister has been paid, among other things, many compliments - or some compliments I should say - but there was one area that he touched upon that he did receive a couple of compliments on, and this was when he mentioned very briefly the proposal of ambulances for the province of Manitoba. I was very interested in what he had to say and I have a number of questions to ask of him and I hope that he will elaborate on them, not necessarily tonight, because I realize that our time is running out, but I hope that the first time he is on his feet he will answer the questions.

The thing that occurred to me when he mentioned a prototype ambulance was that, would this ambulance be fully equipped, and if so, is it to be available to all municipalities who make a request for same. And then he did not elaborate too much on what the price was to be, except

(MR. DAWSON cont'd.)... to say that it would be in the category of \$5,000 to \$6,000; and when he mentioned this I wondered how we would look after the situation where a town already has an ambulance and are in the process of unloading it for another type, one of a newer model and one with less miles on it. Would there be some way of a trade-in such as done with garages in the local towns? And when I mention garages in the local towns, the thought that occurred to me was that is the government itself going into the business of selling ambulances, or do they plan in some way somehow to put the sales through the local car dealer, or do they have some specific agent, you might say, who will be handling these sales, and how would one make the necessary enquiries to obtain the ambulance that he described?

While I'm on my feet, I think I would like to take time out to mention the fact that I thought the Honourable Member from Lakeside put it beautifully when he said that he thought the Minister of Welfare was out-manoeuvring the Minister of Health in regard to our nursing care homes. I know that we have done throughout Manitoba an excellent job on providing senior citizens homes for all of our municipalities, or I should say the majority of them, but I think that one of the things that we have not accomplished is the fact that our province is in dire need of nursing care homes, not only in the larger centres but they should be strategically located throughout the Province of Manitoba so that when we have elderly people who are not in need of hospital care but are in need of nursing care, that they don't have to journey 100 miles from the centre in which they were born and raised in or move away from their friends and their relatives and their loved ones. So I thought that the Minister of Health ...

MR. CHAIRMAN: Order please. Order please. It is now past 10 o'clock. If the Honourable Member would like to continue his speech at the next sitting ...

Committee rise and report. Call in the Speaker. Mr. Speaker the Committee of Supply has considered ... directed me to report progress and ask leave to sit again.

MR. DOUGLAS J. WATT (Arthur): 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, before moving adjournment perhaps the House would permit me to suggest that the new procedural rules would not come into force tomorrow, by reason of the fact that there is a sitting tomorrow morning of the Private Bills Committee at 9.30, the House would meet at the regular hour of 2.30 and adjourn at 5.30 and then starting Thursday morning the House would meet at 9.30 pursuant to the new rules, then carry on.

A number of questions have been raised about Friday night and that's something that we could discuss before that time reaches us. But if that is agreeable then I would move, seconded by the Honourable the Provincial Treasurer the House do now adjourn.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried and the House adjourned until 2.30 Wednesday afternoon.