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THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Thursday, March 19, 1964.

MR. WITNEY: Mr. Chairman, I think possibly I've got one or two things which arose last night to draw to the attention of the committee, some of the additional elderly persons or extended treatment care facilities that we have. During the period of 1958 to '63 the additional beds of this type that have been provided were, in St. Boniface Sanatorium -- 180; the Assiniboine Hospital in Brandon was 186; the Clearwater Lake Hospital in The Pas, 64; and in Dauphin, 35; and the following additional extended treatment beds will be added during the period '64 to '67; the Winnipeg Municipal Hospitals 115; St. Boniface 100; Swan River 20; Morden 27; Portage la Prairie 40; and Steinbach 30. Over the period of years in the extended treatment beds in 1958 we started off with 438, and in 1963 we had 904; and in total, as I have mentioned before, we have seven beds per thousand in the Province of Manitoba.

I think the Honourable Member for Neepawa mentioned that some of the elderly people were accounting for 50 percent of hospital days, were incurred by patients over the age of 65-- I'm not sure whether he did make that statement. No, he didn't make it, I'm sorry. It will be of interest then to note that in 1962, 17.6 percent of such cases were in the hospitals and 36 percent of the days were incurred by patients in this age category.

There is one other item that I think I should mention, for the sake of the record at any rate, and that is that the Hospital Insurance Act provides that where a resident fails to pay the required premium he is guilty of an offence and liable on summary conviction to a fine of not less than \$25.00 nor more than \$200.00, plus an additional fine in the amount of the unpaid premium. The Act does not say anything about imprisonment. If imprisonment has occurred it has done so apparently because of the refusal to pay the fine.

MR. MARK G. SMERCHANSKI (Burrows): Mr. Chairman, I'd just like to simply correct -- now that I have the Hansard before me, on page 1243 -- in the places where I have used aerobic digestion in septic tanks it should be anaerobic digestion in lagoons. All I do -- I just want to correct it for the record, Mr. Chairman. It should be "devoid of oxygen" and "aerobic disintegration in septic tanks" and "anaerobic digestion in lagoons." I also want to correct for the record that the word is "fluo-solid" and not "fluid solid"

I think that the Honourable Minister of Education has all the explanation and I left it that when he is available I shall be glad to call on him and we'll go and examine some of these systems. Thank you.

MR. PAULLEY: item are we on now? Pardon? Can't understand Icelandic.

MR. CHAIRMAN: We're on (7), Hospital Services.

MR. PAULLEY: I can't even hear whispers. The other day, Mr. Chairman, the Member for Elmwood and myself raised the question of extensions to a new building program for Concordia Hospital. I wonder if the Minister did mention something in passing, I believe Mr. Chairman, that he had a list or a partial list of possible exemptions. He referred back to some reports that he had where this construction was to take place at -- if I recall his words correctly, or his dates correctly -- in the year 1965. Now this doesn't jibe with the recommendations of the Survey Board as I read them, because if one looks at page 103 in the Manitoba Hospital Survey Board Report dealing with hospital facilities, the Survey Board recommended that the hospital undertake construction program commencing in the year 1964. Also, I raised this question last year. I've mentioned this to the Minister. I was in error by a year. I'd thought the construction program was going to commence in '63 and then I corrected that by telling the former Minister that the sign that I was looking at didn't say '63 but '64 in respect of Concordia Hospital. That sign is still very evident and it says, in respect of Concordia Hospital, that construction is expected to commence in the fall of the year 1964. I want to hear from the Minister as to whether or not the indications of the former Minister, which were to the effect that construction would start in the year '64, were incorrect, or has there been a change in the plan of the department insofar as this construction is concerned? I'm sure that the people concerned with Concordia Hospital are most anxious to know, and most anxious that the Department of Health make up their minds as to what they're going to do. It is my understanding that a proposition has been made to the government and certain consultations have taken place regarding the construction, Concordia Hospital. Now I want to hear before we pass by the item on hospital construction, or hospital services -- the only place we can raise this

(Mr. Paulley, cont'd)... question -- I want to hear from the Minister exactly, if possible, what the plans are of the department in respect of Concordia Hospital.

Also the other day, Mr. Chairman, I was discussing somewhat the question as to whether or not there wasn't a point of diminishing efficiency insofar as the size of hospitals are concerned, and the Minister I don't think was in a position to make much comment -- at least he didn't and neither did the former Minister -- as to what would constitute a reasonably maximum number of beds before the point of diminishing return was reached. I have before me, Mr. Chairman, an article from the Hospital Administration in Canada dated May 1963, an article written by Ronald J. C. McQueen BA, DHA, a partner in a firm of hospital consultants, Toronto. By reading this article it indicates that when you reach a period of approximately 600 beds in a hospital, you are closely approaching the point of diminishing return, and I wonder now whether the Minister had an opportunity of investigating the point that I raised to see whether or not he might agree with this, because the point that was raised at that particular time was that it did appear, at least to some of us, that the larger hospitals were ever increasing the number of beds at their institutions. We question whether or not the smaller hospitals, the likes of Concordia, should be given preference over larger extensions elsewhere.

I also would like to ask the Minister as to whether or not the department in conjunction with the Federal authorities have given any consideration to changing the grant basis for hospitals. As I understand it, the grant basis at the present time is on a per bed basis. I think that there has been changes made in the facilities inside of hospitals and I wonder whether or not we haven't reached the stage, because of the costly equipment which is now required in hospitals, X-ray machinery, other laboratory machinery and the like, whether or not it wouldn't be more advantageous in hospital construction if construction or grants were based on a different basis than a per bed basis in order that costs might be shared more equitable across the board.

I also directed a question the other day to the Minister in respect of St. Boniface Hospital, particularly St. Amant Ward, on the basis of the necessity of the raising of the 20 percent. Now I know that the Leader of the Opposition has also raised this point but it does seem to me, Mr. Chairman, that more and more, insofar as the raising of the 20 percent basic by voluntary contributions, it's getting tougher and tougher insofar as the organizations are concerned. I don't know for instance how General Hospital are raising their 20 percent at the present time. Maybe the Honourable Minister could give me the information as to what methods are being used in respect of the Winnipeg General Hospital to get their 20 percent. I do know, and it's been very evident lately, that many hospitals who are desirous of undertaking construction are finding it harder every time that they want increased construction, and I'm wondering whether or not and I don't know -- maybe the Minister will tell me -- whether this 20 percent is an edict of the Federal Government or the Provincial Government. If it's provincial and under the jurisdiction of the province, Mr. Chairman, I would suggest to the province that it may be the time that the requirement of the 20 percent has passed, and that there may be a reduction in the percentage required for hospital construction. It is my understanding that insofar as certain aspects of the elderly citizens housing there is only a requirement of 10 percent before the grants are made available, and I would suggest Mr. Chairman that this is possibly also so, insofar as hospital construction.

MR. WITNEY: Mr. Chairman, with respect to Concordia Hospital, the former Minister on January 22, 1962, wrote to the Hospital Board and he said at that time that additions to provide the 69 additional beds and the interior renovation of the existing hospital -- this is Concordia -- would take place in 1965-66 and 1966-67. The schedule sheet right now shows, and I believe I mentioned this in the estimates discussion some time ago, that extension to provide 69 additional beds, raising the capacity to 150 beds, and interior renovation, would take place in 1965/66 and the preliminary planning is underway. Since the letter of 1962, as the member has mentioned, there has been consultation with the hospital board and I understand from the staff that they agreed to this and they have recently, in the month of January, submitted their functional program to the Manitoba Hospital Commission, which is the first phase of this plan, and that functional program is now being studied by the commission.

With respect to the size of hospitals, I think I made reference at the time to the Advisory Committee on Hospital Costs to the Federal Minister in which all the provinces participated and which I attended for the first time in January of 1964, and this subject of the size of

(Mr. Witney, cont'd)... hospitals was debated at that time, and there are a variety of opinions. It seems to base itself down in many respects to the type of hospital -- what the hospital is to be used primarily for -- and the advisory committee on hospital costs at that time took the matter under advisement for their next meeting which is to be held in May, and I can only say to the Honourable Member that the optimum size of hospitals is being studied, not only by the provinces in concert with the Dominion, but by the Manitoba Hospital Commission itself and by the Federal Government Department of Health and Welfare itself, apart from information that is being gleaned from other areas. As for consultations on costs, prior to my becoming the Minister of Health the former Minister of Health had discussions with the Federal Government on the matter of rising hospital costs and pointing out that the contributions from the Federal Government were not meeting as much of the cost as they could meet, and in particular asking for more assistance in the matter of Mental Hospitals and TB Sanatoria which are not included under the Hospital Diagnostic Act in the Federal Government. And that again is another matter of continuing discussions with the Federal Government basically through the Advisory Committee on Hospital Costs to the Minister, and when I was there in January the matter of hospital costs took up a least one full day of the discussions that went from 9:00 o'clock until 5:00 o'clock in the afternoon. At the present time on construction costs we get \$2,000 per bed or \$2,000 per bed equivalent from the Federal Government.

The 20 percent equity: I referred to that at the time too, and you may be interested to note that the General Hospital here in Winnipeg were able to raise the 20 percent on both 174 beds and the service wing; the Grace Hospital raised its 20 percent through the City of St. James; the Brandon General 20 percent was raised on a new hospital through the city of Brandon and through voluntary giving, and the hospital is now negotiating for 20 percent for the new nurses' residence; Dauphin General the 20 percent was raised in the Town of Dauphin and the Rural Municipality of Dauphin; with St. Boniface there is no indication that the 20 percent cannot be raised; with Misericordia there is no indication to the Commission that the 20 percent cannot be raised; Winnipegosis Hospital the 20 percent is being raised; Eriksdale the 20 percent is being raised; and City Municipal Hospitals and all rural municipal hospitals have been able to raise the 20 percent; and in the north country with the hospitals in Flin Flon and The Pas there is no indication that the 20 percent cannot be raised.

Again, the matter of the 20 percent equity was discussed at the Advisory Committee on Hospital Costs, the one which I attended in January. In some provinces it varies quite considerably and the methods vary quite considerably, and the methods of assessing costs per bed was discussed with some newer ideas being submitted to the Committee at that time by two of the provinces -- one of them was the Province of Saskatchewan and I believe the other was the Province of Quebec -- who had different approaches to this particular problem. Here in Manitoba the 20 percent so far is one of the, not the most generous, but one of the most generous in the Dominion and with the exception of two of the hospitals here in Winnipeg, the Victoria and the Children's Hospital, we have had no indication apart from those two that the 20 percent could not be raised.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, before we pass (7) I think there is still quite a few questions that have been left unanswered. Last week we were discussing the student nurses and I wanted to know to what extent that the MHC required student nurses to perform actual nursing services in hospitals or as hospital duties. Now I think that the Honourable Minister at the time was waiting for some information. We were told by the former Minister that there was no tuition charge and I know different. My information is different. I know for instance, St. Boniface, I don't know if all hospitals do but St. Boniface charge \$205.00, which is not such a large sum over three years, but I want to mention this because at the time the Minister was saying that they were getting free clothing and the conditions were much better. He also mentioned that they were on the floor about 14 hours, an average of 14 hours, and apparently it is quite a bit more than that. I think that we can't have it both ways. If we are training these young ladies we have to make sure that we train them properly and that comes first. I am told that right now most of them are on the floor at -- they are doing night work for instance about one month more than they should, and I would like to have something that I'm worried about, I would like the assurance of the Minister that at least he's going to look into this matter of reducing instructors, at the St. Boniface School of Nursing anyway. I don't know too much about those other hospitals. I imagine that maybe they

(Mr. Desjardins, cont'd)...are trying to save price there. I think that through the question and answer period that we've had here we can see that the government is not indicating any way, no new way of providing funds for this hospital, and I'm sure that we know that the cost is going up, so it would be unfortunate indeed if we start cutting down and punishing student nurses for one thing, and punishing the people also in reducing the services; so I think that the Minister last week promised an answer on the question of nurses. I suggested at the time that it was wrong not to give these nurses anything at all. At one time they were getting \$5.00 a month. That certainly wasn't very much but it did help. When I mention that, I also mention that we had training on the job, that in certain places people were paid to learn, and also that we had minimum wages. Now these students are certainly providing some service for the plan, and any single one of us that's been in the hospital I'm sure will admit readily to this. Now I would like to see this question settled. I would like to have the answer of the Minister, the policy of the government, because I think that this is an important thing. It's true, apparently, that some of the alumnae of the nurses are not too interested in that. Of course they're not the ones going through training and they want to be recognized as professional, which I think maybe they should -- I shouldn't say maybe -- which I think they should, but if this is done, remember that we will have to increase the wages also.

The Honourable Minister said there was no shortage of nurses but apparently there was a survey here of all over Canada. I have an article from the Winnipeg Tribune dated August 1, 1963, and there is a shortage, maybe not necessarily here at this time in Manitoba. I think they have a shortage in rural areas. They have a shortage over all Canada, for different reasons. I'm not saying that this is -- complaining on the government. I'm just saying that we should look ahead and make it attractive for these young ladies to come in and train. So I would like to have him answer this.

There is another question that the Honourable Minister might remember. At the time, I was saying that the method of providing a hospital with depreciation funds for the equipment was no longer adequate, and it was very difficult to replace this equipment and the Honourable Minister promised me an answer, promised to have something at this time.

Now, I had also asked the Minister to find out, to give us more about this administration cost. I'm not interested on any cents on the dollar. The amount is a million and a half. I think it is quite large. I suggest that a lot of this duplication that we are having now could be rectified if we had a little more co-operation and co-ordination with the hospitals. We have had in all these larger hospitals people that have been running these hospitals for years; they know what they're doing; they're experts in this, and I certainly think that they're trustworthy. I think that both the Ministers will agree with me on this, and I would like to ask the Minister if there's any thought of maybe making an inquiry into this to find out what could be done by the administrators of the different hospitals to save on this administration cost and also to probably provide better understanding between the Commission and the hospitals, because I think as was said here in this House many times, there's always room for improvement on this.

I would like to know another question also. I would like to know, would like the Honourable Minister to tell me, if all the budgets of at least the larger hospitals have been approved for this year. I understand, and I'd like to congratulate the Minister on this, that this year we have quite a bit of progress on that. They haven't had to wait for so long. In the past some of these hospitals have been more or less helping out the province because their budgets and their deficits were approved -- well, not the budgets but the deficits were approved two or three years, sometimes four years later, and the budgets were approved very late. I think that we should have a deadline for approval of budgets, especially when we are told that the hospitals have to stay within their budget.

So I wonder if before we pass on to another item, if the Honourable Minister would be kind enough to answer some of these questions.

MR. J. P. TANCHAK (Emerson): Before the Minister answers, I have one question. Last year the former Minister gave us a list of hospitals being considered for renovations and additions within a certain period in a few years. I wonder if the Minister intends to give us similar information this year. I would like to have it if he has such information.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, in

(Mr. Witney, cont'd)...answering the Honourable Member for St. Boniface first, it is my understanding that the Manitoba Hospital Commission considers that the nursing time performed by the student nurses should be less than 40 percent, and studies that have been made by the Commission in association with the hospitals have substantiated the validity of this particular statistic, the figure from year to year, and that the hospitals in their budgeting are not supposed to exceed the student nurses' time of over 40 percent on the wards.

On the question of fees, I might mention that the information I have is pertaining to various hospitals, and because they vary and because the hospitals perhaps are in a bit of a competitive position here I won't mention the individual hospital's name, but one of the hospitals here in Winnipeg for instance, the registration fee is \$25.00 and then there is a \$205.00 charge for books, uniforms and accessories, and that is one charge only at the time that the student nurse comes into the hospital for training. At another hospital it's all-inclusive, the fee, books, uniforms and accessories at \$205.00, and again that is a one-time cost. At another hospital it's an all-inclusive fee at \$150.00, and at another, uniforms and books, it's \$124.60. At another hospital it is \$100.00 but they plan to raise it to \$150.00 beginning with the September 1964 class. In one of the hospitals outside of Winnipeg the entrance deposit again to which is charged books, supplies, cape, and balance, if any, is refundable, and that cost is \$175.00, but the uniforms are provided separately by the hospital and that again is a refundable amount of money that is paid in at the one moment. At another hospital for uniforms and books it will be \$175.00.

At schools no other charges to students or payments to students are reported to us. As I mentioned to the Honourable Member for Elmwood, there is no charge for breakages, and to those deserving young people who wish to go through for nursing but who may not be able to afford this initial fee for books, registration fee, uniforms etc. bursaries are provided in order that they will be able to enter into the hospital and take the training, and again I understand with student nurses, with students going into the hospitals, that there is no shortage of them here in Manitoba.

The honourable member asked about the administrative costs and this administrative cost of running the MHSP of \$1,500,000 in round figures represents approximately 3-1/2 percent of the total figure. About two thirds of this is applicable entirely to the premium collection program. In other jurisdictions where revenue for the hospital insurance plan is not obtained through premiums but through some other form of tax the direct administration costs would of course be lower, but we believe that under any insurance plan which involves the collection of premiums a 3-1/2 percent ratio of administrative costs to total costs is a satisfactory figure.

In that connection I think the honourable member asked about staffing. In the last four years the number of the employees of the staff of the Manitoba Hospital Commission has changed very little. The following are the numbers on staff as at December 31st each year. In 1960 it was 293; in 1961 - 292; in 1962 - 303; and in 1963 - 209. The overall increase of six from 1960 to 1963 is attributable to additional functions assigned to the commission, mainly functions pertaining to hospital construction.

On the question of the allowance for depreciation of commission, the Hospital Commission has since its inception been using one of the standard methods in establishing allowances for depreciation on equipment. I understand that the proper amount to be allowed for depreciation is a matter subject to much discussion among the accountants. We have not received any submissions apparently from the hospitals claiming that the method used was out-dated or inadequate, and it is a method which is being used in several other jurisdictions in Canada. The depreciation is approximately the average dollar value of annual purchases over a period of 16 years.

In answering the question of the Honourable Member for Emerson, he asked if we could have information similar to last year. The answer is yes. I will have that prepared and distributed to the members.

MR. DESJARDINS: Mr. Chairman, I'd like to pursue this because the Minister said that the administration -- he makes it sound very good -- that the administration is 1.3 of the collecting premiums, but I'd like to ask him what is the amount of premiums collected here in Manitoba. According to this it's 13 million, and a million and a half of that -- I don't know, it

(Mr. Desjardins, cont'd)... sounds to me like that's a little more than 3.2. I think the Honourable Minister said that two thirds of the money spent on administration was for collecting of premiums. I'd like him to explain this a little further, because all we get in premiums is \$13 million.

MR. FROESE: Mr. Chairman, if the Minister is going to do that, I have another question or two that I'd like to direct to him at this point. We have in this annual report of the Manitoba Hospital Commission for the year ending December 31, 1963, on page 15 we find a financial report and it shows that a total amount of \$43,749,849 was received and a total of \$43,857,950 was spent. Now, we know from the estimates that are before us, the Government is budgeting \$11,201,000 for the coming year. Now what is the total budget then of the Hospital Commission, and how does the Government arrive at this \$11,200,000 figure? I would like to know what the federal contribution is and a complete outline of the total moneys that they expect to receive and from what sources? Then also -- I think the Member for St. Boniface already touched on this -- could we have the figures given that the municipalities pay on behalf of people that are on welfare, or at least that the amounts are being paid for, or haven't we got that on record?

MR. DESJARDINS: to help the Minister to answer all these questions together. I would like to know if he can tell us the cost of collecting this third party recovery. I have heard complaints about this. I have heard from insurance companies who are ready to pay a certain bill and they are told to make 10 percent of this to a lawyer. Apparently everything is around 10 percent. Now if this is the case it seems to me that this is one place where they should have somebody doing this collecting and it certainly wouldn't cost 10 percent. I wonder if the Minister, while he is giving these figures, these different questions that we've asked, would tell us how much it did cost to collect the third party recovery.

MR. WITNEY: Mr. Chairman, the premiums that have been collected as shown in the annual report were roughly about, in 1963, \$12,840,000 and of this \$1,500,000 roughly about two thirds of that was used for the collecting of the premium. Of course I think that the honourable member must realize that there are large numbers of these premiums to be sent out and to be accounted for, and that the figure that is used which I figure comes out to approximately \$1 million is less than 10 percent of the premiums collected.

As for the amount of money that we receive from the other sources, we receive from the Province of Manitoba the amount that is being budgeted for in the estimates at the present time, and that is made up of \$3 million, an outright grant from the province, and the rest of it is the six points on the income tax which all go into the figure of \$11 million which is found in the book. From the Government of Canada in the year ended December 31, 1963 we received about \$19,900,000, or you could say approximately \$20 million in round figures. The cost of the third party recoveries that the Honourable Member for St. Boniface asks about, I haven't got that here at the moment but it can be obtained for him.

MR. DESJARDINS: Mr. Chairman, this is not the same story at all now. The Minister tells us awhile ago it was just three point something percent, now we're spending a million to collect 13 million. That seems to be -- well this is what the Honourable Minister said, and if not, I'd like the correct answer. This will be the third answer that we get. And out of this \$13 million how much of it comes from the municipalities? Does that cost that much? Does the municipality pay that much? There are a certain number of people who have their premiums paid by the municipalities and that should be deducted from this, if we want to see the right amount. Right now the Honourable Minister told us that two thirds of the cost of administration was used to collect the premiums and the premium is \$13 million. Now if there's an error I think we should have it corrected.

MR. FROESE: Mr. Chairman, a further question. In this report on page 15 it showed the revenues and it also showed the expenses, and if I figure correctly, you had a deficit of \$108,000 last year yet the report states at the bottom -- and I'll read it. It says: "As indicated in Exhibit B of Appendix A a surplus of \$367,198 was realized during 1963 reducing the accumulated deficit of \$3,984,344.00." There must be some figures missing. There is no Appendix B here. Could we get the necessary tables so that our figures will correspond?

MR. WITNEY: Mr. Chairman, I'm getting the correct figures because I think that I have misled the committee in the figures that I gave more or less off the top of my head, and the

(Mr. Witney, cont'd)...proper figures with respect to the cost of collecting the premiums will be obtained. I wonder if the Honourable Member for Rhineland will just repeat his question please. I missed it.

MR. FROESE: I stated that according to the report on page 15, the income is given, the revenues are given, and also the expenses, and if you deduct the expenses from the revenue you find that you have a deficit of \$108,000, yet on that same page you have a paragraph stating that you have a surplus of \$367,000.00. How can you straighten out those figures, because they don't jibe; and also could we have a statement as to the total amount budgeted for, for the coming year, for the Commission. We have the \$11,200,000 in the estimates but I'd like a total amount given as to the amount that we are budgeting for the coming year.

MR. WITNEY: Mr. Chairman, I wonder if the committee would just wait while I push some of the papers that I have aside here, and then I will be able to locate the answer, I believe, that the Honourable Member is looking for.

MR. CHAIRMAN:to come back to that. The Leader of the Opposition.

MR. MOLGAT: Mr. Chairman, I have a couple of questions to ask before we leave the matter of hospitals. Yesterday when I was discussing with the Minister the matter of jailing people who fail to pay their premiums, he indicated to me he would be prepared to review that matter. I wonder if he could tell me whether he has had a chance as yet to discuss this with the Hospital Services Commission, and whether he will be changing the regulations or the Act in that regard.

MR. ROBLIN: I'd like to make some few comments on this because although I wasn't in the House last night, I did read the statement alleged to have been made by the Honourable the Leader of the Opposition to the effect that we were putting people in jail because they didn't pay their hospital premiums and he didn't seem to think that was a very good idea. Well, he apparently gave a case, and I wonder whether that case did involve the jailing of the person concerned or whether it merely involved the methods that were being employed in order to effect a collection. Because from time to time there have come to my notice, in the ordinary run of business, cases of people who didn't wish to pay their hospital premiums. They're brought to our notice by municipalities in particular who've asked our help in collecting premiums; and we have gone out and we have helped the municipalities collect the premiums from the people in their municipality.

But Mr. Chairman, I would like to say that where we find that a person really hasn't any money, we don't proceed in that case to the extremities that have been suggested. We just don't do it. If we find that they are people who haven't got funds to pay, then we make other arrangements to look after it. After all we have procedures for doing that and there's a great many people in Manitoba who don't pay hospital premiums -- some 40,000 or more -- for the reason that they haven't got the money. It seems to me that it would be quite wrong to take as apparently has been taken by some, judging from the report I saw -- I realize I have only read the report, there may be other factors to it that I'm not acquainted with -- but as a matter of policy we don't try and collect hospital premiums from people who have no money to the extent of putting them in jail. If they are genuinely unable to pay, there is a machinery in operation to see that that matter is looked after.

On the other hand, there are a few, very few, people who don't pay but who have the money to pay. Now we must face it that this is a tax, this hospital insurance premium. My honourable friends opposite decided to collect the premiums when they brought in the plan and we continued it. But it's a tax and people have to pay it; and if you don't pay it, what policy are you proposing in place thereof? And the municipalities are after us all the time to assist them in their collection and they're the people who mostly point out to us the people who can pay and who don't and solicit our efforts; and we use every reasonable method to collect those premiums if the person has the wherewithal to pay. That's the law. We're accused of not enforcing the law in some instances. Well, we have to carry on this way. But if a person hasn't got the money to pay, he is not persecuted to the extent that I gathered was alleged from the statement that I read in the press. So I just want the Committee to know that we have a procedure for taking care of people who haven't got the money to pay their premiums.

MR. DESJARDINS: Mr. Chairman, the Honourable the First Minister chose to enter the debate and on the same topic I would say, I would like him to answer this, then. Let's say that

(Mr. Desjardins, cont'd)... I can see the logic of what he is saying but I also feel that this is a compulsory plan and that this is a contract and it is a case that some people cannot, let's say that this lady who did not want to pay, instead of going to jail, does pay and then when she needs a hospital bed, she can't get it. What does the Premier suggest should be done in this case? Does he feel that this compulsory plan, this contract is honoured by the province? I'm not trying to suggest that they are not doing their best in trying to promote beds, I'm just talking about the facts now. We have a contract in front of us and at time, at times without anybody being to blame, the government or the hospitals, but it is a fact that these certain people cannot collect on this contract and I don't think that this is quite fair. And who is going to pay? Now, the Honourable Minister made his point that if they are not going to pay their part of the contract, well, the last resort we'll jail these people. Now what happens if the government cannot live up to its part of the contract? What happens then?

MR. ROBLIN: Well, of course, Mr. Chairman, we do live up to our part of the contract. If people want hospital service, they get it. Now it is perfectly true that not every single, solitary case that turns up at the hospital gets a hospital bed at the time they appear at the door of the hospital. Mostly they do; mostly they do; but they're seasons of the year, in particular, where they don't -- climatic conditions and one thing and another. But they are not denied a hospital bed if it is a matter of urgency that they should have it at that moment. That is taken care of. There may be some waiting list for non-essential cases where waiting is permissible but we have the hospital service there and we provide it. We have more beds now per 1,000 population than we have ever had before; we are building beds faster than the population is growing and there has to be a just balance in this connection. It would be the height of foolishness if we went ahead to build so many beds that anybody who wanted to go into a hospital at any particular moment found an empty bed waiting for him. That would be the height of foolishness. We don't propose to do it. We intend to provide enough beds, sufficient beds to take care of the reasonable needs of our people. Those who come to hospital get in. They may not get in immediately if it's possible that they don't need that service immediately but they get in and they get the hospital service. And unless you operate on a reasonable sensible basis like that, the premiums will go up a lot more than they are at the present time in order to take care of that kind of thing. So members who blithely stand up on the other side and say we're not fulfilling our contract, we haven't got beds for everyone who turns up at the exact moment they turn up, I think are punching in the dark.

MR. MOLGAT: Mr. Chairman.....

MR. JAMES BILTON (Swan River): Every Manitoban under this program has an obligation to face and they must meet that obligation regardless of any arguments pros and cons. And as the First Minister has said, 40,000 people are being taken care of out of the public purse. And in Swan River the town council pays out \$1,000 a year in premiums to cover indigents and these people that refuse to pay their bills. Why do they put out this \$1,000.00? They put out that \$1,000 to give the proper coverage in order to see to it that they don't get enormous hospital bills that the councils must pay if the people are not covered. Let's face this thing. People must pay their premiums if they are going to have this service and it is just a lot of poppycock to be talking otherwise.

MR. MOLGAT: Mr. Chairman, I don't think it is poppycock. Mr. Chairman, I take it then that the policy of the government is to continue jailing people who refuse to pay the premium. At least we have found that much out from the First Minister. But I'd like to warn the First Minister, Mr. Chairman, not to be shallow in his reply. Please be accurate, Mr. Chairman. I can't stand these inaccuracies from the First Minister. Mr. Chairman, this surprises me from the honourable gentleman, because he said in this House a few minutes ago that people are getting in hospitals when they need to, Mr. Chairman. Well, I'd like to ask the First Minister how much research he has made into that matter, because his Minister of Health admitted in the House three days ago that he had made no study to find out what the waiting lists are in Manitoba. The Minister of Health who's responsible for this hasn't found out; he doesn't know what waiting lists there are. I suspect that the First Minister has not conducted his research properly, Mr. Chairman, and I would suggest to this government that one of the first things they should do is to find out what waiting lists do exist. I think this is one thing that they should know. There are people at present who need to get in hospital and

(Mr. Molgat, cont'd)... who are not getting in. I'm told from the hospitals, for example, Children's Hospital had a waiting list I'm told of some 200 waiting to get in. Now how can the First Minister get up and tell us that anybody who needs to get in, does get in.

MR. JOHNSON: Mr. Chairman, it is pretty to sit here and listen to some of the talk that I've heard tonight because I've had something to do with this since the day the plan came into being and I do want to say a few words.

It seems that this creates an emotional crisis every year amongst the Opposition. The crisis in hospitalization as depicted by the Member from St. Boniface is the same speech that has been made every year that I was in that capacity enjoyed by the Minister of Health today. But when the Leader of the Opposition talks about waiting lists, now, these waiting lists have been reviewed by the Commission from time to time and a matter of -- just a moment -- it is a very large department for the Minister to become familiar with all the details of it in a few short months. He talks about research. What kind of research went into hospitalization and medical care problems in this province in the 40 years that his group enjoyed the confidence of the people of Manitoba? That hospital plan was brought in, and they know it, they know it -- opened the front door, \$20 a day hospital beds and never knew that such a thing as a back door existed. And I'm not saying that they were unique. This was a Canada-wide problem, it is true, but we did open the front door of the \$20 a day beds and we had no back door. When I came in as Minister where was the research? Where was the research? There was a standards division that consisted of two people in the Health Department supposed to set the standards for hospital care in this province. And municipalities were going under; the public of Manitoba were holding their breath as hospital costs rose. I've shared with this House from time to time an experience I had in rural Manitoba where hospital costs were \$3 a day when I came into that community and when I left they were \$16 a day, and still there was not a sufficient number of nurses on the staff because there just weren't the resources to meet a minimum standard of care in many places.

The people of Manitoba and of Canada, led by his former administration in Ottawa, Mr. Paul Martin, when he brought in this scheme to make it possible they excluded mental care and T.B., which every federal government has given lip service to but none have ever brought under the auspices of the hospital scheme, but they circumscribed this to acute care. Some provinces, gentlemen, never brought in chronic care under this hospital scheme until one or two years ago. From the day it started in Manitoba it included chronic care and on the day it started this government lived up to the promises of the former administration in that mental care would be free on July 1, 1958. This administration has adopted the top administrative people appointed by our former government and these top people have done a fantastic job in the Province of Manitoba. I think that the Chairman of that Commission, Mr. Pickering, and it's admitted amongst the hospital people in this province, is the one man that could have brought in this plan as smoothly as he did.

There were major decisions to be made every day, there was no capital policy; the federal administration still only paid \$2,000 a bed in capital cost towards this plan. This scheme absorbs the interest and depreciation costs, capital costs. We have consistently gone back as recently as last November and again as the Minister said in January to talk total cost with the federal administration. We say we're taking those steps at the local level to try to keep hospital care within the reach of the people. There are certain things we can do provincially and we are trying to do them. The Willard Report; a personnel study; a setting up of a standards division, and so on. And the study into alternative care and the resources. The study of waiting lists. Waiting lists have been here since the year one. Did anybody in this province say there was a crisis in hospitalization in 1948 when we had 4.8 beds per thousand in this province? No. No. You got seven in Metro Winnipeg, you got 6.4 across the province in acute beds today. You had .3 chronic beds per thousand in 1958. You've got 1.3 -- one now and when the beds on the drawing board are complete you'll have 1.3. 1.5 is considered a good average; it's what the aim is in other jurisdictions including Great Britain who have been at this for many years. We've tried as we went along to put those safeguards into the scheme, (a) what we operate let's operate it as a first class facility; and this is the kind of facilities that are being created and maintained. And we enjoy, as the Honourable Member for St. Boniface referred to the administrators of this province. They have a lot to contribute. They are

(Mr. Johnson, cont'd)...contributing a fantastic amount to the development of care here. But he who sets the standards, Madam Speaker, he who pays the bill must set the standards, and the standards division is within the organization of the hospital commission recommended by Dr. Willard when he was asked to comment on this, and by other jurisdictions.

But what I'm getting at, waiting lists -- as the First Minister says, at no time has any government in any jurisdiction guaranteed that everybody in the province could go into hospital as and when it might have suited them. Hospital admissions are governed by the physician. A patient can only go in on a doctor's prescription, and can only be discharged on his say so. And it is true that the first thing we found was that the old folks over 65 who could not afford hospital care in the past, were the ones who were in need of long term care. The average person over 65 as we said before requires sixteen days of care in the hospital per year. This is a cost the former Blue Cross Plan, and so on never could pick up nor did. And the waiting lists are always going to be with us. Another thing, we found on one survey that many people were on the waiting lists of many hospitals within the Metro area. So you have to look at this with some compassion. But the administrators of the hospitals, working with the hospital people at the commission stated our prime concern is that when emergencies exist, and when people really have to get into the hospital, the doctor calls it an emergency, it's accepted. We have to do this. We'll have to have slates and elective procedures. We simply could never build -- the alternative is 900,000 beds, and we all crawl in. You've got to have planning and you've got to have the research. And we have this planning, and we have this research going on. Two of the commission members went to the Old Country this last November to examine firsthand some of those patterns that had developed in the hospital field in Great Britain and the Old Country. We have read of these things and we have now talked to these people when they've been here. and now we have seen their work in action. To give background and depth to our own people, to try and come up with this.

And with respect to administration. This hospital scheme, last year I think was 43,280,000, administration came to 1.5. This was something that has been constantly under review by the commission from the day one. A commission in talking of their administrative policies, and premium collection, and so on bring these things to the treasury board and discuss them and have been under the closest scrutiny. You have to think of administration costs in relation to the total, and insofar as coverage is concerned with the municipal guarantee system we have in Manitoba, which is working eminently well, as the members will recall we made those amendments in the Act to make it mandatory for the province to do all the follow-up case work on behalf of the municipalities. They said they'd guarantee if we did this. And they admit they have realized fantastic savings over the old day, under the guarantee system. I think 190 out of 203 municipalities guarantee, and the province serves this purpose in unorganized territories. So that on balance, we do from time to time run into people who refuse to pay a premium. Wherever there was need, this was investigated most carefully, and this House can be assured that in addition to many visits sometimes by the field man on a regional basis talking with the municipal official at the local level before he goes to see the individual concerned, following it up for employees too. Following it up, maybe with a couple of visits, and not laying his charge until he's convinced the person has the resources.

The people of Canada and Manitoba have spoken. They have said hospital costs were of such concern that we had to pool our resources to guarantee ourselves against catastrophic illness. And gentlemen, you have a wonderful scheme in this province. We have hospital facilities that are excellent, and the Member for St. Boniface knows it, he served as a board of trustees at one of the best hospitals in Western Canada. He knows that the standard of care that the Sisters are giving there since the introduction of hospitalization has never been better. Sure we have growing pains. This scheme needs the tender loving care of this House. Certainly it is right to criticize, to ask us what about waiting lists; what about total costs; what about planning and research. These are paramount, and these I can assure the honourable members can be answered. I must say that no scheme -- and let's say as the First Minister said this afternoon -- we're not perfect. This scheme I'm sure is not perfect. The hospital commission welcome the constructive criticism of the administrators of the province who meet with them on a regular basis. Heavens fellows, in addition to the nurses benefits that have been developed, that is, the standard of nursing care and the standard of nurse training, is almost

(Mr. Johnson, cont'd)...unrecognizable today compared to 10, 12 years ago. The Member for St. Boniface knows that. The graduate nurse from this province is a premium nurse in North America. The whole class from General Hospital were offered \$90.00 a month more than Manitoba hospitals or any hospital in Canada was offering on the day they graduated -- down to Stanford or some place. We've had to get into this business to stop this raiding of our bright young girls. We graduate top-notch people. They pay as the Minister has outlined a registration fee and admission which varied quite a bit -- gone up in the last couple of years as they've been getting more and more of an educational process, and less and less the old ward work that they experienced a few years ago.

And the Willard Report. There has been the most detailed attempt to discuss every facet of that Willard report with every hospital concerned. There are 99 hospitals. There are 287 working days in the year. The hospital commission spends two days with each hospital, sometimes three days, besides all the other administrative problems they have. These people have been working and they've been working very hard at bringing about the Willard Report. Certain things have slowed down in certain areas for certain reasons. A local equity problem in the voluntary hospitals is something you can't anticipate at the time of approving the Willard Report. Every trustee that's been in my office says it's important to maintain the local equity in the economy of these hospitals. We've got to find other basis. There's a spirit of co-operativeness talking even with the municipal people at the Winnipeg level and throughout the province in this matter.

Per diem costs, the honourable member mentions. He knows perfectly well the per diem cost is an expression and a method by which the hospital costs are paid. When they figure out the total budgets of the hospital they break it down into a per diem, and we've explained before that's why the hospital budgets of St. Boniface and the General may seem to be inflated towards the country hospitals. I'm sure with the committee the lowest hospital rate paid in Manitoba last year was Gimli. Eleven dollars. That's because the capital has been paid in that instance. There was no capital payments to be made and they were -- it doesn't mean that they're getting less money proportionately to the other fellow. It means the balance. There is this serious attempt. Total costs are a concern to us. They're a concern across Canada. The pattern to follow other than -- of alternative care has been of prime concern. I happened to be at a meeting last November with the other Ministers of Health across Canada talking of this very problem. What is a Nursing Home? What do you mean by a Nursing Home? This is what we're starting to ask ourselves. Housing is as important as hospital beds. In addition to housing you need half-way houses. We're going to build one here in a pilot project. The municipal hospitals are going to construct one. Care services, as the Minister has pointed out, and the Minister of Welfare will have probably something to say about too. This joint venture in bringing together the Health and Welfare resources, in spelling out the needs in this area, finally working and working smoothly, working in co-operation with voluntary association and working with the hospital commission to look after the domiciliary type of patient. And certainly when people are sick they deserve the best. When you and I are real sick, we want a bed -- (Interjection) -- I think we have to keep our perspective here, and this balance of beds referred to by members opposite is very real.

The Member from Neepawa has -- I'll say two things: He brings this up every year and I think he's got every right to do so. He keeps bringing forward this point and it's well taken. But I've kept saying to him that the Willard Report predicated the extension treatment hospital adjacent to the chronic hospital or the acute hospital in rural areas, to prevent duplication of staff, duplication of equipment and that sort of thing, and the Minister of Health has outlined the projects that have been approved and are going forward and more to come, that this has to be balanced with a balance -- even housing is important in this area, and certainly by the hospital board people sitting down with the commission and underlining these needs and the most detailed research is done as to the admission discharge policies and what have you at that time by the commission. I think keeping it one step removed from the Minister's office the formation of the commission was a very wise move in allowing this rapport between the two.

Duplication: The Honourable Member from St. Boniface mentioned duplication of facilities or duplication of effort by the -- possibly the administrators of hospitals and the staff of the hospital commission. This is a matter of real concern to the commission -- duplication of

(Mr. Johnson, cont'd)... facilities. They had laundry studies as have been pointed out to the House a year ago where individual voluntary hospitals when they come in with their building program, the danger of duplication of facilities and equipment is spelled out in detail. I'm sorry the Member for Radisson, Leader of the NDP isn't in his seat. When Concordia were in one time, this is the thing in planning in their hospital. They don't want to put anything in there that's down the street at St. Boniface; that can be done as well there where the facilities can be used more and so on. They don't want to duplicate in other areas. And they're working in the closest harmony with the hospital administrators to prevent this. I think that we have to recognize that the job of the Commission is to maintain that balance of beds that will enable the people of Manitoba to have the standard of care on the one hand that they deserve and the balance of facilities which can only be determined through research.

MR. DESJARDINS: Mr. Chairman, apparently the Honourable Minister of Education counts the time that I discussed things on Health. He resents the fact that I spoke twice on the same subject in the period of two years. I might say to him that I have heard him make the same speech that he's made tonight five times in a row. Now mind you, he invited constructive criticism, this is what we are told, but whenever we try to give constructive criticism they're insulted -- (Interjection) -- Well I can smile, usually when I smile I'm not used to this type of smiling like the people on the other side with a dagger in my other hand. I smile when I feel like smiling. There's not too much to smile about right now. I would say this that the Honourable Minister reminds me of a mother hen. Whenever you come near he's afraid. We are bringing constructive criticism. I stood up and I made it a point to say that I wasn't blaming the government, that I wasn't blaming the commission. He talks about everything, today he brought in all the civil servants, the people who worked in there -- who said anything about them today? I don't remember saying anything. I'm talking about one thing. I agree that we have good nurses here, I've said this also. I've congratulated the people, the medical staff, the nursing profession and so on. I know that we are very fortunate here in Manitoba to have all this. But I don't care how many members of the commission went to Europe. I'm interested to find out what happens when we have a contract that is not fulfilled.

Now the Honourable First Minister said that I'm punching in the dark. Either he's sadly mistaken or some doctors in Manitoba don't know what they are talking about. If the Minister would just hold on a minute -- (Interjection) -- All right, if he'd just hold on, write everything and I can go slow unless you can take shorthand. And remember that nobody's blaming you for this, don't be so touchy. But there is a contract here; there is a contract and we are talking about the policy. I don't care about the chairman of the plan, I don't care about him at all because the policy is your responsibility. I know it's like a teeter-totter, we never know when we are supposed to talk about you or the chairman of the commission. Now I'm talking about policy and the First Minister is wrong when he says that there is a bed for every emergency, even emergency cases. If he's not wrong, there's many doctors in Manitoba who are not telling the truth, because they are saying the exact opposite and we heard from the Honourable Member of the NDP, he talked all night on this, telling you how many doctors had trouble bringing patients there.

It is ridiculous to suggest that we on this side feel that there should be a bed for every person in Manitoba. That is ridiculous. All right, maybe this is the only way, maybe this government is going full speed; but in the meantime, some people who should be in the hospital, who have paid, who have entered a contract with this government are dying at home. And this is what I want to know. What does the government intend to do on this? If you have a compulsory plan, if you force somebody to enter into a contract, well the least you can do is deliver when it's your time to do it. Don't give them a big speech about how wonderful things are, and about two or three members going to Europe to find out what is going on. We don't have to go to Europe for this, we can find out right here in Manitoba. All right, we can find out other things. The Honourable Minister mentioned my honourable friend here, says he's consistent. He's bringing in, he's asking for nursing homes. Wouldn't that help? This is a suggestion. Why is everybody getting so touchy when you're bringing constructive suggestions. Now this government and the Minister of Education when he was Minister of Health, talk about home care. It's his idea, it was one of the first that he mentioned. Remember when you were mentioning we did this, this was a first, the first, the first. This was one of the first and it

(Mr. Desjardins, cont'd)... was a good idea we thought. Well what happened to home care? Is it wrong? If it is, I'd like to know -- oh don't tell me you've been studying it. This I've heard five times. I want to know what's happening to home care because I know that some hospitals are already to vote for this and they want to know why it isn't done. So this is not a criticism of the government because they are not building enough hospitals. This is not a criticism of the members of the board. This is a question that we ask, because we are talking about, how many times did he say, what is his pet -- oh yes, tender loving care. But sometimes to give tender loving care Mr. Chairman you have to be ready to protect it, to make something grow and protect them to look to the future. And this is all I'm asking. Is it so much to ask this; is it so embarrassing that even the First Minister gets in it? I don't even know, we've talked about the cost. The Minister he can make a mistake, he's human, that's not against him. It's right that he hasn't been in this department very long, but he did say that so far we are spending \$1 million to collect \$13 million and if this is wrong we want to know, and if it's right well that's a heck of a price to pay for this; and this is wrong. And then we are talking about administration, and we are talking about the standard of service they can get. We talked about per diem day, but per diem day -- right now you've got all the cost of educating. Shouldn't that be paid by the university? Is that the true per diem day? The people are paying their premiums; they are paying this in the taxes and then -- they are paying more. Is this -- (Interjection) -- just a minute calm down, I'm not quite finished. Is this the right cost, this per diem cost? I want to know the policy on this. I know what the per diem cost is, but should that be charged to the plan? Shouldn't it -- (Interjection) -- I'm asking a question. The Honourable Minister has much more experience. But this is something that we should discuss. If we want the real cost -- we are talking this afternoon about the real costs -- don't hide anything if you use this -- explain -- I'm asking the same thing. I'm asking the same thing. The per diem cost, is that the cost of keeping that room open? Is it the cost of educating different people and so on. Those are two different things and this is what I think we should know. I think that we're entitled to this.

Now we have talked about the standard. I understand that in St. Boniface in the school of nursing they are going to do away with three instructors. Is that going to keep the standard, the good standard that we have in Manitoba. This is what I'm worried about. So far we have been progressing but are we starting to go backward. We are in a critical situation here; it's no use pretending that everything is rosy. We lack money for the hospital and it is costing an awful lot more money. Now what does the government intend to do. We are told that the premium will not go up and I can't see, nobody has come forward to tell us that we will get more money for this plan, nobody will tell us that. Now there's only one thing, we will curtail, we will stop, we will reduce the standard. Now isn't it a fact that the Board this year because they had no money told the hospitals you will stable this or you will have to pay for it yourself. Now did they discuss this with the staff at the hospitals? This is a question I would like to know. This to me is co-ordination. You don't have to go to Europe to find that out -- find out in the hospitals. Find out in the hospitals. Those people are honest people -- they have run a hospital for a long time; they're part of this progress too. You can tell us how wonderful the administrators are of the plan. Granted they are doing a good job but wouldn't they do a much better job if they would co-operate a little bit more with the people running these hospitals now, or don't they deserve any credit at all.

When I'm talking about co-operation lack of duplication, I'm not only talking about laundry services and so on. This is a very important fact. I'm talking about the administrators themselves. I think that a lot of that work can be done at the hospital by the administrators, people who have at heart to make this a good plan too. There's not enough credit going to those people and they're the real backbone of this thing. I think that it is only logical, if this thing is so perfect if it is wrong to talk about it maybe we should skip over the estimate of the Department of Health. Let's not when we try to bring -- we don't know it all either but we're asked to bring constructive criticism, this is what we are doing. And if we mention this this year, it's because in our own humble way we feel that this might help. This is the only reason. This is not a slap in the face or lack of confidence, nobody is suggesting that the Honourable Minister's salary should be reduced to a \$1.00. I appreciate what the, well the new Minister hasn't had too much chance, what the ex-Minister has done. I know how sincere he has been on this and I said this in the past but I still think that it is our duty to bring in constructive criticism and we intend to do so.

MR. JOHNSON: Mr. Chairman, would the Honourable Member from St. Boniface just let me answer something that I would like to get into and my respects to the situation. Every year this has been discussed but my honourable member -- I'm not criticising his right to criticise. This is wonderful. But please, Mr. Chairman, I wish that the home care thing would -- he would become familiar with it. I want to the Honourable Member this, and in short form believe me. In short form.

In 1958 home care came in under a Federal Health Plan for around \$50,000 for an experimental project at the Winnipeg General Hospital, the beginning of Hospital Home Care. Concurrently with that, after that terrible polio epidemic, there were about 38 boys up in Princess Elizabeth all of whom could go home if we could help supplement the family income, if we could put rocking beds into the homes, iron lungs, heavy duty wiring in the homes, lay on maintenance men and so on, and unite these families. Thirty-eight boys were discharged from Princess Elizabeth Hospital. This was called the polio home care program and was run by the Department of Rehabilitation within the government, who were told to go up to a hundred select cases, difficult cases such as this, multiple sclerotics and so on, and different home care situations, supported with the instrument of the Social Allowances Act. This was accomplished.

The Winnipeg General Hospital thing -- we've brought out the federal Minister; we told him about our wonderful program here, which was unique in Canada. He agreed finally to pay half under the hospitalization scheme as an instrument to get people out of hospital and so on, to pay half the administrative costs of the staff involved in this program at that hospital under the university's auspices. That particular program at the Winnipeg General Hospital, I can inform the member, is the most successful hospital-based home care program on the North American continent today, and obviously the other hospitals said, "Well, this is something we should definitely get into." The Hospital Commission then began to discuss the impact of this on the private -- for example, on the practice of medicine. It's both open to private and public patients, and where a patient hasn't resources the Social Allowances Act under the Welfare Minister's Department has been used to assist these people maintained at home, many of whom are a lot sicker than a lot of patients being treated in many hospitals by this type of program, many of whom maintained and visited by their own private physicians, but the concern came to the commission, we can't approve this for every hospital; obviously we'll be duplicating administration, the very thing my honourable friend was talking about earlier, saying we must avoid. So because of the possibility of duplication of hospitals for example grouped together in the medical centre area, all having an administration to run a home care program, heaven's we've got the nucleus. We've got the know-how. We've got care services in the government now as an instrument to help. We've got hospital commissions. Surely we don't have to have too much administration here -- we can sort this thing out. And I think the program he's referring to will probably come to fruition after it's been discussed with the professions involved, and so on.

And then in addition to all this, of course, through care services, as has been announced every year, you have up to what must be well over 300 now -- it was 200 and some odd last year -- cases being maintained at home with medicare and other voluntary agencies assisting under the Welfare Department program. These are home care patients with medical disabilities of various kinds -- quite apart, quite apart from the 200 people placed out of the Selkirk Mental Hospital that he knows quite a bit about with the co-operation of the Canadian Mental Health Association and supported through the Social Allowances Act. So a great deal has gone on in home care and a lot of duplication has been avoided because of the Commission's concern as to where they are going and how far we can go with home care. And I can advise the honourable member that home care is one of the instruments -- is an instrument. None of these things are a cure-all. There's a limit to home care as an instrument of hospital clearance and home care to hospitalization. There's a limit to the number of personal care homes, housing, acute hospital beds and chronic beds, and it's aiming for that happy balance that we're trying to do.

And this is such a complex, technical field, it's extremely difficult to explain all this to a committee such as this during a period of estimates. And certainly the per diem costs are the costs of a hospital. Thirteen million dollars of hospital costs out of the 43 comes out of premium; the rest comes out of the consolidated revenue, as he knows; nursing is traditionally -- some are going into university-type nursing now too; we are growing in that field - but

(Mr. Johnson cont'd) ----- nursing has traditionally been an educational function of in-hospital education.

Research. One is research and one is clinical. How much is on the? Federal health grants are used, university funds. Other funds are funnelled in for research projects in our hospitals, as he knows. But in addition to these research funds the Minister has a committee -- a clinical, scientific advisory committee made up of the top people in this city, and the Hospital Commission consult these people and administrators concerning a procedure. When does research procedure become clinical and an ensured service under the Hospital Commission? And these are looked at most carefully because, as has been brought out, we don't feel that research should be on back to the premium payer except when it's part of hospital services. And there is not an ideal balance here. These things overlap sometimes and it is difficult to sort out, and the budget committee when they receive the budget from the hospitals, of course; this is the time when the trustees bring the budget in and certainly there's always going to be the desire of the administrator concerned and the hospital people to press their case to the maximum, and it's up to the Commission members and the administration of the day to make sure that the public money is spent most judiciously. It is always a bit of a tightrope as to how much is needed and how much is wanted and how much can be given. But the main thing is that if there is contention about 'X' number of nurses being hired and so on, this is the commission's function. They are referred these matters for the closest scrutiny and to look into them.

I just wanted to make those few remarks, Mr. Chairman. I've spoken too much but I did want to point out to the honourable member and to the House that a great deal has been done in many of these fields and he can take some assurance from this.

MR. DESJARDINS: I would certainly like to thank the Honourable Minister for explaining this. I can see that it's worthwhile repeating the same thing two or three times because finally I did hear about home care and I've been trying to get more of this for the last two years, so I certainly thank him for his very good information on this, except that I certainly was not suggesting that we should have duplication. I'm not going to say try to co-ordinate on one hand and then duplicate on the other hand. But I'm very happy to hear that this -- I didn't know that home care has been going that long, so you see it pays to repeat sometimes. You finally get an answer.

But I would suggest that in the last few years we haven't heard too much about that and I know some of the hospitals are -- not worried; they're concerned about it, because they think it's a good idea and they're all ready to go, and I think that, to clear the air let's let them know and let's hear this thing and tell them that if they are going to come into the picture let them know because right now they don't seem to know, and it seems to me after listening to the Honourable Minister that we've accomplished a lot in home care. We can accomplish a lot more. Maybe they've been too busy in other to worry about this, but I think this is the time that maybe we'll make this thing pay. Now that we've had this experience.

MR. S. PETERS (Elmwood): Mr. Chairman, there has been a very serious charge made here by the Honourable Member for St. Boniface. The First Minister, when he was speaking, said that nobody that was in an emergency condition was refused a bed in a hospital. From my own personal experience I believe this to be true. The Honourable Member for St. Boniface made a statement that people are dying at home because they can't get into a hospital. Now this is a very serious charge. I don't want my constituents phoning me tomorrow and saying "What are you doing about this situation? People are dying at home in bed and they can't get into a hospital." I'd like some facts presented to this committee backing these statements up.

MR. DESJARDINS: Mr. Chairman, before this is a boomerang or a snowball, at least I did make the statement -- I want to make it clear -- this business of "people are dying at home" as if they were dying like flies. This is not what I'm trying to -- People are dying at home every day. I did say -- I'm still going, if this is a fact -- I did say that some people because of the lack of beds, and again not through your fault, because of the lack of beds. I'm still going on the contract now, that some people are dying at home -- I repeat this -- some people are dying at home because they can't get in. Now I'm not saying they wouldn't die at the hospital but some doctors tell me they can't get in, and I'm talking about now for the fifth time -- you'll tell me off for speaking on the same thing five times, but it's his fault -- we

(Mr. Desjardins cont'd) have a contract, it's a compulsory contract, and the people are asked to pay. We're ready to jail them if they don't want to pay, and sometimes when it's time to collect, some people can't collect. I'm not suggesting we should build more beds but this is why I'm against this business of compulsory plan and I think this is wrong and I wonder what would happen if one of those people would sue. I wonder what would happen to the government if this would happen. I'm not suggesting now, if your friends phone you, I'm not suggesting that people are dying every day -- nobody can get in the hospitals. This is ridiculous. But it is a fact that we have a waiting list, and it is a fact that some people cannot get in the hospital, and it is a fact that some of those cases are urgent cases, according to some of the doctors I've been speaking to. Some people are at home because they can't get in and they definitely should be in the hospital according to that doctor. I don't judge this. I don't know.

MR. JOHNSON: Mr. Chairman, any case like that should be referred to the

MR. CHAIRMAN: (7) passed.

MR. FROESE: I'm not nearly finished with Item (7). I asked the Minister for budget figures for the coming year and we still haven't got them. The report, the financial report on page 15 referred to a schedule showing the administrative expenses, they're not listed here. There's also supposed to be an exhibit of the surplus of \$367,000.00. We have no definition of that. From the figures that we have given on page 15 we show a deficit of \$108,000.00. Could we have answers to these?

MR. WITNEY: Mr. Chairman, one page 15 the honourable member is looking at the expenses there, the total expenditures of \$41,857,950.04. If he looks in the paragraph just below he sees the administrative expenses for the year amounted to \$1,524,700.58 and that has to be added -- those two figures have to be added together as it is shown in the Exhibit B in the Report, and he will see there when he comes down to expenditures that 41 million 857 etc., adding the administrative schedule, brings the total expenditures to \$43,382,650.62, and if you subtract that from the revenue then you get the surplus of \$367,198.75.

The Honourable Member for St. Boniface asked about the budget. All the hospitals have been notified, with the exception of four small hospitals, of the 1964 rates that will apply. I think it also should be mentioned too that in the letter that was sent by the Hospital Commission to the hospitals in January 23, 1964, they say this; "Should a hospital incur a deficit during 1964, the hospital will be asked to provide the Commission with evidence that a), the deficit arose because of factors beyond the control of the hospital; and b) even though the deficit arose because of uncontrollable causes the hospital has taken all reasonable steps to offset the deficit through the restriction of expenditures in other areas of the budget."

And once more, the Hospital Commission has shown me that all emergency cases are being admitted into the hospitals forthwith.

MR. FROESE: Mr. Chairman, what is the total budget figure for the Hospital Commission for the coming year. In estimates we have \$11,200,000, but the total figure will run into more than probably \$45 million. What is the total figure? And how do we expect to get these revenues? Where are they coming from?

MR. WITNEY: The expenditures for the Hospital Commission for this year are estimated at \$46,058,000.00.

MR. CHAIRMAN: (8) passed

MR. NELSON SHOEMAKER (Gladstone): We get too far on -- (interjection). Yes, I should correct what might be considered as a couple of lazy inaccuracies and I think that perhaps I should make a statement now, because last night I said that the Willard Report, the original one that was tabled -- and this, Mr. Chairman, concerns the Commission -- was larger, was larger than the COMEF Report. It is larger in square inches, Mr. Chairman. I had them weighed today. Took them down to the Post Office, and the COMEF Report weighs (I'm correcting a statement that I made last night) the COMEF Report weighs 7 pounds and 7 ounces -- that's a fair-sized baby -- and the other one is a meagre 5 pounds 13 ounces. But you can see for yourself, Mr. Chairman, that it's nearly as thick and it's half again as long, so it might be a lazy inaccuracy but I thought I should put the record straight in this regard.

MR. PAULLEY: as thick as some people's heads.

MR. M. N. HRYHORCZUK Q.C. (Ethelbert Plains): Including that of the Leader of the NDP, Mr. Chairman.

MR. SHOEMAKER: Mr. Chairman, now I don't think the Honourable Leader of the NDP was thinking about my head at the time. Good. Well, Mr. Chairman, there are a number of questions that are still unanswered. Despite all the talking that's gone on there are quite a few that are still unanswered, and I'm one of those fellows that are -- I'm not satisfied that there is, that the hospitals are bursting at the seams, so to speak. I am not satisfied that that, if it is a fact, that it results from a lack of hospital beds. And this is what I tried to point out last evening. I maintain that there are too many long-stay patients in the chronic beds, and it would be a lot cheaper to get them out of those beds into some type of alternative care -- homes or institutions -- and it's always nice to have a couple of authoritative experts agree with you, and I quoted my honourable friend the Minister of Education who said, and I'm quoting from a strip here "Under the Dome" some time ago and it says, "Dr. Johnson's program builds on the premise which was also incorporated in the legislation to set up the provincial hospital plan that sick people, especially the chronically ill, are not necessarily best cared for in a hospital." And then the Glassco Commission said, too, and I don't -- they'll probably want to deny this, but the Glassco Commission said, and I guess they were referring to Veterans' hospitals: "Today 70 percent of the case load consists of chronic cases or patients needing no more than domiciliary care. Over 6,000 active beds in federal hospitals are not occupied by acute cases, although most communities complain of a shortage of accommodation" That's what the Glassco Commission found.

Then there was some discussion here as to whether or not there was a shortage of nursing staff and the like. T. A. J. Cunnings, quite an authority on this subject, says on this panel "The Crisis of our Crowded Hospitals," and he says, "The limitations as I see them lie not in the amount of capital and operating expenditure which the community of the province can afford," and he has in brackets about thirty-four million last year, "but also in the sharp limitations imposed by the supply of professional personnel. We're all aware," he says -- this is common knowledge apparently -- "we're all aware of the shortage for example in nursing, physiotherapy, lab and similar fields." He says we're all aware that there's a shortage here. And he goes on, same chap, Mr. Cunnings; he goes on. He said, "We all know," this is supposed to be common knowledge too -- "we all know that the main bottlenecks are from the long-stay patients' problems in general hospitals. So you may be interested to know that in 1960, 4.4 percent of the patients in general hospitals stayed thirty days or more. That is a relatively small percentage but it constitutes 25.6 percent of the treatment days for general hospitals in that year." Both of these are supposed to be common knowledge. And then he goes on -- no, Dr. Scatliff talks about -- my honourable friend will understand these terms -- the A & D Committee, the Admissions and Discharged Committees, and he points up that while it's very easy to get a person into a hospital at times, it's a little greater a problem to get him out, and he suggests that the A & D Committees -- and I suppose every hospital has them or they're supposed to have them -- that they're not doing their job. That's what he says. Now that has not been touched on by my honourable friends as yet. This A & D Committee, I'd like to hear his comments on them.

And I would like to know too -- I suggested and Dr. Barager is suggesting too here, that there's a possibility that quite a number of persons go to the hospital by reason of the fact that they get free drugs. How many people are there in the province that probably if they were given free drugs -- I know there's a lot given free drugs under medicare. How many other people are there in the province who might be discouraged from going to a hospital if their expensive drugs were paid for?

Then I would like to know as regards the extended care -- the Minister or the former Minister told us that there had been quite an expansion in the extended treatment beds. Are these all covered under the plan? All of the extended treatment beds in the province. Are they covered under the plan? I would like to know that. Now I was of the impression that the extended treatment beds, the per diem cost of them was much, much less than the chronic beds. And I'm not so sure now, because I understand that in the Assiniboine Hospital in Brandon, for instance, the per diem cost is nearly \$19.00 a day now, and I believe it is considered to be an extended treatment hospital. I note in the annual report -- the pages are not numbered I guess Mr. Chairman, but it's the statement of receipts and disbursements, exhibit C. There doesn't seem to be an item there to indicate the amount of money that was collected for private and

(Mr. Shoemaker cont'd) semi-private ward care. Now my wife has just returned from the hospital, and it cost me \$4.50 a day, I think, for a semi-private ward in addition to what they received from the plan. I understand that 90 percent of that \$4.50 goes to the government and the hospital is allowed to keep 10 percent of it. Well that's what I was told was the case. Then the Minister of Education told us in a kind of a disgusting tone of voice that the federal capital costs were unchanged -- they were \$2,000.00 per bed. Now unchanged as of what date? From the time the plan went into effect, I suppose. Well that's exactly what I thought. So I'm wondering now, Mr. Chairman, what my honourable friend was doing all the time that there was a Conservative Government in Ottawa for five or six years. Surely in that five or six year period he should have been able to get a far better deal, and I'm inclined to ask him as he has asked us on so many occasions, why didn't they do it when? And I agree that there -- and I know that my honourable friend agrees with me -- that there are -- that he would be prepared to extend a lot of these -- make a lot of extensions in the plan if the federal government would match them, and so on. Pardon?

MR. JOHNSON: 50 percent.

MR. SHOEMAKER: Well perhaps, Mr. Chairman, we could have some answers to these. I note with interest what my honourable friend claims that they are doing in the field of home care. I wonder whether this has resulted, whether this project resulted from his trip to England back in September, I guess it was, of 1961, because I have a letter from my very good friend, the Deputy Minister of Public Welfare, and he says that "Dr. Johnson has just left on a trip to Great Britain where a major part of his concern will be to study and review the facilities and resources that are provided for people who are in need of a high degree of nursing care and personal attention, but who don't require acute hospital treatment." Now, you'd think that I had written that sentence there, because this is what I think we should be doing. This is what my very good friend the Deputy Minister of Welfare says that my friend was doing, and I hope that he increases his endeavours in this field.

MR. JOHNSON: Mr. Chairman, I do want to answer the Honourable Member from Neepawa if I may, because he and I have debated this subject since 1958, and the honourable member -- I've referred to the osmotic pressure and rather hoped that it would rise from year to year on the other side so that some of these statements and facts that have been made would sort of settle in. I know if my honourable friend would read Hansard going back a few years, he would find that most of these questions have been answered, and I say this respectfully, because that particular trip that Dr. Malcolmson and I made to look at chronic care confirmed the sort of thing that was being expressed to us locally here by our advisory committee. The Honourable Member from Neepawa remembers in '58, in the summer of '58, when everyone was predicting gloom and doom, and people dying on the streets now that the government was in the hospital business, we called together the hospital administrators, physicians and knowledgeable people in the province, and said, "What single step can the government do to avoid an unending demand for hospital beds?" And the one single step, Mr. Chairman, they said you should do, is "we're seventeen years behind in the field of rehabilitation. Without a concept of rehabilitation you will never build enough beds," and that committee toured Northern United States, Eastern Canada and went all over, and came back and said the most single important step to make immediately is to build a rehabilitation hospital, and to initiate at the university a school of physio and occupational therapy so that you will cut down the days of care of the chronically ill and you will bring new hopes and new concepts of care into the Province of Manitoba where at that time alternative care needs were being met by proprietary nursing homes and voluntary and charitable groups, and in substandard facilities by and large. This was the back door I referred to earlier. And that was pursued vigorously by some of the men that he has mentioned this evening. In fact Mr. Cummings is the administrator of that hospital, and he was also the committee who recommended that we assume the Brandon Hospital, the Assiniboine Hospital, and the old Brandon San, and we called it the Assiniboine and we got into an agreement with the Sisters re the Sanatorium in Winnipeg, and the Clearwater facility, and these tuberculosis beds were freed for the care of the chronically ill. What has happened since '58? Well, the Minister mentioned earlier that, I think it was 1958, there were 438 extended treatment beds, all in Winnipeg; in 1963 there were 904, and the Minister has said with 350 on the drawing board on this regional basis. So I think the member from Neepawa can see

(Mr. Johnson cont'd) that the concept of rehabilitation and the newer concepts of care were just as important really in tackling this on a provincial-wide basis as just settling down and building beds. I might just say that the last costs I heard at the Assiniboine were \$13.00 a day, not \$19.00 as he referred to. It is true that the care and long-term facilities such as that is less than the acute hospital. However, as indicated earlier by the Minister, and I repeat, the balance of beds -- you have got to be careful you don't overbuild in one area and not in the other. I can inform the House that an average bed rating of 6 to 7 beds per 1,000 with say 7 beds per 1,000 in acute care, and about 1.5 beds per thousand in chronic care, is considered a very very excellent balance. Now in Britain when I was there, I found that without bricks and mortar in the old country, they didn't have the dough. It was fantastic. They said, "Don't get into nursing homes as such. Keep up your rehabilitation concepts. Build housing, half-way houses; elderly persons use hostels. Don't build lie down facilities where the folks are out of sight and out of mind with the birds and the bees in the country. Nobody comes to see them; they vegetate out there. Have an active program, because surely our hospitals are for people who require acute care and our people who are sick." And this is precisely what the leaders in the hospital field are saying today. From time to time, especially in the winter months as the members know, when people are anxious to have their elected surgery done, this is when we get the bulge on the hospitals, and it is difficult for the boards and the administrators of the hospitals to schedule their work -- but they do come up and do a marvelous job. But more and more, the concept of rehabilitation has crept in and we have said, and this administration has said time and again, and Willard said it -- if he reads that report, and I commend it to him for bedtime reading, he can put his head on the COMEF and read Willard, and I'm sure that he will grow larger in breadth across the top -- but the interesting thing is that Willard, as he will note in that brief, says that really in a province like Manitoba because of geographical considerations and others; because people prefer not go more than 30 miles to see a relative who may be chronically ill, requiring hospital care; he suggested six pilot projects be proceeded with in connection with the boards of voluntary hospitals at six points in rural Manitoba to see how the extended treatment concept worked.

This was endorsed by all the medical and other people and it I think is the solution. Keep, and on a yearly basis to approve these facilities, extended care units adjacent to the acute hospital and where as in Morden today, as in Dauphin, if the honourable member is ever in those communities I would commend that he go and see the extended treatment units in operation. Here they have taken a team out from the rehab hospital and are working with physiotherapists and the administrations of those hospitals in applying these newer concepts of rehabilitation, occupational physiotherapy, and so on, to the people in these institutions. The whole sole object being the acute hospital and extended treatment unit is where the patient should be when he is acutely ill or as long as he can benefit from care -- not just beds, this is the thing that we tend to get out of contact on.

Below that, there's a variety of things, such as half-way houses, housing units, personal care homes, and so on -- we will probably hear more from when we come to the Minister of Welfare's estimates. But I did want to assure the Honourable Member from Neepawa that this is sort of the history of the thing.

Insofar as our influence with the Federal Government is concerned, during their period -- I certainly am not defending any Federal Government of either party because in both cases they failed to bring mental and tuberculosis care under the auspices of the Plan, although I had high hopes for it when the Royal Commission on Health Services came out, and also on increased capital costs to our hospitals. Actually the Federal Government only pay about 45 percent of our hospital costs because they pay no depreciation on interest; they only pay the straight \$2,000 per bed which came in about '58. It hasn't changed. We match that, of course, as the honourable member knows, and put up to 80 percent of the cost of acute and chronic and rehab facilities.

With respect to semi-private and private, when the hospital scheme came in, the hospitals were asked how they wanted this money handled and I think they retain 50 percent of that; the other half is considered as offset revenue, as the honourable member recalls; and then if you remember, we extended that allowing the hospitals to keep 20 percent on the 50 percent in order to enable them to acquire a little capital towards equipment, which is depreciated

(Mr. Johnson cont'd) at 6½ percent over 16 years on new equipment; and to give them a little working capital for equipment, that extension of the rebate on this extra care was agreed to sometime ago. But again remind honourable members that every hospital receiving benefits under this scheme must maintain half of its beds as standard ward beds and at least 50 percent, and if a patient arrives at the hospital and that patient is an urgent case for admission and there are no standard beds available, the hospital must admit that patient to a private or semi-private bed if it is available, and they're not allowed to make the extra charge. However, many people have semi-private and private coverage and, of course, we're only contracting on standard bed accommodation under the scheme.

However, let us remember that it's this balance of facilities; it's this balance of how much can you accomplish with home care; how much with the extended treatment, extended care facilities, rehabilitation facilities, hostels and housing. These are the classifications of care facilities that we have to build on a balanced basis.

MR. CHAIRMAN: a notice that came to me said there is a horn continually honking, but it has to do with a car outside No. 90350 -- whose car is -- 9D 350 rather, that's where the honking is

MR. PAULLEY: Well Mr. Chairman, I think maybe I'd better start honking here. I've listened with a great deal of interest to the exchanges that have gone on this evening between the Cabinet Ministers opposite and members of the Liberals in Opposition with the question of hospital care and in particular, hospital care for the aged.

Now I had a few remarks that I was going to make on this particular subject in the department of Welfare but seeing Mr. Chairman, as there has been a general discussion at the present time with hospital care for our aged people; and seeing as the Honourable the Minister of Education has just suggested that we should continue to develop care facilities and keep them in balance, I believe he said, with the various facilities, I think that it would be proper and in order for me to make a comment or two on this very important subject, because it appears to me Mr. Chairman from the discussions that have taken place thus far on this aspect of hospitalization, that both the members of the Opposition and the government are approaching the subject entirely from the wrong end -- at least as I have been listening to them it indicates to me that both the member for Gladstone and the Minister of Education will be quite content if we continue a hospital building program, either for -- when I'm using the word "hospital" in this case. I'm applying it to geriatric centres, half-way homes, nursing homes and the like, all inclusive.

I would suggest, Mr. Chairman, that unless we direct our efforts, particularly insofar as the aged or the to-be aged are concerned, that we are always going to have a hospitalization problem in Manitoba for our aged citizens. And where we are falling down in Manitoba, and falling down badly in Manitoba, is not providing the services which are necessary for those who are growing old. If we want to save on the necessity of ever increasing our hospital facilities -- and again I'm using it all inclusive -- for our aged, we've got to re-direct our efforts in Manitoba -- and I would suggest, Mr. Chairman, that this is not peculiar just to Manitoba -- to make as far as humanly possible, is practical, that all of the services at the command of our doctors, our scientists, and our specialists are available to everyone in preventative and diagnostic care. And I would suggest, Mr. Chairman, if the Honourable the Minister of Health were to make a survey of those who are today long-stay patients by virtue of age in our hospitals, he would find the result of his survey, I am sure, that the vast majority of people in this particular situation are people who did not, or could not take advantages of the advancement in modern medical science; people who because of the lack of care over their years have found that their stamina has broken down, their resistance to disease has broken down; that such things as cancer; TB to some degree, although smaller than that of cancer, have not been diagnosed early enough, as it would indeed be, Mr. Chairman, under a proper medical scheme, a health scheme which would diagnose these conditions earlier.

Now today, Mr. Chairman, the Province of Saskatchewan presented a brief to the Senate of Canada dealing with the problems of aging in Canada. I don't know, Mr. Chairman, whether the forward-looking government of the Province of Manitoba is concerned sufficiently with the problem of the aging in Manitoba to submit its recommendation to this committee under the chairmanship of Senator David I would suggest, Mr. Chairman, that if it's not too late

(Mr. Paulley cont'd) that they do so, because as one reads the report, or at least the submission of the Government of Saskatchewan to this committee, I think one can readily understand the proper approach in respect of the necessity of hospitalization as we know it here in Manitoba so far as our aging and our aged are concerned.

And I just want to, Mr. Chairman, read one or two sentences from the report that was submitted by the Honourable Sandy Nicholson at Ottawa this morning. He says in his submission that although we acknowledge the importance of the National Hospital Insurance Plan, we believe that the basic need is to develop a broader program to provide health services for the people of Canada. Such a development is needed in the aged in today's society, of course, but early diagnosis and treatment of the conditions found in the younger age groups today will alleviate, or at least reduce many of the health problems of the aged tomorrow. I suggest, Mr. Chairman, that this is very very pertinent to the discussion that is taking place here tonight.

The brief goes on to say that the health status of the entire nation would be raised. We believe that only a public program with federal financial support can be expected to achieve such a goal. The report says "Prevention of illness in the aged must receive more emphasis. Although much is yet to be learned, even present knowledge and techniques are not being used. The treatment of acute illness suffered by the aged is provided by and under the direction of physicians, but few programs for the prevention of major health hazards have been initiated. Early diagnosis of such diseases as hypertension, diabetes, cardiac failure, kidney diseases, malnutrition and mental depression is quite feasible. The beneficial returns from early diagnosis and its concomitant of early treatment reducing both the duration of illness as well as the possibility of chronicity cannot be doubted," and here, Mr. Chairman, I suggest is the area that we here in the Manitoba House have not explored to any considerable degree.

So I suggest, Mr. Chairman, while we're talking about hospitalization costs; while we're talking about long-stay patients, particularly among the aged here in the Province of Manitoba; while we recognize the need for such today, we're always going to have this problem in the Province of Manitoba if the government does not start taking steps to prevent recurrences in the generations that are growing older today. Even, Mr. Chairman, in the physical fitness program to which we make all too small a contribution, the emphasis in this case has been on fitness for youth instead of those middle aged and upwards.

"The incidence of cancer" -- and I'm reverting once again to the presentation of the Government of Saskatchewan to the Government of Canada -- "the incident of cancer in old people suggest the need for regular examinations in certain age groups for early detection of this disease. To date, health education for the aged has not been systematically developed. Prevention and early diagnosis and treatment are the keynotes to improving the health and welfare of all people. The general health and welfare status of aged persons must be assessed. The family physician is an essential member of the health team and his services are important, but he is not in a position to provide an overall health and social assessment of the elderly individuals' requirements."

So I suggest, Mr. Chairman, as important as it is for us to discuss under the question of hospitalization the ever-increasing problem of provision, and the ever growing financial requirements, I do suggest to the Department of Health, to the Government of Manitoba, that you may be able to a considerable degree offset the necessity for the ever-increasing costs in the future by doubling your program in the field of preventative medicine and by making sure that not only those who are financially indigent but all of the population of Manitoba have, as I said the other day, available to them all of the advances that have been made in the field of medical science over the past few years.

MR. FROESE: Mr. Chairman, I'd like to come back to the question that I put to the Minister earlier. I want to thank him that he gave me the answer finally on the total amount that we are going to spend on the Hospital Commission as being \$46 million. I note that we have \$11 million provided for in the estimates. I wonder if he could now tell me the amount that we expect to get from premium income from registrants and also the contributions from the Federal Government under this plan, so that we will have the figures that will give us the total of \$46 million.

MR. CAMPBELL: Mr. Chairman, a few minutes ago the Honourable the Member for Rhineland said that he was far from being through with these questions. I haven't even started

(Mr. Campbell cont'd) yet, and I'm just going to ask one question, or make one suggestion to the Minister, and I am aware that constitutionally I should have raised it on the Attorney-General's estimates rather than here but I purposely left it until hospitals were under discussion because I want to appeal to the new Minister that he gives some consideration to this. My honourable friend the new Minister is not burdened by those professional attitudes that the former Minister of Health is afflicted with, or the Honourable the Attorney-General, and I think he would be more likely to give reasonable consideration to the request that I have to make.

I mention it under hospitals because I think that this is where the cases that I'm talking about come to, and it no doubt goes back to the question of coroners but because of the fact that many accident victims land up at the hospitals, I want to ask the Minister if he won't look into the situation by which, particularly with children, the people at the hospital are compelled to get the nearest relative, which frequently turns out to be the mother, to enter into an actual identification of the victim, and sometimes, in my opinion, this is inhumane. I know that it's only right when people are killed that the law must be pretty careful to be sure that their identity is established, and this is a sound principle of course, but you can get these sound principles carried to extremes, and when that sound principle is carried to the extreme that they compel the hospital authorities to, in turn, compel the attendance of the nearest relative in order to identify the body of a child that has been very very badly disfigured in an accident, this just isn't humane, and I'm aware of this question because I had the experience of having one daughter and several nieces and many other young ladies who were in classes at the same time, most of whom graduated into the children's work, and I know what those nurses go through, and the hospital staffs, and particularly the parents when this rule is enforced in a non-sympathetic manner. Now I don't know whether it's because of exceedingly onerous restrictions by the coroner; I don't know whether it's because of the fact that the police take an arbitrary stand in the matter; but whatever the reason is, I do know that we ought to ameliorate this situation and make provision where, in the case of children in particular, that such matters as someone else identifying the, or, if it has to be in the case of a badly disfigured youngster, it if has to be the mother particularly, for goodness sake, surely they could identify them by the clothing or something of that kind.

Now I don't think this is a problem of the Minister that actually belongs to him; I think it belongs primarily in the Attorney-General's Department. I don't expect an answer now, but I do suggest to the Minister that he look at it from the point of view of hospital administration, because the most of them land there ultimately and it's these accident cases I'm speaking of, and particularly the badly disfigured.

MR. WITNEY: Mr. Chairman, if I might just answer the questions of the Honourable Member for Rhineland. He asked for the contributions from the Government of Canada estimated for '64. They are about \$19,500,000; the province contributions are listed in the estimates as \$11,201,000; and the rest of the money will come from the premium collections.

I think that he also asked about the money that was being collected by the municipal groups. In 1963 the money collected by the municipal groups was \$4,900,000 or roughly \$5 million, in round figures.

And for the comments of the Honourable Member for Lakeside, yes, I will be prepared to -- I don't know what the situation is at the present time but I certainly will be prepared to talk it over with the hospitals.

MR. CHAIRMAN: 7 passed, 8 passed, 9 passed, 10 passed, 11 passed, 12 passed, 13 passed, 14 passed.

MR. ARTHUR E. WRIGHT (Seven Oaks) Mr. Chairman, I take it we're under Emergency Transportation? \$6,500, Mr. Chairman. I'd like to -- I tried twice in this House to have the House consider an air ambulance for the province, but to no avail. Now I'd like to say something about emergency transportation for the province in general, outside of air ambulance

Sixty-five hundred dollars seems a pitiful amount of money and I take it that emergency service would -- I don't really know what it means, perhaps the Minister will be good enough to explain it later on. But when I see in the estimates of Saskatchewan that \$209,000 is provided each year for air ambulance, I'm dismayed.

This morning we had occasion to take great pride in our two government-owned utilities,

(Mr. Wright cont'd) the Telephone System and the Hydro, and it made me wonder why we couldn't have something to take care of people who are injured, on a government owned basis.

At the present time, Mr. Chairman, the public are not satisfied with the present set-up of ambulance service, either in the metro area or in the province. When we spill a little fat on the electric stove, all you have to do is go to the phone, or pull the alarm and you can half a million dollars worth of equipment outside your front door in a couple of minutes, but if anybody is hemorrhaging on the street, it is not so easy. This is the hard thing for me to understand. Sometimes it takes half an hour before you can get people who are suffering severe hemorrhage to the hospital, because I've seen it. Major-General Worthington said two or three years ago in Saturday Night that if the army handled its wounded the way we treat our civilians, that they would have lost the war.

Now what are our 1964 emergencies, because I think we have a little horse and buggy thinking here. For instance, accidents on the highway today at the speed that people are traveling, there are in many cases very horrible and serious accidents. Many cases involve brain surgery, and I understand they only have two hospitals in the Greater Winnipeg area that do brain surgery. I recall, and I'm throwing this out tonight in all sincerity for something to think about because I want to take a new approach to this. A few years ago, bicycle licences for children were a problem. We used to have our children going down to the old City Hall to buy a 50 cent bicycle licence, through all of the traffic, and many of these kiddies couldn't even ride the bicycle for which they wanted the licence. I made the suggestion to the late James Black, who was Chairman of the Health Committee of Winnipeg, that why not sell the bicycle licences at the Fire Halls? The firemen would be tickled to death to see the kids come in there and they could be issued there. From this idea came the one that is in use now where the children can go to the nearest firehall to purchase their licenses. So I'm throwing this out with the same spirit.

Well, the Manitoba Hospital Service Plan was certainly a step in the right direction. You have a feeling of real security in this Plan, where I submit if you're injured badly on the highway or within the city, it's good if you're lucky enough to get there. Many people do not arrive in time for the hospital. My colleague from St. John's pointed out in his speech earlier in this session, that some of the problems in the metropolitan area -- civil defence, for instance, where we have a plan where the Federal Government pays 75 percent, the province 15 percent, and the Metro authorities 10 percent, and even at that we haven't figured out a proper system of handling emergencies, should one arise.

We have no organized ambulance service to take care of emergencies in this province, and I submit of \$6,500 is very meagre amount indeed. It certainly can't depict any organized attempt at handling emergencies. And I know it's been said before when I moved the resolution of province-wide air ambulance similar to Saskatchewan, that people are good hearted, that you can always get somebody in a plane to fly them in, and I know that this is true, but I want to ask the question: How many adequately equipped ambulances do we have in this province, adequately equipped with oxygen similar to the ones in Saskatchewan, planes that are desinged for low landing speeds? I don't think we have any. We still, Mr. Chairman, see the Mounted Police cars by the side of the highway in severe accidents, watching people suffer with severe hemorrhage while the ambulance comes from Winnipeg 20 or 30 miles. I had occasion to see this out near Steinbach one day. For half an hour they waited. I have submitted to our municipal council many, many times, that why buy all cruiser cars, and my colleague from St. John's also said this. Why do we keep insisting on buying cruiser cars when we could have at least one of them equipped. Even a station wagon is able to take people with a broken limb to hospital. But it looks so helpless and so hopeless to see these trained policement standing their with their cruiser cars waiting for ambulances. And I think it is time we took a look at the human part of the thing. If we can get all of this equipment, and all these people with such fine training to come to the house in case of a chimney fire, or a minor thing, why do we not attach more importance to human life? Why shouldn't we be able to in time of emergency have an ambulance come from the nearest fire hall to take care of severe injury or accident? And I throw this out for something to think about.

Oh, I know that there's no great cry from the public, because they cry more about their taxes and real property than they do about these sort of things, because most people take the

(Mr. Wright cont'd) attitude that it can't happen to me. But I submit in 1964 we should give more thought to the care of people who are being injured in these horrible automobile accidents, and I would love to see the day when we do. We are having committees, Mr. Chairman, studying everything from the dental health of the province to shared services for education, and these are good, but I would like to see the day when we set up a committee to sincerely study this problem of accidents on the highways with the view of getting some organization that can take care of people who are critically injured.

MR. WITNEY: Mr. Chairman, I might just mention that there has been an Ambulance Service Committee set up under the Manitoba Health Council by the previous Minister, and they have already thoroughly canvassed through questionnaires all of the hospitals in the rural parts of the province, and through the RCMP had other information forwarded to them. From the information that they got they found that in some areas hospitals felt that the ambulance service was adequate, others felt it was inadequate, and some had no definite impression to make. So the committee decided to go out into the country to pursue their questioning on the ambulance problem with hospital officials, civic officials and others that might be interested, and as recently as February 4th they were in -- I believe it was Morris -- the Towns of Morris and Emerson to discuss this possibility.

In the meantime there are studies going on here in Winnipeg through the Commission to determine the exact situation here. The members who are operating on that committee are the Chairman of the Hospital Commission and Mr. W. W. Devine, F. P. Doyle, Dr. Doyle, Dr. DuVal, D. R. Oakley, T. W. Pentland, Dr. Thorlakson and Mr. McCaffrey. So the study is being made at the present time through the Manitoba Hospital Commission -- I am sorry through the Manitoba Health Council and I am awaiting their final report.

MR. WRIGHT: Mr. Chairman, would it be a good idea to get some of this into the report every year? I mean this is information; this is good, I'm glad to hear the Minister say that but I would submit that next year we get some of this information into the Annual Report, because we have no way of knowing this. It is only by asking questions that we bring this -- and I suggest that the government quit hiding its light under a bushel, if this is the proper term, because I think that this would perhaps speed up the estimates too, if we get more information.

MR. CHAIRMAN: 13 passed, 14 passed, 15 passed, 16 passed, 17 passed, 18 passed, 19 passed, Resolution 53 passed, Resolution 54 passed

MR. CAMPBELL: Mr. Chairman, could we have an explanation of it?

MR. WITNEY: It is, Mr. Chairman, for such matters as equipment for the Mental Hospital at Brandon; for relocation of such matters as the farm granary at the Mental Hospital at Brandon; a dishwasher in the main building; and such matters as coffee urns, and a steam thermostatic control major equipment. It is also for main buildings; for building of administrative space in the Selkirk Hospital; some alterations to the farm at the Selkirk Hospital; and in general to kitchen equipment and kitchen upgrading and some improvements in the doctor's residence, etc.; and also for some items with respect to the farm at Portage la Prairie; and also some new equipment for the new buildings in the Portage la Prairie.

MR. CHAIRMAN: Department of Mines and Natural Resources.

MR. DESJARDINS: Mr. Chairman, before we completely leave this department, will the Minister give the information. He was waiting for the information to see if this was the right figure, that we spent \$1 million to collect \$13 million, and he was going to give the cost of collecting the third party recovery, or will we get this later on?

MR. WITNEY: Mr. Chairman, the computations that I made in the last moment of \$1 million are definitely wrong; and the computations that the member asked for might be rather difficult to give because in the administration costs -- I believe he has a copy of the report there -- the administration costs show the salaries and office equipment, etc. etc. I will have to determine whether or not it can be broken down. With respect to the cost of collecting of third parties, yes the information can be obtained.

MR. CHAIRMAN: Department IX

MR. ROBLIN: Mr. Chairman, I think I've already informed the committee we shall not be proceeding with Mines and Resources in this order. We will proceed with the next department after Mines.

MR. WITNEY: Mr. Chairman, may I just move, as I did not in the beginning a vote of

(Mr. Witney cont'd) thanks to the staff of the Department of Health who have taken a new Minister under their wing, and have served him very well during the period that he has been Minister, and have also served the department extremely well during the past time that the estimates were considered.

MR. CHAIRMAN: Department X - Public Utilities. 1. Administration.

MR. STEINKOPF: Mr. Chairman, I hate to disappoint my friends but maybe I'll not disappoint them, but it is not my intention to make a speech or a statement. The Department of Public Utilities takes up very little space on page 21 of the estimates. This might not tell the whole story but there is, as you know, very much that goes on behind these four little paragraphs that look innocent enough in themselves. Much has been said in this House in relation to the responsibility of the Minister and the government in connection with the operation of the utilities. It is my intention to answer all questions that I possibly can, those that I can't I will certainly get the answers or try to get the answers for just as quickly and effectively as I can.

I too, would like to express my thanks to all the people in the department and there are many of them, for taking me under their wing, a new Minister who is still learning what many of the departments functions are, there are many boards as you know, some of them are on a volunteer basis, such as the Traffic and Co-ordination Board, and to the people on that board I want to express my appreciation for the excellent work that they are doing and have done. It will be of interest I think to the honourable members to know that we are working on a complete revision of The Highway Traffic Act; that I hope to have that ready by the end of this year. This is as you know, a very important Act and one that conditions make it so that it requires constant revision and amendment. It's pretty hard to keep it up-to-date. There will be presented to this House, within the next few days, some amendments which will speak for themselves. Some of the good work that has been done over the years must be attributed to the personnel, to the civil servants who work very hard, I think it would be remiss if I did not mention one in particular, and to pay a tribute to Bob Baillie who did so much in setting up the matters under The Highway Traffic Act and the various bodies and boards that work under them.

It will be the intention of the department this year to expand the Driver Training areas and when we come to these departments I'm sure that I'll be given the opportunity to go into more detail on our plans in this connection and any other ones. And with that rather brief statement, I'll be very happy to go over the department and answer any questions that I can.

MR. LEONARD BARKMAN (Carillon): Mr. Chairman, I'd like to take this opportunity of congratulating the Minister on his new position and I would also like to thank him for the remarks he made in regard to our Manitoba Hydro and the Manitoba Telephone System, and of course, the other departments, such as the Public Utilities Board, Censor Board, and certainly the Motor Vehicle Branch. I certainly agree that there are a lot of fine people concerned with these utilities and they certainly deserve mentioning. I couldn't help but think, and I think this is the time to pay tribute and respect to the late Mr. Gange, who I had the opportunity to get to know fairly well, I certainly thought the world of him and I'm sure that your department had very many years of excellent service from him. Also I would like to take this opportunity in thanking the two chairmen of the two bigger boards of the Hydro and the Telephone System and congratulate them on doing a fine work.

In fact, public relations today are becoming more important to all of us than ever before. I feel certain that these corporations or utilities are very much aware of this. They have shown that in the past and this is definitely true today. However, I would like to remind the Honourable Minister and also the chairmen of these various boards, that there is always a tendency for public-owned utilities especially, such as these, and I'm specifically referring to our Telephone System, that we should be very careful not to feel complacent or completely satisfied that all that has been done, has not yet really been done, and thereby break the record of public relations that Manitoba has enjoyed, all these utilities have enjoyed for so many years.

This may not be the place to make mention of minor incidents, but I personally talked to an employee of the Telephone Company the other day, and asked him if a certain phone -- and this happened to be for the Town of Steinbach -- could be switched from one building to another, as soon as possible, and to make the story short, his answer was, "in about eight days." Mr.

(Mr. Barkman cont'd) Chairman, this was a job of approximately half an hour because both buildings were wired and only a switch was necessary, or needed. Let that be judged for what it is, but what kind of maybe peeved me more than anything was when I pleaded with this party that this was an important job and it should be done in as much a hurry as possible, they had also involved our public utilities building for the Town of Steinbach, we would appreciate a little co-operation; and his final answer to me was this, "you must remember we hold a monopoly on this thing." I will gladly give you the name, but my purpose in mentioning this is not to try and dig out any one individual. If this type of thing hadn't happened three times in a row possibly it would be too small to mention here tonight. The Town of Steinbach and the whole council was disgusted you might say and even a little bit upset, so we drafted a resolution by the town itself, stating that we were experiencing difficulties in obtaining prompt and efficient service from the Manitoba Telephone System. This was done on last November 6th, 1963, and mailed to the Honourable Minister of Public Utilities with a copy to the Commissioner of the Telephone System. We received a prompt answer from the Deputy Minister on November 8th, 1963 stating that he had referred the letter to the Commissioner and as soon as they received his comments they would let us know. Mr. Chairman, the Town of Steinbach still has no answer to this day -- over four months ago. Maybe I'm a little bit lengthy on this, but I want to get my point across, that we should keep up our public relations and perhaps this is doubly so in any public-owned utility. Mr. Chairman, I'm certainly not suggesting a Royal Commission on this problem, just a little bit more good public relations.

Now in regard to extending the Telephone System in part of my constituency in the Grunthal, Parkfield, Sarto and Pansy area, I only want to touch on it briefly, because I brought part of it up last year. Definitely we are very thankful for the addition of this part of South Eastern Manitoba, the addition of lines of course, but I certainly hope it is still the intention of the Department to eventually tie in all of us, including the Niverville, Kleefeld, Portage and Steinbach area to this telephone exchange. I agree that a territory can get too large or it can reach a point where it may just outlive itself, but I believe that the board is aware of the original negotiations that took place regarding the keeping of these ethnic groups together in these areas by giving them the opportunity of being under one exchange. So I do hope that in due time consideration will be given in this matter.

While I realize that a lot has been said about party lines, I believe I have to bring it up again, mainly of course, too many people on one line. I feel this thing is getting worse instead of better. Even if the same percentage of rural telephones existed -- and we realize and appreciate that our 313,000 telephones were installed last year and possibly quite a few more by now -- rural Manitoba still has reason to cry out about the poor set-up for subscribers of party lines. In fact, if a party line subscriber had to inform the Honourable Minister about his troubles by phone, it would probably be months before he would hear from these people.

I ask the Honourable Minister, or any member of the Board for that matter, to be on one of these lines for one day, never mind ten years or a whole lifetime. I believe the right attitude was displayed by the Manitoba Hydro when they gave complete undiscriminated service to all of rural Manitoba. I believe this should also be the attitude of the Manitoba Telephone System. Today hydro service and telephones are a necessity for keeping rural and urban life united. Mr. Chairman, this situation is becoming very serious and nearly unbearable. I know some people feel they would be better off to be without a phone than carry on this way. Yes, we could say to our subscribers do this but naturally we know that this is not the solution. In my constituency, and I'm sure this exists in many areas, and this particular case that I shall refer to there are up to 13 subscribers on one line consisting of nearly 90 person. This is including the whole families. Now surely this is not going to encourage farm life. I should possibly add where these 90 people or 13 subscribers exist, this is within an area of one mile, and another 150 or 200 people live within the same one mile area. Maybe, maybe we are too anxious to show a profit on these rural lines and forget the importance of a decent telephone service, and the important role this utility is to these people. These people depend on this utility, socially, economically, and for their protection, and we all know for many more reasons. In plain words, they raise or modernize the standards of living for these people who are fortunate enough to live in the country. Well, Mr. Chairman, I am possibly belabouring this point, but I do hope that since we have a new Minister in this department he will also take a new look at the situation.

(Mr. Barkman cont'd)

I'd like to just for a moment go way now from my constituency, I read in the Deloraine Times and Star of the March 12th issue, and the editor quotes: "Phone facilities appalling." And I quote as he writes: "First of all, I would like to remind the Manitoba Telephone System that the people of this province own that utility. Secondly, we would be prone to believe that a public utility should work for and on behalf of the people," and he goes on, in a letter directed to the Deloraine Chamber of Commerce, one writer from the Telephone System makes this remarkable statement, and this is what the writer says. "The situation there," he's referring to Deloraine, "is quite similar to requests that have come from time to time from other parts of the province, when an extended area service between contiguous exchanges is sought to include neighbouring areas not only with the object of eliminating authorized long distance charges, but also with the object of enlarging the business and social influences." And then the editor goes on to say: "We have no doubt in our mind that similar requests have been made and well they should have been. Any area that is jammed between other phone areas with little or no regard for the area concerned, should complain bitterly." Well this just proves to us that there is a lot of work left to be done in Manitoba, and I hope we do not rest on our laurels before we have this work more fully completed.

Going now to the direct telephone lines to Winnipeg from various urban centres, thinking along the lines of helping a lot of these so-called small businesses in the country, would it not be possible for the Manitoba Telephone System to consider lower rates for the sake of encouraging industry in outside Metro Winnipeg areas, I wish this could be considered by your department. I notice, and I'll go on to a different department, I think I've tried to make my point clear on this, I notice that under the Water Utilities, that rates have been set for 20 more municipalities, and 12 applications involving operating deficits were processed. I hope that the government will keep on giving the municipalities this help in the future. It is very essential that a municipality be given help during the first few years of its operation. Possibly some municipalities find it easier than the Town of Steinbach to show a surplus, but I know it is no easy task to hold up this department on a paying basis. I know that this is especially true when large extensions of water and sewer have to be made every year. I want to bring up a few more items under the Motor Vehicle Branch when we get to it. At this time, I'm not sure if I'm correct on this, but I understand that as far as the Centennial deliberations are concerned, that this will be handled by your department and I wish the Minister could elaborate on some of the plans in this regard. There's a very high interest in the country as I'm sure there is in the cities as well, and if there are any plans available in this regard or any suggestions I wish the Minister would elaborate on them.

MR. PAULLEY: Mr. Chairman, just before the Minister replies to the Member for Carillon, I would to say a word or two. I think it's only proper for me to do so. I want to wish him as I think I've done personally and privately, the very best in his short tenure that he will have, because I'm sure that before ere too long the government will be removed, but in the meantime, however, I want to wish the Honourable the Minister of Public Utilities well.

I want to join with the honourable member who has just spoken in a tribute in general to all of the staff of our public utilities in the Province of Manitoba. You know Mr. Speaker, we of the New Democratic Party and our predecessor, the CCF Party in Manitoba and across Canada as far as that is concerned, have been always the party who has advocated public-ownership of our utilities. I think though, I should pay a tribute to an old, old conservative, not my honourable friend the Minister, Mr. Chairman, but a previous Premier of the Province of Manitoba and I don't want to butter his grandson up, when I say that the people of Manitoba owe a debt of gratitude to Sir Rodmond Roblin, who started the Manitoba Telephone System as a public utility here in the Province of Manitoba. It isn't very often I do things like this Mr. Chairman, but indeed it was a pleasure today as we listened in the Committee of Public Utilities and Natural Resources, to the figures that were presented to us by the management of the Telephone Company to be able to see and to be shown that because of the fact that the telephone utility in the Province of Manitoba was under public-ownership, that we had the lowest rates in Canada companioned with the Province of Saskatchewan who also have their telephone system publicly-owned.

(Mr. Paulley cont'd)

Now I know as the honourable member who has just spoken, that there are times when criticisms can be offered at the individuals charged with responsibility in our publicly-owned utilities, but I think this is just a human error, a human failure, and certainly does not reflect on the utility as a whole. So I say, Mr. Chairman, that we are proud of the fact that we have in Manitoba, the Manitoba Telephone System which is a publicly-owned utility. We are also proud of the fact that now in the Province of Manitoba almost, entirely so, that the development of Hydro Power is a publicly-owned utility. And this Mr. Chairman, took a long fight and a hard fight by members who preceded me in this Legislature who have the same ideology as I have. Now Mr. Chairman, I'm looking right across at the Honourable Member for Wellington who every year -- so far not this year -- tangles with me insofar as my ideology and philosophy are concerned -- and I note that my honourable friend is smiling, I don't know whether he's shaking his head in agreement, or disagreement -- but I'm sure that even my honourable friend from Wellington who so often enjoys standing up in this House and berating myself, not as an individual but for what I stand for, I'm sure that tonight Mr. Chairman, he's agreeing with me, that it is a good thing for the Province of Manitoba that the development of electrical energy is under a publicly-owned corporation. And in committee, I believe my honourable friend, again from Wellington, prodded, if indeed prodding was necessary, the management of the Hydro Commission to establish that because we have -- or maybe I should say despite we have -- a publicly-owned hydro utility that our rates were among the lowest in the whole of the Dominion of Canada. Of course, Mr. Chairman, this is tempered, that is the level of rates is tempered, also that the good Lord blessed us here in the Province of Manitoba with the availability of one of the cheapest sources of electrical energy that it is possible at least up until this time. Taking one in conjunction with the other we're pleased with the operation of our publicly-owned utilities here in Manitoba.

So I want to say to the new Minister as he starts out, this is the first time that he is going to have to answer -- and I believe Mr. Chairman, that he is capable of answering despite some reservations in some quarters in the House as to the operation of the utilities under his direction -- so I say to my honourable friend, it's his first occasion of meeting the Legislature as a Minister; good luck to you Sir. And I hope that as a former free enterpriser, guiding the public utilities that are so valuable to the people of Manitoba, I wish you every luck, and my wish to you, Sir, is that you expand the necessary public utilities in the Province of Manitoba that are under public ownership. I'm sure my honourable friend knows what particular public utility I have in mind at the present time.

Now, Mr. Chairman, I will have as we go into the estimates of the department section by section other questions that I'm going to ask my honourable friend. I particularly am going to ask him in respect of the burial of the dead. I am going to ask him in respect of our Censor Board, as to whether or not we should have some lively pictures in Manitoba as against the burial of the dead. I suggest, Mr. Chairman, that the individual who is the responsible Minister for the public utilities has a wide scope of activities, so I will reserve, Mr. Chairman, other comments until such time as we get down to the items in detail.

Meantime, may I reiterate once again, best wishes Maitland Steinkopf the Honourable Member for River Heights, the Minister of Public Utilities and all your staff.

MR. EVANS: Mr. Chairman, I move the committee rise.

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

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

MR. W.G. MARTIN (St. Matthews): Madam Speaker, I beg to move, seconded by the Honourable Member for Springfield, the report of the Committee be received.

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

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

Madam Speaker presented the motion and after a voice vote declared the motion carried and the House adjourned until 2:30 Friday afternoon.