THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 o'clock, Monday, May 5, 1969

MR. CHAIRMAN: I should like to direct the attention of the Honourable Members to the gallery where there are 21 members of the 24th Cub Pack under the direction of Mrs. Miguez. These cubs are from the constituency of the Honourable Member of St. James.

There are also 25 boys from Christ the King Boy Scouts under the direction of Mr. J. Mager, W. Thiberge and Mr. Lemieux. This school is located in the constituency of the Honourable Minister of Youth and Education and I think the boys are also here as guests of the Leader of the Official Opposition.

There are also three Grade 9 students from the class of the Honourable Member for Burrows at River Heights School, Cathy Goldring, Bill Trott and Ron Arnason. These students obtained the highest marks in their class on the second term examinations. This school is located in the constituency of the Honourable the Minister of Industry and Commerce.

On behalf of all the Honourable Members of the Legislative Assembly, I welcome you all here this evening.

Is the Honourable Member for Churchill coming?

MR. PAULLEY: I'm sure that he will be here, Mr. Chairman, but possibly the Honourable the Minister of Corrections might start his oration, and I'm sure that the Member for Churchill will act a little later.

MR. CHAIRMAN: Maybe some of the members could go out and track him down. Then he could be here....

MR. JOHNSON: I look forward to further contributions from the Member from Churchill. Just briefly, though, to the Member for Elmwood, I would say that the matter of visiting in jails on a conjugal basis is very controversial. He raised that today and the answer would seem to be day parole, which is probably a better solution to it and I doubt whether it in any way relates to the relief of the homosexual problems to which he referred this afternoon. Obviously the answer is the potential identification of such offenders and my understanding is that there are no real accurate figures on this in correctional institutions but it's a problem that has to be dealt with.

With respect to the Manitoba Home for Boys, the capacity is 90. Of course, this is the facility where offenders, young boys, are placed as a last resort. The vast majority proceed on probation while living in their own homes or foster homes. I mentioned the training programs earlier during this debate and the program for training of correction officers which is under way on quite a large scale at this time.

These are the questions which came up this afternoon. I think it was interesting to hear from the Member from Churchill. Certainly his comments are noted and were something I found most interesting.

MR. PAULLEY: Mr. Chairman, I wonder if the Honourable Minister would permit just a brief interjection into his remarks. I note that he did recognize the points raised by the Honourable Member for Elmwood and, if I understood the Honourable Member for Elmwood correctly, he was talking of the question of investigation and compiling statistics on the subject matter of which he was speaking. The Honourable Minister has just mentioned that, as far as he is aware at the present time, there has been no compilation of statistics - or if I did not understand him correctly, I think he said something that investigations should be made or will be made. I wonder if the Honourable Minister can indicate, for the benefit of my colleague for Elmwood, and indeed for all of us, that some investigations of substance will be made into the incident and the numbers of personnel such as those mentioned by my colleague from Elmwood.

MR. JOHNSON: Well, Mr. Chairman, the department advise me there are no accurate figures on homosexuals within correctional institutions but the answer is the potential identification of these people and segregation within the institution, and we think the only way we could approach this is part of our total approach and plan now anyway, and that is to approach the problem and come into the institution on a case basis, much as you do admitting a patient to the hospital or into a medical instituion of different kinds, namely, adopt a case approach and evaluate them as you would a patient, and I think only on this basis could we get anything very reliable, but it is a continuing problem and one as old as time. -- (Interjection) -- Yes. I almost got up today and said if my honourable friend had been at sea for four years as I was, he may have further background on this matter but....

MR. PAULLEY: My only point, Mr. Chairman, if I may say to my honourable friend -

(MR. PAULLEY cont'd.).... and I'm happy to be able to call him a friend; we poured tea together over at Ste. Amant yesterday - can we have some assurance that his department and his staff, even though they haven't had the opportunity thus far, of establishing some figures of incidents - and I can appreciate this - that we can have some assurance from the Minister. He admits that the facts are not there at the present time. It should be investigated, if I understand him correctly. Can we have some assurance that as quickly as possible his staff will try to compile figures in order that my colleague and others will have this information?

MR. FOX: I would like to direct a few questions to the Minister. At the beginning, when we were under the Minister's salary, I mentioned a brief of the Citizens' Correction Committee and they had a number of points in respect to corrections that they mentioned. I'm just wondering whether the Minister, now that he's had time to consider, has given any thought to the four items that they mentioned; that is, the province taking over the operation of the jail facility in the Winnipeg Public Safety Building and staffing it with trained correction officers of the Department of Health and Service; that all remand prisoners be removed from adult detention homes from the Headingley Correctional Institution; that the staff and the space freed at Headingley be devoted to a more intensive correctional program for inmates, and fourth, that the space freed at Vaughan Street be remodelled as a day parole centre. I think these are excellent suggestions and I would like to have a reply from the Minister on this point.

The other item I'd like under this item is a reply from the Minister as to what case load his correctional officers are carrying these days - an approximation. I am led to believe that it is more than normal. I am informed that around 25 is about an average case load that they should be carrying. I'm told that they are now, most of them, carrying 40, 50 and even as high as 60, some of them. I would like to hear from the Minister on these points.

MR. JOHNSON: Mr. Speaker, I'm not sure of the exact case load, but I can obtain that from the honourable member. I think we are more concerned with developing a program than taking over institutions - that's our feeling in this whole matter of corrections, and I think there are some good points .... chance I've had to discuss that particular brief with my department. I think they were concerned about not average occupancy rate, but maximum, and the length of time sometimes people are held on remand - possibly that facility is not quite the full answer; and whether that particular facility for our purposes would meet the human need of our people at this time, I'm not prepared to say; but overcrowding, the total occupancy really which is the point that is the basis of this brief, is something that we would like to talk to them about further because we don't quite share all those particular views. I know they are very reasonable and they're very interested and it sounded like a very commendable idea on the surface, but there are problems involved and we'll be continuing to look at these matters.

MR. CHAIRMAN: 2 (a)--passed - the Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, what about the report on jails? In past years we received a report. Is there none available this year?

MR. JOHNSON: I checked with my staff, and while they haven't usually submitted an Annual Report there has been a statement, I believe, a summary of the occupancy and so on, and as soon as this is ready I'll distribute it to the honourable members.

MR. PHILIP PETURSSON (Wellington): Mr. Chairman, I have come across some charges made in the Free Press that dates back to February of this year, about jails and the conditions of jails and the operation of them, which I would like to present and ask the Minister kindly to, if he can or if he has the answers, provide us with some, because none of these things are completely one-sided - it depends on what side of the fence you happen to be on. There may be answers that I do not have but I have read these articles - they are the beginning of a series of nine, it states here - which seems to indicate that the Manitoba jails, the correctional institutions and so on, are at a pretty low ebb. It mentions that following a riot at Headingley Jail some 14 years ago, a committee was set up to look into this matter and it brought in several recommendations. The article is based on what these recommendations were and elaborates on some of what the writer feels are continuing problems or continuing abuses. For one thing, he said that the crime rate has jumped by 13.3 percent in 1968 above the 1967 level in the City of Winnipeg. There may be many reasons for this. I'm not going to be helping the Minister to answer, but there are such things as proportionate increase in population, increased alertness on the part of the police and therefore the greater number of arrests, and things of this sort, but this is a frightening thing if it is true, if it is real, that the crime rate has jumped by 13.3 percent including such things as robberies with violence, armed robberies

(MR. PETURSSON cont'd.).... and other crimes of a similar nature.

The committee felt that the Attorney-General's Department should initiate and promote a comprehensive program of crime prevention. Then it goes into some detail as to the needs that are being faced. It says - I'm not going to read these clippings through from beginning to end, but it says here that besides the alarming crime increases there have been these other effects. And here it doesn't confine itself to Manitoba, it extends itself across the nation. It says Canada is one of the most prison-ridden nations in the world, with about 20,000 of its 20 million people in institutions. "One study shows that Canada spends $46 million annually for prisons which hold about 240 out of every 100,000 Canadians over 16." But then it returns to a consideration of Manitoba jails, Manitoba provincial jails, and points out that in 1968 and 1969 the provincial jail operational costs have been set at $2,190,000, and these figures are found, apparently, in the Attorney-General's Department, it says. And I haven't checked the mathematics. It says that that amounts to $9.48 daily for each inmate in the provincial institutions. The article farther on calls for a reorganization; it calls for a consideration of the results of the reorganization of Manitoba governmental departments in September. Probation and correctional services have been, it says, separated - calling it a step in direct opposition to a recommendation of this Corrections Committee of the Social Service ....

In the second article, and this is the one that I seem to have more interest in, reference is made to the lack of segregation of prisoners by age, types of crime, degrees of criminal experience, pointing out that prisoners, those who have been arrested and sent to Headingley Jail, seem to be lumped together without real consideration of the seriousness of the crime or the kind of crime or, in some cases, of age.

It quotes a prisoner -- the article said the prisoner made a statement. He had been an inmate in Headingley Jail at the time of the riot and he said, "I have been inside practically every jail from one end of Canada to the other and, as far as I am concerned, Headingley is the worst." And the question was asked: is that opinion very different today? Of course he... 15 years ago and this question is raised by the writer of the article. It is pointed out that the Jail is still woefully short of professional staff. It is noted that there still are no social workers, and the question I would ask is: are there any psychiatrists, any psychiatric staff that would be able to work with the inmates of the Jail with an effort to rehabilitate them, reform - I don't quite like that word but that's the one that comes to my mind - rehabilitate them so that when they come out of jail they will be able to take their place or, if necessary, that they will be given whatever treatment might be called for as a result of their anti-social behaviour resulting in incarceration in the jail.

Dealing with the idea of failure to segregate, it is said here that drug offenders are not strictly segregated and given special treatment. Alcoholics and problem drinkers may attend three Alcoholics Anonymous meetings weekly, but there is no special medical attention or treatment as called for by the committee, and the question that comes to my mind, is there any kind of follow up on those who are treated after they come out of the jail? Is there any kind of follow up for those who are treated in the jail after they are discharged.

One of the most important things, as many have pointed out, is the rehabilitation of the men who are put in jail so they can take their places back in society. I needn't belabour this for the Honourable the Minister. He knows. He is favourable, I think, to all of these ideas of treatment and rehabilitation into society so that the men can take their places properly after they leave. Many of them are disturbed individuals when they come in. They need all the help and advice, understanding, that can be given to them and, in my limited knowledge of the actual workings of jails, the inside workings of jails, the impression that I have - and I'm not alone in this - is that there is far too little treatment of the kind that would best serve in salvaging citizens for society after they return to normal life.

The Honourable Member from Churchill was describing some of his experiences in jails. I have heard others describing their experiences in jails and none of them are particularly favourable to what they find, and this doesn't rise from resentment to the kind of treatment but questioning in their minds about the actual services that are being performed for men who come in there. The treatment of inmates in jails leans, or must lean very heavily on the mental health sources so that attitudes and feelings may be developed which will help to place them as law-abiding citizens back in society when they return. The whole thing is of a part. One is contingent on the other. Without treatment men do not become rehabilitated, and with what is called punishment - and many jails are operated on the basis of punishment; a man must be

(MR. PETURSSON cont'd.).... punished for his misdeeds is the theory - with punishment, a man comes out full of resentment against the society that visited this condition upon him and is more likely to repeat his performance after he comes out than to find work, very often when work is not available to a man who has served time.

The young man that I came across in the Vaughan Street Jail who was sitting on his bunk carving out an excellent replica of a covered wagon - I have one of them sitting on a radio at home with a small light inside that lights up as you drop the tongue of the wagon down and raise it again, this works the switch - the young man who was doing that with very limited equipment-- a pocket knife and a pair of pliers and a few things of that sort -- had been put in jail for, as the guard told us, for breaking and entering, and nothing so far as I could see or hear was being done, or very little was being done, to provide any kind of an opportunity for him to do other, after he got out, than to repeat the performance of breaking and entering, and it appeared to me that a good portion of the remainder of his life, unless he were given some real assistance outside of jail, he would be caught up in this web that would drag him intermittently back to jail and then out again and then into jail again. While some things are being done -- I wouldn't paint a completely black picture -- but there is far too little being done for the minds of the men who are in jail and who could, given the opportunity, fill a useful place in society.

MR. CHAIRMAN: (The remainder of Section 2 was read and passed.) No. 2 - Mental Health and Correctional Services - $20,167,959. Resolution 50--passed. No. 3 - Public Health Services. (a) (1)--passed; (2)--passed; (b)--passed. (c)--.

MR. FROESE: Mr. Chairman, under (c). Just what are we voting here under this item, External Programs? Just what do we mean by external programs under this item?

MR. JOHNSON: Well, this is an appropriation wherein we support services outside the active operation and jurisdiction of the department in many cases, such as the grant to the City of Winnipeg Health Unit, the registry of handicapped children. There's a $14,000 grant to child dental services. Poison Control Centre is $10,000. P.K.U. Program - phenylketonuria, where we try to prevent mental illness by having a readily and quickly recognizable test at birth. The grants to the Sanatorium Board of Manitoba come in here; that's both at Ninette and the D. A. Stewart Centre. Heart Foundation. Diabetic Association. A large item is the Rh laboratory - $100,000. You've heard of the national and international recognition that has been given to Dr. Bruce Chown this year in that area. The Mount Carmel Clinic. The Canadian Arthritis and Rheumatism Society for programs and general purposes - $75,000.00. There's a grant, a sum of money in here also for certain aspects of the home care program, the one that was started ten years ago at the Winnipeg General Hospital and which is recognized internationally as a great success and one very effective method of approaching home care programs - that is, from a hospital base - $125,000.00. So these are the kinds of programs where we give grants to organizations and associations who work closely with our Health Unit personnel and with our public health authorities on different levels, and includes also these treatment monies.

MR. CHAIRMAN: (d) (1)--passed...

MR. PETURSSON: Mr. Chairman, I wonder if the Honourable Minister would be able to tell me at what point I could introduce the subject of nursing homes, extended care and -- (Interjection) -- Is it Care Services, or is it somewhere in this particular section?

MR. JOHNSON: Under (k).

MR. PETURSSON: Pardon?

MR. JOHNSON: Under (k), Care Services.

MR. FOX: Under this Environmental Sanitation. Does that include the air pollution and the water contamination and these areas of inspection, Mr. Chairman?

MR. JOHNSON: This includes the staff of the Clean Environment Commission; the six engineers, the agrologists and the industrial hygiene laboratory, chemists, technicians and clerks.

MR. FOX: Before we pass this item, Mr. Chairman, I wonder if the Minister would outline as to whether we have some specific standard whereby we regulate our pollution problem in respect to water and also air. I do notice that inspectors do go out, but on a number of times that I spoke to some of them in respect to air pollution, they were pretty vague as to what the standards were, and in respect to water I do know the Metro inspectors inspect the sewer system of the various industrial plants, but I am also aware of the fact that in regard to the amount of total effluent that is measured, it depends on the quantity of water that goes with it, and I find that too often when these services are being inspected, there is a big rush on to

(MR. FOX cont'd.).... open up all the faucets and taps and then weaken the solution down. I am just wondering whether there are graduations in here too, which the Minister could tell us about.

MR. JOHNSON: Oh yes. I think in capsule form we have a very sophisticated chemical and technical laboratory. If the Honourable Member hasn't visited it, he is welcome to do so some day, on the top floor of the Norquay building. In the industrial hygiene lab we have the scientists there, and the agrologists. Of course, they're worried about food and food handling and the dairy industry. Our engineers are constantly working on these programs of testing solutions and reporting. The Clean Environment Commission has been largely engaged in the past year in drawing up their regulations, especially the regulations with industry that will prevail, and getting down their guideline. Within the Metropolitan area, as the honourable member knows, the Metropolitan Corporation has certain jurisdiction re the pollution of waterways here, but they are in constant liaison and touch with the Clean Environment Commission on their long term program, and I really -- it's a massive subject but the department gradually is formulating these regulations. As I understand it, the Clean Environment Commission, one of their biggest chores is going to be reviewing their regulations especially with respect to industrial output, you know, with industry, and reasonable standards in discharge there. I really don't know what specifically -- I could get information, any specific programs the honourable member wishes, but it is a very vast subject, as he can appreciate, but we do have these testing techniques; we do have this Act and this Commission; and, as I say, the Commission's biggest job since last June about, when that Act was proclaimed - or last fall, after the last session - has been formalizing their regulations with respect to the levels and standards of air pollution and that sort of thing, for the province.

MR. FOX: I thank the Minister for answering that and I shall certainly visit his department in order to find out the specific standards. I have one further question, and I appreciate that it's a very complex question. I have one further question, Mr. Chairman, and that is in regard to the fact that I realize a number of municipalities involved have various by-laws in regard to some aspect of pollution. Are these being consolidated? Is the Environmental Health Act going to take care of these in the future? Because, as you know, pollution doesn't recognize any boundaries, whether it's North Kildonan, East Kildonan, or Manitoba or United States, as far as that goes, and of course in that regard are we doing anything to communicate with Ottawa so that we can have standards of regulations all the way across the country too?

MR. JOHNSON: Yes, we have communication all the way down to the International Water Commission. The Honourable Member knows one year there was some non-soluble detergent put in at Grand Forks and it caused a bubble bath at Gimli but we --(Interjection) -- oh, it was after you left town. This sort of thing. So we have the ..... agreements and of course the Clean Environments Commission's biggest target is to lay down the set of provincial standards on pollution and levels .... and so on, and to monitor this for the government and for the people of Manitoba and give us the danger signs. Of course, the thing we don't appreciate is that this is going on every day, all the time, you know -- this monitoring, both in preventative disease and in the pollution generally. We have a very sophisticated provincial laboratory and an industrial laboratory to deal with these problems on a continuing basis.

MR. FOX: I realize that. The reason I specifically asked the question of the municipalities and the provincial jurisdiction is because my constituency touches on a number of other areas, and in the corner of it - there are three municipalities involved, where there happens to be a car crushing plant and quite often when they are burning the tires and stuff, the smoke blows whichever way the wind is going, and when you are trying to determine who should look after it, you get the run-around from one municipality to the other all the way up to the province, and the province quite often will say, well, we have been there; so and so is supposed to look after it. That's why I asked that question.

MR. JOHNSON: .... of common sense in the long run.

MR. CHAIRMAN: The Honourable Member from Rhineland.

MR. FROESE: Mr. Chairman, on the item I raised previously, External Programs, the Minister gave certain agencies and quoted some figures. I wonder if he could provide us later on with a sheet probably giving the various items, because I would like to check a few things with Public Accounts; and Public Accounts, the last one we have doesn't mention this particular item, therefore I would appreciate....

MR. JOHNSON: I can assure my honourable friend that we spend every cent too.

MR. CHAIRMAN: (Clause 3. (e) to (j) were read and passed.) (k) (1)--passed...

MR. PETURSSON: Mr. Chairman, a week ago when I closed my opening remarks, I suggested that I wished to turn my attention later to the subject of nursing homes, and if this is the clause under which I can deal with that subject then I take the opportunity now.

I refer back to the Honourable Minister's introductory statement that he made when he was introducing his estimates. He made reference to high costs of hospital operation and medical services and spoke particularly of what he called increasing costs of hospital care, and among other things he cited the example of what is happening in the United States; he warned against pressures to overexpand services where they would mean only an increasing cost. Improvement in service and the resultant rise in costs, these I believe are his words: "Is not a Manitoba problem alone. It is a part of the total Canadian picture." And then he pointed out that it is even more pronounced, this increase in costs, in the United States, and in this connection he stated that, and this is recorded in Hansard: "South of the border where, without universal coverage, costs in many areas have almost gone out of sight." And this he said, "is a product of a characteristic of our economy, of a steadily rising expectation on the part of our citizens for better and better services." For further information this quote is taken from Page 1616, sixteen sixteen in Hansard. The difficulty with this statement, made probably to warn people against making too many demands or making their demands too great, is that it is true but only partially true.

There is another fact that enters in also with reference to the Americans - and I don't rise in defence of Americans - but I must use the illustration of the United States and I feel that inasmuch as the Minister strayed across the border to bolster his argument, that I too must be free to cast my eye in the same direction and examine at least one other major reason for vastly increased hospital costs in the United States - a reason that is other than public demands for added services. I have recently been reading some interesting articles in a magazine that is published in the United States. It's called "The Modern Hospital." The particular copy to which I refer is the issue for March of this year, and one article there is particularly revealing. It is entitled: "American Medicorps. How to Make Money in the Hospital Business." This article explains how some American hospitals are making profits beyond imagination; and if these hospitals are included in whatever statistics the Honourable the Minister was referring to, in mentioning the increasing costs in the United States, it isn't much wonder that he speaks of them as having almost gone out of sight.

These hospitals are privately owned and operated but they serve the public and the costs that people pay there are costs that are, I believe, included in any statistical analysis of costs. They are operated for profit; they take only patients who can pay and leave the non-profit hospitals to cope with the sick who cannot pay. They accept only selected types of patients and they place their whole emphasis on the profit motive. I think that I could read - I'm not going to read the whole article. As a matter of fact there is more than one article; I have 13 pages that I had Xeroxed so that I wouldn't be carrying the book around. There are 13 pages and there are several articles which all are directed in the same direction. But I would wish to read a statement here from this publication because I believe that we may also be warned against practices if they become introduced, if they should be introduced among us. These are the watchwords for profit-seeking hospitals and there is a listing, there are seven items set forth to explain what the motives of these hospitals are, and....

MR. CHAIRMAN: .... could I interrupt you. We're on Care Services. If you want to make a speech on hospitals, we still have the Hospital Commission to deal with.

MR. PETURSSON: Do you want me to postpone what I have here, because I do come in on Care Services?

MR. CHAIRMAN: Well, go ahead then, if that's -- I'm just a little confused, that's all.

MR. PETURSSON: .... and nursing homes and general care, personal care homes, but I'm simply using this as background to what I hope to be able to say. These guiding principles are set forth on Page 91 in the March issue of this particular magazine and I'll read them quickly, Mr. Chairman, so that it won't be too bothersome. First: "Select a well-to-do neighbourhood away from low income housing areas whose residents may be unable to pay." Second: "Avoid investment in expensive equipment that may be used infrequently. Send patients needing such equipment elsewhere." Three: "Instead concentrate on uncomplicated illnesses and elective surgery." Fourth: "Especially encourage staff doctors to bring in short-term patients. The rapid turnover increases the yield from departments which serve most patients

(MR. PETURSSON cont'd.).... only the day they're admitted, such as pathology and radiology." Fifth: "Work out percentage of gross contracts with the pathologists and radiologists so that their productivity will result in increased hospital income." And sixth: "Offer as few outpatient clinic facilities as possible. Strive for a large staff, the larger the better, because only doctors can admit patients." And that's as far as I go with this. There are at least 12 1/2 pages more that could be read with profit.

Now based on the premise that hospitals need not lose money if they're run with the motive of making a profit, a New York financier and three Philadelphia lawyers - it's interesting to notice that they were Philadelphia lawyers - in 1967 offered the American public 345,000 shares in a corporation known as American Medicorps at $20.00 each; and this corporation was expressly formed to buy hospitals and to run them for profit. With the money acquired in this way, three hospitals were purchased to begin with and since then seven other hospitals have been added by the same organization and by February following the year of purchase when the stockholders met in New York to vote on a two to one split and an increase in shares from two million to 15 million, stock was selling over the counter at $95.00 and $98.00 asked. The article describing this activity was written by a reporter from the Philadelphia Evening Bulletin for this magazine. The names of the men involved are all given along with the names and locations of all the hospitals that they purchased. In this account we find one of the reasons for the health costs in the United States, the reason for these costs going, as the Honourable Minister mentioned, going out of sight.

Now there's another article in the same magazine on Page 80, which makes further revelations about hospitals for profit. It reveals that there are several corporations working in the "hospital for profit" field, that is Health Care Incorporated, the Hospital Affiliates Incorporated, Hospital Corporation of American, American Medical Enterprises, United Convalescent Hospital Incorporated and so on. Now the introductory article to these revelations explains that there have been over the years a few, very few, profit making hospitals with faultless, professional credentials and unassailable business probity, but now other influences have entered the field and in U.S. terms a real hospital and health racket has developed there, at the expense of the public, at the expense of the sick, and in a real sense at the expense of those who cannot pay because they are not admitted to these hospitals.

Now finally I reach the point that I've been moving to. In the U.S. the corporation known as the United Convalescent Hospitals of Los Angeles is basically a large nursing home facility, now preparing to spread its wings a little wider and take in intensive care. It's a proprietary nursing home and as such the message begins to hit a little closer to home, because we also have nursing homes and among them proprietary nursing homes. The magazine article states: "The spectacular performance of nursing home and hospital corporation stocks in the past year is a fact and whatever any analyst may say about their speculative hazards these stock sales are capitalizing the corporations for further construction, acquisition and operation of hospitals." Proprietary nursing homes are mentioned in these articles, and we have a few such homes here among us, and while they may still be and in all probability are, pretty small potatoes compared to the operation in the U.S., it would not be out of place to raise a few questions and to ask what place they play in the picture of health and social services among us, and to what extent they may be creators of problems as well as creators of service to the ill, the incapacitated and the needy.

I personally have had an interest and a concern in this particular area since I sat on the Municipal Hospital Commission and occasionally raised questions about nursing homes but never seemed to get what to me was a satisfying or a satisfactory answer. It would seem to me somehow to be an anachronism for a patient to be admitted to the municipal hospitals, and being on hospitalization to receive the full benefit of his membership in a hospital like the King George, the King Edward and Princess Elizabeth, and then on discharge to be directed to seek out a nursing home where the full weight of the cost would be his responsibility, except where Care Services would step in. Not only that, but nursing home accommodation is very limited among us, with the result often that where the doctor in charge passes the judgment that a patient has no need of the hospital services as such - that is if he has progressed to a point where he does not require active medical help - that he should be discharged. A social worker on the staff is instructed to make arrangements, either with the patient's family or with a nursing home, often to find a waiting list in the nursing homes with all the accompanying problems of having to wait. I have personally had experience with families who have felt harassed and frustrated, where a patient could not be taken into the home perhaps because he could not be

(MR. PETURSSON cont'd.).... given the necessary care in the home, there was no one there to do it. I know of one woman whose husband was to be sent home into her care, that is she was told that she should take him home, but she herself was in poor health and nearing the age of 80, and finally ill health overcame her and she died while her old husband now nearing 90 continues to live on. And this is several years ago. This whole area is one in which almost helpless people are being dealt with.

The Manitoba Hospital Commission can be suspected of putting pressure on the hospitals to release patients who require nursing care rather than hospital care. That is, they are collecting the full hospitalization fee while they rest in the hospital, and the Commission is naturally interested in getting the patients out of the hospital to release a bed for some other patient. So the hospital becomes under pressure, the doctor is under pressure, the social worker is under pressure, the people involved are at a period of life when they are most helpless and most vulnerable and feel most harassed and most threatened because in many cases they don't know where to turn. And the question is, how can these problems be taken care of, what is being proposed in this area. I know that certain things are being done, but many problems are still there, and I could enumerate a few. I have some personal knowledge of some of these matters.

In the first place there is a shortage of nursing home accommodation which causes inconsistencies in placement arrangement and creates waiting lists. The provincial government care services provides a set stipend of eight dollars and a half for proprietary homes, this is $8.50 a day, for proprietary homes whether they are old or whether they are new. Non-proprietary homes are paid in accordance to their costs, $10.50 or $11.50, and this makes it appear that any incentive for proprietary homes to improve or rebuild is blocked because they're paid less by Care Services than the non-proprietary homes. But Care Services pay these same per diem rates for all care requirements in each home. The statement that I have read tells me that; therefore nursing homes prefer to take the lightest care patients available. The result of this is that the newer, the better equipped and better staffed homes having a larger number of applications are able to pick and choose from among the applying patients, and therefore they select only those that are easiest to care for, the lightest load patient. The older homes are left, therefore, to take their patients who require most care, from what is called the heavy load patient I think it is. While I'm saying this, I recall that there are at least a couple of honourable exceptions. I should perhaps name them. But further to this, as a result of the Care Services rate of payment, because the rate of payment is fixed, the proprietary homes prefer private patients who can be charged more than what the Care Services would give; and it is at this point that the resemblance to the hospitals for profit and the nursing homes for profit, as operated in United States, begins to make itself evident, and this would be to the detriment of the whole field of hospitalization and personal care or nursing home care.

It has also been pointed out that inasmuch as nursing homes are in the position of being able to pick and choose from among the many patients that are applying, hospital beds at $26 and more per day, are becoming bogged down with heavy care nursing home candidates. Nursing homes select the light care patients and the others are ignored or turned down, and in so many cases there being no place for them to go, the hospital is compelled to retain them in the beds that other more urgent cases than they could perhaps occupy.

This would seem to argue for either higher rates being paid for heavy care patients to make them more acceptable to the nursing homes or for the bringing of nursing homes under the Hospital Services umbrella where all patients will be brought under Medicare at rates and under terms or conditions to be arrived at by the proper authority, the Minister of Health and his various departments. But under conditions as they now exist, it doesn't seem right that the same rate should be established for the various categories of patients in the nursing home or personal care home, whether they be light care patients or heavy care patients. These are two categories, there may be others. The homes that have a choice naturally choose the type of patient that is the least demanding in terms of care and of cost, leaving the heavy care patients in a great many cases occupying a $26 hospital bed, simply because the nursing homes prefer the light care patients at a rate that is fixed.

And then there are foster homes and home care. It seems somehow out of line that Care Services should pay more, for instance, for a patient in a foster home than for a patient who is sent to his own home or to the home of relatives. If the care given or required is comparable, why, and I ask this question, isn't the rate made the same in either case, whether the patient

(MR. PETURSSON cont'd.).... be in a foster home or whether he be sent to him own home or to the home of relatives who take care of him? Usually when a sick person is in a home, at least one other person is immobilized; sometimes two people are partly immobilized, adding to the problems that these people have. I speak from personal experience; I know what can happen in instances of this kind. I've touched very lightly on the subject of waiting lists and the procedure followed; I needn't go into that except to say that the procedure that is being followed now seems to be pretty ham handed and clumsy.

....... Continued on next page

(MR. PETURSSON cont'd)

There is a fiction that nursing homes keep lists of patients waiting for accommodation, the principle that each patient is listed with three nusring homes for three months, and then when the three months are up, if none of these nursing homes have accepted his case, then he is listed with another three nursing homes for another three months. Nursing homes accept names without making any commitment, they simply add them to their list, and in an attempt to speed things up some doctors tend to refer patients to nursing homes before they are actually ready to go, believing that - and this is another fiction - that this will reduce the waiting period. But in effect this early registration destroys the patient's chances of getting into a nursing home, simply because his acceptability as a patient is assessed as of the time that the application is submitted and not as of the time that he is ready to leave the hospital. And as I pointed out, this period during which admittance is being sought into a nursing home after a sojourn at a hospital is usually an unhappy one. The patient feels harassed, the social worker feels under pressure, the family of the patient feels frustrated and fearful, because they don't know what to expect, or what really is going to happen; the hospital is under pressure to get the patient released or to release the patient, the nursing homes feel under pressure and then they select only the patients from the list that they have, that will be the easiest to handle, and altogether it is a very unhappy time; a time when feelings of resentment are stirred up, discouragement and sometimes a feeling of extreme helplessness. The nursing homes pick and choose their patients and others are left full of frustration, full of discouragement, and unhappiness. This whole area is one that needs a complete re-evaluation, I would like to say a complete overhauling, and I do hope that the Minister will be able to give some of his time from his greatly overloaded department - all my sympathies are with him - to these very pressing and urgent problems.

MR. JOHNSON: The honourable member lost me for a minute there, but I do want to point out to him that I was simply in my opening remarks pointing out the very high costs of acute care today, across the nation as he knows. With respect to nursing homes, I think we have made the point over and over again in this Legislature, and I think that it's a subject unto itself, but I did want to just point out to the members of the committee that this whole matter of hospital costs is now under review with the several task forces we have set up on the provincial level, co-ordinated by the National Minister of Health and Welfare, to look at these very problems again.

We have conducted studies ad infinitum in this province, and I think all of the studies we have conducted we have deposited with these task forces and with the other provinces, because I think we have all come to the conclusion that probably the best classification of services is that the hospital premium covers acute care and the extended treatment type of care of patient needing continuous medical care. We think of the patient not the home. I think a nursing home can be everything from an ambulant patient to a very sick patient and I think we have to place patients according to the kind of care -- you know nursing home tends to be an all embracing sort of term, and we have sort of broken it down in our thinking, as of others at the rehab, that the kind of facility that continues to look after a patient in need of continuous medical care as we evolve our plan, should be developed adjacent to the acute hospital where the staff can spill over, as it were, and so on. And this is what is happening. This is what the long-term plans of the Commission are with respect to the Health Resources Fund, it's the pattern at Swan River; it's the pattern at Morden; it's been the pattern at Steinbach, that that this kind of extended treatment facility be adjacent to the hospital as we evolve our program and can build beds. Of course the prime job of the Commission in the past ten years is to bring these hospitals that we've had, and the hundred hospitals in Manitoba, up to a standard that enjoys the most -- and there is no comparison. No one can say there is any comparison between the facilities, the 6800 acute beds we have today than in the past, I'd say this goes for every province, the facilities are unique. I heard the Honourable Member from Kildonan on television yesterday give a better discription than I could at stating that - and a bigger proportion of that space, you know 30 or 50 percent is now in sophisticated facilities and not patient beds. So we need our acute beds, that's our first priority, and regionally as we are able to and as plans evolve, we are trying to build extended treatment.

Then comes the personal care home, which we think is the better definition of a person needing the continuing care of another person to look after them, it better describes the kind of care. Nursing home has been a loose term in the past. We say we have to place patients

(MR. JOHNSON cont'd) . . . . through Care Services on the basis of their condition. Then there is home care. Then of course below, I should go up, below personal care home there is the hostel kind of care, and then there is the elderly persons housing itself, which lets you look after older people in their own communities and treat them medically. And then, of course, there is the home care type of program which can cover all aspects of these kind of facilities. We have proprietary nursing homes and none-proprietary. Under Care Services this year, in the Metro Winnipeg area, proprietary nursing homes are paid for heavy care $9.25, because our rate setting agency sets up these per diem rates after careful consideration of actual costs and strikes a rate. And with respect to non-proprietary nursing homes, in the Metro area, for example, we're spending $2,600,000 in the support of people in such facilities, for a total of $3,700,000. Under Social Allowance you will see $4,500,000 for institutional care; so almost $8,000,000 is going - over $8,000,000- to support people in accommodation below the level of the hospital plan, in public funds. In addition to the foster home care program, in addition to straight allowances to assist people in their own homes. But I think the member - I would not buy his suggestion that the same kind of allowance be given to everybody regardless of their need. I think within our resources we have to do the best job we can in making maximum use of public funds in supporting people in need of care.

This appropriation, in Care Services now, which is a unique experiment in Canada, where we try to have the disciplines of the social workers and public health nurses and physicians, they go out and assess the standard and the type of care given in these institutions and administer them under that division. It's a massive subject but I do feel that Manitoba is on the right track. Certainly there is much to be done. This year, we will, with respect to personal care homes in the neighborhood of, I think - I don't like to give wrong figures off the top of my head - but of the 1400 units going forward under the Elderly Person's Housing Program this year, I think around 400 are personal care home type of beds and I would express to the committee my concern that I think we should keep a happy balance between the proprietary and the non-proprietary type of nursing home accommodation in our licensing. We are going to have to think more clearly, or the department are making a survey for us at the present time, to determine what is the proper balance of these beds. I wouldn't like to see them over-built. We want to develop this happy balance and I think that it's important for the department and the government to continue to work with the charitable and voluntary groups throughout the province in creating this kind of facility. because we now have this government and these people and CMHC, there's over $30 million invested in this kind of house - from housing to hostels to personal care homes, in our province at this time and it's proving very popular. I know that you will -- on waiting lists, you will always have waiting lists. They go with hospitals everywhere and it's just like running a big hotel, I would imagine at times. You wouldn't build enough beds to house everybody for a convention, you'd go broke in the meantime. When it's not utilized, you know, you're always going to have waiting lists but certainly emergencies are admitted.

We have, on the number of beds per thousand, we are on the national average, so I think the best way to approach this is the direction the commission is taking, namely that they concern themselves with the development of acute, extended treatment and rehabilitation kind of facility under our program, and that the department support below the plan everything from home care housing, personal care homes, and try and develop a happy balance between the proprietary and non-proprietary type of institution, who certainly play their role in the total care package in our province. I think that our studies would indicate this is the right approach but I am most interested to hear comments in this area by the honourable members, and many of the comments made by the Member from Wellington just emphasize the need, in my opinion, to continue on this path.

MR. CHAIRMAN: The Member from Lakeside.

MR. CAMPBELL: Mr. Chairman, may I ask the Honourable the Minister, with all the improvement that there has been in facilities - and I certainly freely admit this - doesn't the one major question remain unresolved still; and that is the fact that this government in co-operation with the Federal Government, has been unable to get the group of people, just below let us say, the active hospital care requirement, included under some plan that will relieve the families of that cost, and at the same time, relieve the active treatment hospitals of patients, many of whom because of the financial implications are kept in hospitals longer than they really require. Doesn't that major question go unresolved still?

This was a problem in the dim dark days of the past when our government was struggling in the early stages of the hospital program; this was a major matter of consideration with the government of the day then at Ottawa, that we saw that this was a problem that would arise, we saw the difficulty of getting people out of the hospitals when they were being paid for there into a nursing home care place when they weren't being paid for there, and this has continued ever since. We were dealing with a government in those days that was supposed to be a friendly one to us, politically speaking, at Ottawa. We were unsuccessful; we left office, my honourable friends came in -- well for awhile we dealt with a government down there that was not supposed to be politically friendly to us. We got just the same response from both of them, whether they were friendly or not. Then my honourable friends came in and they had a government that was supposed to be politically friendly to them; recently they've had one of the other kind. It seems to be just the same story regardless of whether you have friends at Ottawa or opposed; you still don't get this question resolved. And what is going to happen, what is going to happen to the families who find that a patient who is just on the borderline, but eventually gets forced let us say, or is a good co-operative person, or good co-operative family and willingly leaves the hospital, where they're getting care free to everybody but the taxpayers, free to them, and then immediately requires care in an institutions where the family has to pay for it.

I know of three cases in my constituency, one of them my honourable friend knows of, because I have discussed it with him; the other two I have never discussed with him or with anybody else in the department. But I do know that the two farm families in question are finding it absolutely financially unbearable to meet the financial cost of looking after the patient in this case - and they're just below the active hospital requirement. Now what do we do about that, Mr. Chairman? I agree so far as the facilities are concerned, the facilities are much improved, the facilities where these two patients are in at present are excellent, but the cost in one of them is something in the neighborhood of $11.50 a day, and the cost in the other one is 9.50, or something in that area. Mr. Chairman, you well know that under these conditions, under the best of conditions, farm families simply can't carry that kind of a cost. These farm families will literally go bankrupt in doing this. Now I'm not supposed to be a great advocate in this House of what we lump under the general heading of socialistic measures and asking the government to take over this type of thing, but I do say this when we've gone this far along that road, when we've got hospitalization, for goodness sake let's go the rest of the way to look after the rest of the people that are so close to qualifying for active hospital care.

Now I'm sure there must be some really difficult problem here. If it wasn't a difficult problem it wouldn't have remained unresolved through the months of negotiation that we had with a friendly government and their successor government in the ten years, nearly 11 now, that this government has had, the most of the time with such a capable Minister as my honourable friend in charge, and some of the rest of the time with an almost equally capable one in the person of his desk mate there. -- (Interjection) -- Not quite, but almost. At least he always made a good story of the case in the House here. But this is a tremendous problem to many farm families and when I know of three in my constituency right at the moment, I'm sure that other members are in the same position. And while I hesitate to be one who recommends more of government intervention in programs generally, I think perhaps this bears out the feeling that some of us have, philosophically, that when you get into this sort of program, you just naturally find that you have to go further and further and further.

And I come back to the point I started on, Mr. Chairman. Isn't it a fact that after all these years that although we have better facilities, much better facilities, we still have this very great and grave area of discrimination against people who are almost in as much need of care as the active hospital patients and yet they or their families are forced to carry their own load. What's the answer to this, Mr. Chairman? I don't know, but I know it's a tremendous

(MR. CAMPBELL cont'd) . . . . problem to some individual families.

MR. CHAIRMAN: The Honourable Leader of the New Democratic Party.

MR. PAULLEY: While I don't want, Mr. Chairman, to deprive the Honourable Minister of Health and Social Services to answer the Honourable Member for Lakeside, who of course as we all know was once the Premier of the Province of Manitoba under a Liberal administration - I've had the honour now of being in the House now for some 16 years with the Member for Lakeside - May I congratulate him on the advances that are being made in his outlook in the field of health, because I can well recall, even before my honourable friend the present Minister or the immediate past Minister of Health took office, we used to argue almost the same basic problems that the Member for Lakeside has now suggested that is a requirement in Manitoba. The difference was of course, Mr. Chairman, that it wasn't until 1958, just on the eve of the retirement of the Liberal administration, that reluctantly Canada entered into a scheme of universal hospital care, and I guess for the sake of the record it's proper and timely for me to say that at that time the then Liberal Government of Manitoba were just as reluctant to go into a universal hospital care as it was to get our friends opposite this year to reluctantly go into a Medicare scheme; so basically the outlook was the same.

My honourable friend mentioned, and I'm not trying to be critical of him, the fact of whether or not we have political friends at Ottawa and Manitoba. He recited, quite properly, that at the offset of this administration the government at Ottawa were politically of a different opinion than the Conservatives of Manitoba, and then there was a period, I believe, where they were political friends, and now the situation has reversed once again.

I think, Mr. Chairman, far more important as to whether or not we have political friends or enemies at Ottawa, no matter what name they be, the important thing that has to happen before we can progress such as the Honourable Member for Lakeside has suggested that we should have, is not political friends or political foes, but political parties who are prepared to face up to the problems irrespective of their political names, the problems that are facing the people of Manitoba, the people of Canada, when we have people who are basically and philosophically concerned with the plight of the people referred to by the Honourable Member for Lakeside, a farmer who has to, practically speaking, deplete all of his assets before any help is given. And I'm sure that the Honourable Member for Lakeside is also aware that this happens in other sections of the community as well; for at the present time because of the lack of facing up to the problem, irrespective of politics, many and many individuals and families who have set aside finances for happy retirement days have been forced into a position of having to use all of their assets before they receive any help at all outside of the field of acute care, in Medicare beds.

I appreciate the remarks of the Honourable Minister of Health and Social Services when he has said we've had studies and are continuing studying these problems. We've been doing this for years; we've had so darn many commissions and investigations into the requirements of the health needs of the people of Canada -- need I go any further than just mention the Hall Commission report insofar as the health needs of the people of Canada, and we're still talking about studies and requirements.

I agree with the Honourable the Minister of Health and Social Services that if we look at the Canadian average we're not too bad off as far as acute hospital care is concerned in this province. But does this mean the end; does this mean that we can stop there; does this mean that we should not go into the other field with both feet instead of a little toe, that the toe is stepping into cold water, in the field of extended care? The requirement is there. The Member for Lakeside mentioned three families. I'm sure that each and every member in this House can mention a number of families, as I have said, who have had to deplete their assets before they're entitled to any consideration at all of assistance in extended care centres.

I'm sure the Honourable the Minister of Health and Social Services is aware in the field of nursing homes, the high cost of accommodation in these homes has now almost gone out of bounds. In some of the nursing homes the cost is almost equivalent here in the Greater Winnipeg area of that of acute hospital beds outside of Greater Winnipeg; far beyond the means of the average citizen in the Greater Winnipeg area. On the other hand of the scale, so I am informed, that there's a number of older nursing homes in the Greater Winnipeg area who haven't got adequate, at least in my opinion, medical professional personnel within the homes. I say that the means test - and I know my honourable friend the Minister of Health and Social Services doesn't like to hear the words "means test", he loves the words "needs test" in preference . . .

MR. JOHNSON: Canada adopted it.

MR. PAULLEY: Pardon?

MR. JOHNSON: . . . Canada Assistance Plan.

MR. PAULLEY: Yes, could be, the Canada Assistance Plan adopt it, because they're afraid to face up to reality, in fact, just as the Minister of Social Services is, and call a spade a spade. Who was it, Shakespeare that once said, "a rose by any other name would smell as sweet," and I just say I don't give a continental whether you call it a means test or a needs test, it's still an imposition on the well-being and the social conscience of me and many other Manitobans. And if my honourable friend the Minister of Health and Social Services is satisfied with a mere change of a name, it's fine with me; but I'm not satisfied.

I know family after family, as I say, who have had to deplete their resources and become medically indigent before they've been able to acquire much needed help. Now often, often it's one of an elderly couple who may be struck with a heart condition or some real serious ailment that requires all of the financial resources and the family have to break up, a man and a woman, they have to breakup, with the one or the other being confined in an extended treatment centre and the other almost has to shift for himself in the meantime. So I say to my honourable friend, I recognize that some advances have been made, and it would be unfair of me not to say to him that I recognize this, but for goodness sake, let's stop the studying and start a little action; let's increase our activity. I know, Mr. Chairman, that my honourable friend the Minister and his colleagues opposite take a greater measure of pride in being able to say we've balanced our budget, what great heroes we are. I want to appeal to them that sometimes in society the balancing of the debt that we owe to the citizens is of far greater importance than the mere balancing of a budget by the Minister of Finance.

I would like to hear from my honourable friend the Minister of Social Services when are we going to really have any clear-cut policy from the government as to who may benefit, because time after time I'm in contact with the department, at the borderline cases particularly, under the regulations there may be a little latitude; as I understand it, that a Minister has some discretions of flexibility, but I wonder how often they are invoked for the benefit of individuals.

Now that I am mentioning the question of staff in Care Services, Mr. Chairman, may I pay a tribute to the men and women who work in the department of Care Services, for their cooperation and their courtesy in replying to correspondence that I have between them from time to time. I find them most cooperative as far as they can go and I'm sure, if they could take my place here tonight and speak on behalf of many of the citizens and the problems that they encounter, they would be talking similar to what I am. So I say to my honourable friend, let's study no more. Let's get on and extend our facilities.

My colleague from Wellington, quite properly in his contribution a few minutes ago, drew to the attention of how many of the administrators of our acute hospital services almost plagiarize patients that are in there to get out because the beds are required; to get out into extended treatment care centres or into nursing homes. I've had it, and while I'm not a betting man, I bet even the Minister of Health and Social Services knows of cases of a similar nature, where requests are made of those in the acute treatment centres to go back home, and in many of the cases, in many of the cases the persons concerned are elderly people. It's not too easy, you know, for people of 65, 70 and upwards, who are alone, their families having grown up and left them, to be placed in a position where either the wife or the husband, in addition to everything else, has to assume the responsibilities of a nurse to their better half, and this is happening because of the lack of facilities. Many of our elderly people particularly have no place to go and feel they are unwanted; they feel that nobody cares; and I know my honourable friend the Minister is not that type of an individual and I appeal to him as I say: let's stop studying. We know what the problem is. I'm sure all of our files are filled with reports as to the needs of people, and many of these reports are gathering dust at the time when people are suffering mentally and physically.

I know my honourable friend will say to me, when he's dealing with the question of assets, "Well, how far do you go?" I suggest that they have gone too far at the present time in the regulations and a re-assessment would be timely. I agree with the Honourable the Member for Lakeside that we need to expand the hospital care facilities, or the hospital program, to take into account so that the people on a prepaid basis can have facilities that they can use, such as they do, of course, with acute care. I know my friend the Minister of Health has endeavoured, as indeed the Honourable Member for Lakeside said they endeavoured, to bring into being a

(MR. PAULLEY cont'd) . . . . more broadened hospitalization plan to take care of these people, so I appeal to the Minister, as indeed my colleague from Wellington has appealed, to use the vigor that he does possess - and we all know it - and increase the activity, and until such time as he is able to convince his political foes, as they are at the present in Ottawa, of the desirability of change, can he not in the province of Manitoba undertake to bring innovations ancillary to the hospital plan, that will take care of the people of whom the Member for Lakeside, the Member for Wellington and myself have spoken tonight.

MR. JOHNSON: I didn't intend to delay my estimates by responding at any great length to some of the things that have been said, but the member from Radisson, leader of the NDP, brings me to my feet again because he keeps talking of we keep talking of our studies and nothing happens. Well, I think we really have to be fair about this and put the record straight. I got into political life because I was practising in a small town and had a facility with 60 elderly people average age 86. They all should have been in an acute hospital, not in the small community but in a major teaching hospital. They were ill and they had complex ailments. This is the kind of thing that happened and I'm not blaming the Honourable Member from Lakeside, the former premier of this province - this was an era across this country when our acute facilities went to the point where there wasn't enough money to operate our hospitals properly.

I wanted to say what happened when the hospital plan came in across Canada. The Federal Government discouraged going below the plan, because we suddenly opened the front door of acute hospitals across the country and in many cases we had no back door; we had no reasoned plan of alternative facilities across this country, and it became apparent to the most amateur novice, the day the plan came in, that we had a mammoth task on our hands ten years ago, not only to upgrade, develop, get with the science and technology that had to go into our acute hospitals - because it's when we are acutely ill that we all want the very best - but that we had to open the back door of that hospital or we would just go about the business of creating 900,000 beds and we would all crawl in and forget about the whole business. So we called expert committees and they went across this province and across this country, 22 of our local people in the medical field and in the hospital field, and do you remember what they said? They came back and said, "The first thing to do is to build a rehabilitation hospital that will keep people out of hospitals and will rehabilitate those in need, arthritics and so on." And that's how our Rehabilitation facility came about, and instead of opening the back door and declaring a bunch of homes which couldn't meet reasonable standards at that time, we declared those tuberculosis beds that suddenly emptied with modern science, if you recall the Assiniboia, Clearwater. We declared all these beds as insured services under the plan as our stopgap, and we went about the business and have been about the business for ten years, developing acute hospitals, and I say to any member of this House; if you can find finer facilities in this country, in the Dominion of Canada, name it. Name it.

I went down to see a hospital in the United States. The lowest per diem rate in the USA, $56.00 a day, the lowest; and I heard their problem, and brother, I think we're ahead. This is a universal problem. I want to tell the Honourable Member from Radisson, I never talked too much in the old days about this. I didn't like it. I heard of the geriatric facilities of Saskatchewan. You remember, I went and saw it. This wasn't what we wanted and they have changed too, because that was just beds with a doctor in attendance. We wanted the rehabilitation hospital kind of approach, and our commission sat down on day one and said, "As the Assiniboine, that extended treatment facility there, phases out and these others get older, we're going to have to plan extended treatment facilities," and they went to the profession and they went to the experts and they said, "Build them adjacent to our acute hospitals in the future," and that's what we've been doing. That's what we've been doing. Swan River; as the Assiniboine is . . . out, the extended treatment hospital is going next to Brandon General. The same at St. Boniface; the same at the General in the course of time in this long term plan. They're there at Morden. They're there at Swan River you know. There's even one coming to Gimli, a little extended treatment facility. As they are building, they are building the extended treatment and looking ahead, so I think that's the answer to the Honourable Member from Lakeside, that it's a long haul. We're not going to do it tomorrow. We all have that problem and the most chronic . . .

MR. CAMPBELL: May I ask my honourable friend, are they included in the hospital scheme?

MR. JOHNSON: Yes. The extended treatment type of facility is included under

(MR. JOHNSON cont'd) . . . . hospitalization and we have to build them and pace ourselves in building them. Complementing these facilities are the kind of facilities where the patient doesn't necessarily need continuous medical care; could maybe be better looked after in a personal care type of home, in a nursing home, which renders a certain type of care, in a house, in their own home, in a hostel. The Honourable Member from Radisson I don't think understands when I talk of extended treatment, the kind of treatment rendered by the municipal hospitals, where the patient needs continuing care, and as long as the doctor says he needs continuing care, the patient qualifies for hospitalization - that is, in a hospital. When they feel that she or he can be just as well cared for in an alternative facility, they start discussing movement to a home or to a nursing home or an alternative care facility. And you recall we set up Care Services to try and classify these alternative facilities, to determine the kinds of beds, to set the standards, to tell us where people could best be looked after when the word comes from a family or a facility, as to where can the patient be placed.

We have created a number of these facilities, and it's by no means perfect, but this again, when I say studies, these studies have gone on concurrently with what we have been doing here, and I think we are on the right track. What I was saying earlier, is we're now at the point across Canada where the national Minister has called together three task forces, one on medicare, the impact of universal medical care on existing programs, such as home care and so on. Where should we be going? We spent a day discussing the very things the Honourable Member from Lakeside brought up. Should we all shut down the acute beds? Not build any more acute beds, and start building alternative facilities for awhile, because these acute beds are now $35, 000 a bed in cost. Maybe we should be preserving our acute beds for the needy, emergency and the really acutely ill people, and we are going to look at this again, but with respect - and it's no fault of mine - it's this House; it's the people of Manitoba, our administrators, our leaders in this field, who have developed a balance of facilities and a direction which I think is as fine as anywhere on the North American continent and I don't say that loosely, and we have a very sophisticated medical community, but we are going to have to continue and I welcome debate in this area, because we all as members, in dealing with people from day to day, and our staff, every day, the problem of individuals, who tend to fall between the grates as it were, you know, they should be placed in other than an acute hospital, or in extended treatment. We try to use the resources of the department, the individuals, in finding proper placement and giving proper support. We are looking at the dependent section. The Canada Assistance Plan, of course, is geared to share in this kind of placement. They are now looking at some of our facilities as homes for special care in addition to those which we have. They say, if you place a patient who no longer needs acute or extended treatment or rehabilitation beyond the hospital plan, in a facility that is classified as a home for special care, we will share 50 percent in the cost of care in that facility. So we are looking at what can we include as homes for special care in our province.

I see no reason why we cannot declare the geriatric unit at Selkirk Mental Hospital where we have over 300 chronically ill people, chronic geriatric patients, so we want to discuss just how this should be shared with Ottawa, because Ottawa is becoming terribly frightened at the national bill for acute hospital care. They are going broke; 52 percent of the costs of health in Canada last year were hospital costs. You should have heard the provinces. You should have heard them cry the woes. "How are we going to create all these extended and alternative beds? We can hardly carry what we have here now." So it isn't something to be treated lightly and they are quite interested in our Care Services approach, which really grew out of alternative care; was really an attempt to use the disciplines in the Department of Health, and Public Health, and Public Health nursing, nursing services, social work, working with the hospitals, the out-patients, the other agencies in the community in trying to classify and be of assistance to people who come to our door, and I think maybe through CAP under the dependent person clause provision, there are people who are in an earning situation who may have -- say, a woman who may have a husband who has a stroke; he's ready for -- doesn't need continuous medical care. The hospital feels he might be better looked after in the Personal Care home. They both have some resources; they may have considerable. Our job is to assist that facility and the social worker in placing that person in an alternative care facility. If the person hasn't got resources they qualify under these appropriations, where we meet the difference between their pension and give them an extra allowance.

There's another provision where if a breadwinner, instead of giving up her home and her

(MR. JOHNSON cont'd) . . . . assets, has a husband in a nursing home, you might be able to have a formula where over a certain level you give assistance to that person to help with her husband, say, in an alternative care facility that does not impoverish her but allows her to continue to keep working. For example, she may be a music teacher that has to live in a house in order to teach the piano, if she moves out of her home she loses her wherewithal to make a living - the kind of examples like this, and our staff are told to examine these and make recommendations.

Now, this is a tremendous field and I've welcomed this debate. I just wanted to make the point that I think the studies we've conducted to date have served our province well in giving us direction because no-one else was prepared to give it to us. We've learned ourselves and our . . . . . . the direction we think we should be taking, and we've seen, in looking and talking with other provinces, that they look on certain aspects of our program with some admiration - and certainly we can look at many of their programs similarly. But I certainly share the views of the Member for Lakeside on the one hand, on some of these matters, and some of his observations, and I share the continuing concern of all of us for these cases of special need and special care where the challenge still lays before us to develop an even more comprehensive hospital system.

MR. PAULLEY: Mr. Chairman, if I may. There were a couple of statements made by the Minister that really intrigued me. I know the hour is too late for the . . . yes, and I appreciate the fact that -- (Interjection) -- yes, I will. One of the phrases that my honourable friend kept saying was that we're on the track. Now on the railroad we have tracks too, and when we have a track with a stationary engine on it we have somebody to put a little steam in the thing so that it can get going, so I appreciate the fact that the Minister is on the track. I ask, as a railroader, for a little steam in the engine in order to overcome the difficulties that many people are having at the present time in the Province of Manitoba in this field.

The other observation that my honourable frield kept repeating was the observation of cost. He mentioned the fact of the cost to that great republic of, what was it? $56.00 per diem. -- (Interjection) -- No, you shouldn't have really, because when I started my remarks I made references to political parties instead of ideology, and I suggest to my honourable friend, in all due respect to his efforts, and we've done it in Medicare recently in many areas, the prime consideration has been the question of cost rather than the provision of services. So I say to my honourable friend, now that he's got on the track, put a little steam in your engine and get cracking, and if a ton of coal is going to cost 59 cents instead of 49, don't worry about the extra ten cents. If it's for the benefit of people we'll find it, and I'll vote for it, and I'll advocate it, and we need it for the people. So with that happy note to my friend, he said give him time to answer, I think the only answer that he might be able to give to me is, even though he may not be a railroader, he does realize the logic in my statement that an engine needs steam even though it is on the track.

MR. FROESE: Mr. Chairman, I only have a very few comments to make, but I've had a number of cases referred to me, where people came to me and were under a similar situation as what the Member for Lakeside and I think the Member for Radisson mentioned, and the Minister mentioned too. A certain person had a stroke; he was in hospital so long, and here he had got to the point where he was able to go home but the lady back home could not take care of him. She wasn't physically fit, and as a result they were really in a pinch, in a bad situation. But I understand from the Minister now that under Medicare everything will be covered now and that there is provision in the estimates to take care of all these cases. -- (Interjection) -- Well, I know that the facilities just aren't there because I looked for places at that time. I suggested various institutions and homes that they should probably contact, but every one was filled. But it just so happened that the poor man he got worse and he died later on; he passed on, so that the problem was solved in that way, but this is not always the case and therefore in a number of cases it's been a real problem, and I certainly do not know the answer for all this at the moment. I think that this has to be worked out, and now that Medicare is there I think the responsibility now is up to the government to provide the necessary facilities so that these people have a place to go when they're up against it.

MR. BOROWSKI: Mr. Chairman, may I just apologize to the House for not being here at 8:00 o'clock. I was attending the funeral of the sister of the Bishop for my constituency. That's the reason I wasn't here.

MR. EVANS: Committee rise.

MR. CHAIRMAN: Committee rise and report. Call in the Speaker. Mr. Speaker, the Committee of Supply has adopted certain resolutions and asks leave to sit again.

IN SESSION

MR. M. E. McKELLAR (Souris-Lansdowne): Mr. Speaker, I beg to move, seconded by the Honourable Member for Lac Du Bonnet, that the report of the Committee be received.

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

MR. EVANS: Mr. Speaker, I move, seconded by the Honourable Minister of Health and Social Services, that the House do now adjourn.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried, and the House adjourned until 2:30 Tuesday afternoon.