DAILY INDEX

Friday, February 26th, 1960, 2:30 P.M.



The Progressive Index of Votes and Proceedings will be published on Tuesdays on the last page.

MR. SPEAKER: Committee of Supply.

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

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

MR. SPEAKER: Would the Honourable Member for St. Matthews please take the Chair.

MR. CHAIRMAN: It is the wish of the Minister to leave the salaries until later so we'll call appropriation 1 (b).

MR. N. SHOEMAKER (Gladstone): Mr. Chairman, I understand that, as you have suggested, we are not to discuss the Minister's salary nor how much he is worth, but I suggest that he is worth all he is getting and all he is going to get, and a little bit more. He is probably -- well I would suggest that he is probably one of the very few front benchers opposite who are losing money by reason of the fact that they occupy that position. I recall having lunch with him one day last summer, a very warm day, and he and I both wondered why either one of us got ourselves tangled up in this business, and I guess we are still wondering at times.

Now I would like to commend the Minister on the remarks that he has given us to date, Mr. Chairman, and for the very full report on section 1, if we want to call it that, of the estimates in his department. The establishment of the directorate of alternative care and elderly persons' housing, I think that's what the Minister called it, and I want to congratulate him for establishing that. The second resolution that I had the pleasure of presenting since I have become a member of this Assembly was a very simple one. As I recall it, it just simply stated this: "Resolved that the Manitoba Hospital Services Plan be broadened to include the care of patients in nursing homes", and it was talked about quite a bit at that time, and as I recall it, it died on the Order Paper. But I do remember that the Minister at that time was quite sympathetic to the resolution and I think that he could see and has seen and presently does see that the Manitoba Hospital Services Plan cannot operate efficiently, effectively, or economically, unless we do plan for an alternate care of the sick, infirm, and the aged people. And I do want to commend him, Mr. Chairman, for establishing this directorate.

I think that perhaps the Federal Government should assume the responsibility for this alternative care as suggested by the Minister. I think that they should realize that it would be a saving to them rather than an increase in cost. I recall when I spoke on this resolution of mine that I referred to, of a case, a relative of mine, that moved into the hospital on the 1st of July, 1958, the very day that the Manitoba Hospital Services Plan came into effect. She had been suffering from a stroke some time prior to that; eventually became totally blind; and she was a burden to all the household. But after she remained a certain length of time in the hospital she was declared a long term patient, or whatever the term is, and she had to be removed. That is, the Manitoba Hospital Services Plan refused to pay the cost of her care after a certain number of days. She was removed then to Hospice Tache where it was costing $110 a month at that time. Now the price may have gone up since that time, but at that time it was costing $110 a month and the government or the Manitoba Hospital Services Plan would pay no part of that. The point is that she was removed from a hospital bed where the cost was $12 a day. The plan paid that but they wouldn't pay the $4 a day bed, and I think that that is a bit ridiculous. I know the Minister thinks so too and he is doing something about it.

Now the press last night in "Under the Dome" -- the press that got the blast today from one of the members, that I still think is a very good editor and writes pretty good material by and large -- has a pretty good account of what the Minister is attempting to do. But the article does refer to a provincial plan of hospitalization and it seems that we more or less have two plans now - I mean the Manitoba Hospital Services Plan is -- it's true it's a provincial plan but more or less recognized as being a federal plan, and now we have a provincial plan. The Minister has not stated, or I don't think he has, whether it is the intention of the Provincial Government to assume the responsibility for all these various methods of care that he suggested last night. I'm not quite clear on that one. I know that a press release went out on

(Mr. Shoemaker, cont'd).....January 29th, the regular Information Section they call it, from the Department of Industry and Commerce. I guess these go out from all the departments, Mr. Chairman, but you know the one I'm referring to, and it suggests that as regards to the social allowance program, and I'm not going to refer to that, Mr. Chairman, I just want to raise one point here, but the News Service Bulletin that went out just -- I'll read the first three or four lines -- Parts of Manitoba's new Social Welfare Act that went into effect February 1st will provide extra cash as need dictates to an estimated 16,000 of the province's senior citizens; and (2) it relieves municipalities of the responsibility of the care of the aged and infirm in nursing homes and institutions; and then (3) the responsibility for the maintenance of children who are wards of children's aid societies or wards of the Director of Welfare. That is,three classes of people are intended to be covered.

Now it would seem to me in interpreting what was said by the Minister last night and in reading this service bulletin, as it is called, that the cost of the various types of care suggested by the Minister would not necessarily be paid for by the province because it distinctly says, "relieves the municipality of their responsibility for the care of people in nursing homes." Well if that is so I still think that certain people will be reluctant to leave the hospital and accept the other alternative type of care if they're going to have to pay it themselves. Now I'm not suggesting that there's anything wrong with that but if they find that -- I mean -- presently if you're a millionaire or whether you are indigent your hospital care is attended to so long as you are in a hospital because of the fact that you pay a premium naturally. But I interpret this now that unless you pass the needs test then you're going to have to pay for your own care in nursing homes, homes for the aged, and so on and so forth. I may be wrong. But this does open up the whole field of how far any government should go as regards the responsibility for social assistance.

Now I would be the first to deny the fact that we are our brother's keeper, but sometimes it is the problem to know who's the brother and who's the keeper, and it does present a problem. If we make it too attractive why we will take in most of the people in the province. I think that a certain amount of responsibility should still rest at the municipal level as it has in the past, and I'm still satisfied that the taxpayer gets better value for his dollar at the municipal level than at any other level of government. I recall quite well a fellow coming to me while I was on the council at Neepawa. He was becoming blind; he could get around quite well; he was certainly getting the old age pension; but he thought that he should get the blind person's pension as well. He thought that he was entitled to both of them and I explained that that wasn't possible at all, but if he did need additional assistance to support his existing standard of living that all he had to do was go over to the Town Council and we would be happy to see that we -- we wouldn't see him stuck so to speak. And he said, "Oh, I couldn't do that." He was very reluctant to do that, but he wasn't the least bit reluctant to ask for all he could get at the provincial or the federal level, and I think that goes for people by and large. They seem to think that if they're receiving assistance at the municipal level that they're paying for it themselves, but if they're getting it at the provincial and the federal level, well that's coming out of the Consolidated Fund. Their conception of the Consolidated Fund is something that nobody puts anything into and everybody takes it out of, and I think it's a bad situation. I was reading this afternoon a little story in the U.S. News and World Report. I think that's the name of the magazine, and they had quite a story there on the cost of social -- social assistance in the United States has now reached 21% of the entire budget. Well we're doing one better than they are because I think that according to the estimates we're spending about 23¢ out of 95¢, so we're slightly greater in that field.

I wonder if the Honourable Minister has given any thought to, and no doubt he has, to the advisability of, or the possibility of zoning the hospitals. It isn't my idea I'll admit that, but I did read an article written by some U.S. authorities on the zoning program that was instituted down there, and apparently it works with a certain degree of success. And it's simply this, that it's generally recognized I think that the cost of care in the hospitals today, the cost of care is made up -- or 70% of the cost of care is made up of the wages of all of the staff of the hospital including the nurses. Now I'm not suggesting for one minute, Mr. Chairman, that the staff of the nurses are overpaid. I say they're underpaid. But it is a fact apparently that about 70% of the cost of care is eaten up by wages. Well now this article suggested that the

(Mr. Shoemaker, cont'd).....hospitals be zoned in a, b, or c; or 1, 2, and 3, whichever way you want to call it. In zone 1 the patients would all enter in zone 1. Zone 1 would be a zone where you would have 100% care; that is, where all of the patients required 100% of the care. Zone 2 would be a zone where the patient might only require say 60% care; that is, probably a nurse could look after two patients in zone 2 as compared to one in zone 1. And then zone 3 would be the minimum care zone where possibly a nurse could look after three patients as compared to one in zone 1. Now it seems to me that it's worth consideration because if you assume that it is a fact that it could be zoned in that manner then it would result in rates something like this: say $15 per diem for zone 1, 12 and 8 and so on -- something of that kind. And then from zone (c) or zone 3 whichever you want to call it, the patients could be discharged into one of the institutions that the Honourable the Minister suggested to us last evening, that is, to a nursing home perhaps; to back home with a certain amount of care; to a convalescent home; or to any other type of institution that the board or the doctors might agree on. I think there are other advantages to this. They are all under one roof. The doctors call daily so they could visit any one of the zones. It would be convenient for the doctor; it would be convenient for the staff; and I think that it would be possible then to introduce more practical nurses perhaps than would otherwise be possible.

The Minister suggested, I think he did last night, the possibility of erecting one of these rehab. centres. Now if he has in mind a multi-million dollar centre in the City of Winnipeg I would be very very much opposed to it. I see the need for it but I think that they should take the form of a local rehab. centre, that is, several smaller local ones rather than one huge one in the city. I think that it is imperative that the elderly people be kept as close to home as it's possible to have them for many reasons. They are happier when they are closer to hom; they see their friends more frequently; and by that token they are going to live longer. I think it is a fact that many of our aged and infirm have been attended to in the past simply by reason of the fact that we have in the province a lot of very kindhearted and understanding people, and we certainly don't want to do anything to discourage their help. We want to encourage their help and I think that by keeping such centres at a local level that it will encourage the help of everyone.

There are other problems that I don't think the Minister touched on last night, Mr. Chairman, and to point up what I have in mind I'm going to read two paragraphs only from a letter that I received recently from a doctor. It is written to me because I asked him some questions on the problem, and he says, " The care of the aged becomes increasingly difficult. We do not have nursing home accommodation nor do we have adequate hospital space for chronic and convalescent cases. Manitoba Hospital Services Plan should be extended to cover nursing home care and grants should encourage construction of this type of accommodation as is the case with hospital construction. I would estimate that over 50% of the cases in our hospital are beyond the age of 65. The cost of drugs, and for that matter medical care, is interfering with proper geriatric management. It is also partly responsible for overloading our present hospital space. Many cases now in hospital would be treated at home if the physician was assured that the patient would fill and would be able to pay for the costly prescriptions. Moreover, there is a certain element who delay early treatment through fear of the cost and later require more intensive hospital care." It does, Mr. Chairman, point out some of the other things that we have to consider. But all in all, Mr. Chairman, I think that the Honourable the Minister is on the right track and I wish him well. I'll have more to say as we reach Section Number 2. Thank you.

MR. PAULLEY: Is the Minister intending to answer, or would he like to hear one or two other comments on his remarks last night first?

My remarks, Mr. Chairman, will be brief because they will only deal with what I thought the Minister said last night. I join with the honourable member who has just spoken as to the sincerity of the Minister of Health.

As I understood last night, the Minister made reference in his general remarks to the committee that has been set up to undertake a survey of hospital needs, either in the Greater Winnipeg area or the province as a whole. And it seems to me that, while there is a need for a general survey, I wonder whether or not if the information revealed in news items over the last few months in connection with the building of a hospital in St. James is correct, that unless

(Mr. Paulley, cont'd).....the committee is going to report and action going to be taken rather rapidly that we may be losing out, or at least losing insofar as time is concerned. As I understand it, the Salvation Army with the co-operation of the Municipality of St. James were prepared to go ahead with the building of a hospital in St. James, and that because of the fact that the government had set up a survey team the program has not been proceeded with. Now it appears to me that notwithstanding the results of the survey team, it seems to me that there is a definite lack of hospital beds in the Greater Winnipeg area at the present time. I must quite frankly admit that I do not know the full plans of the Salvation Army in respect of their proposed building in St. James, as to what they would do with their present location down on Arlington Street, because we do know that in the past few years they have made rather expensive extensions down there, limited by the area in which they are located. It might be, and I don't know and I'm asking these questions so the Minister might be able to inform the committee, it may have been that one of the objectives of the Salvation Army if they were not going to dispose of the property that they have on Arlington Street, that their facilities there may have been turned over to more of a rehabilitation centre or to take care of some of the less acute cases in regard of hospitalization.

It seems to me, Mr. Chairman, that notwithstanding the desirability as I say of a survey, that if the impression left with me as a result of the newspaper articles is correct, that here we have practically a stand-still at the present moment while this survey is being undertaken. I think that it is a wrong policy because, and I'm sure all of us have had drawn to our attention from our constituents and others that they have not been able to get into hospitals unless it is a case of immediate necessity, and by immediate necessity, Mr. Chairman, in this case I mean a question of life and death, because I've had quite a number of constituents, people come to me and say in reference to certain types of operation or care which requires hospitalization, that they have had to wait two or three weeks or more before they have been able to get into hospital unless their condition became immediately acute. So I say that I would like to hear from the Minister a full explanation as to why, notwithstanding what appears to me to be an obvious fact, that we do require a considerable number of additional hospital beds and that here was an organization and a municipality that was prepared to co-operate with them if press reports are correct, and I believe they are, to go ahead and supply additional bed space, that they were told, again if reports are correct, by the department that you must hold off because of the fact that we're going to have a survey taken. I don't think the Minister mentioned last night in his remarks apropos of this how long the survey is to take or what progress they have made up to the present time.

There is one other question I would like to direct to the Minister. I believe he also mentioned nursing homes in his general remarks of last night. Now I'm not going to touch on rehabilitation, one of my colleagues will do that, but I would like to ask the Honourable the Minister, in view of the fact that in past sessions we have had a considerable amount of debate and discussion on the question of many of the private nursing homes in the Greater Winnipeg area as to whether or not their facilities are up to a desirable standard, whether they are being managed in, let us say, a fully competent manner. I would like to hear a review from the Minister as to what the general situation is now. Two or three years ago there was quite a considerable amount of publicity given in respect to one or two of these private nursing homes and there was at that time consideration to closing some of them down or some of them were only on temporary permits because that they -- because of the fact that they did not seem to be conducting themselves in a manner which was considered a good manner. So as I say Mr. Chairman, other members of my group will be discussing the other aspects of it. I thought that I would ask these two what I think rather pertinent points of the Minister, based solely on the remarks that he made last night.

MR. ORLIKOW: Mr. Chairman, the statement which the Minister made in introducing his Department yesterday, I think all of us, at least all of us in this group can agree that it is a statement of objectives; it is an excellent statement. As a matter of fact I must tell the Minister that his statement last night sounded very familiar and as I read through some of the reports of Saskatchewan's Department of Health and their Department of Rehabilitation that almost word for word - I'm not suggesting that the Minister copies theirs, it's just a thought that we indicate that they're working along the same line. As a statement of objectives I find

(Mr. Orlikow, cont'd).....it excellent, but I must say Mr. Chairman, that I am pretty skeptical that unless this has been only the first step in what is a program that is to grow gradually over the next half a dozen years, that I'm pretty skeptical about whether the Minister can do these things on the roughly $10,000,000 which he is proposing to spend this year, because if you compare the health estimates of this province of $10,000,000 with the estimates of the Saskatchewan Department, which are two and a half times higher than ours, or even with, although I haven't checked them as closely with the Ontario Department, I think you would see that there is a vast difference in the amounts which are being spent and I don't think that the other provinces are overspending. I think that they have found to do these things which the Minister is suggesting we ought to do, it is a pretty expensive business. I'm not complaining about that; we will support the Minister. I'm just pretty skeptical that this can be done.

Now the Minister said some time last night in discussing that tongue-twisting title the Director of Alternative Care and Elderly Persons' Housing, all of us can agree that this is a very worthwhile idea, obviously more people are going to hospital now that the hospital bills are paid through the government plan, and obviously they are spending more time in the hospitals, and undoubtedly you can expect to have people staying in the hospital when the cost is as high as it is in the -- particularly in the highly qualified hospitals such as we have in the larger cities. And all of us can agree, and I'm sure that the doctors and technical people will be the first ones to say that alternative methods are better and cheaper and so on. At the same time I want to suggest to the committee, Mr. Chairman, that while it's cheaper than keeping people in the hospitals, that it is not an easy matter and it is also an expensive matter. We can all agree that people ought to be out of the hospital and into alternative places as quickly as possible but this requires (a) that there be alternative accommodation and I want to agree with what the Leader of the CCF said earlier, I'm pretty skeptical that the kind of nursing homes we have in Winnipeg and they are probably as good or better than you have anywhere else, are adequate alternative care for hospitals so that if we're going to put people into nursing homes, then we have to have adequate nursing homes and I don't think we have. I know we haven't got them yet. If we're going to put older people into alternative housing and I'm not going to be critical, this government has done more in the last year and a half than the former government did probably in the ten years before in terms of elderly persons' housing. But what has been done so far is a drop in the bucket as compared to what is needed. We still have no geriatric centres,for example, for people who can't look after themselves and aside from the physical facilities which are needed in alternative care, there's the whole question of who is going to decide when people are ready to get out of the hospital and who is going to find them a place to go. I want to suggest, Mr. Chairman, that even though the Minister is proposing a pretty substantial increase in the number of nurses and the number of visiting nurses and in the number of social workers, I am pretty skeptical that he has enough to do the job which he has suggested needs doing. But I don't intend to spend much time on that tonight; we can do that when we come to the actual item.

Similarly, Mr. Chairman, in terms of rehabilitation, the Minister hasn't given us any figures on how much is needed or what staff is needed, but when I look at what the other provinces are doing, this is not an easy matter, and it certainly is not a cheap matter. I'm not suggesting that we ought not to do it; by all means let's get on with it. It's much cheaper in terms of money and certainly much better if I could use -- remember exactly the phrase that the Attorney-General used on another occasion, you can't measure in dollars the value which can be -- we can get if a person can be put back in a position where they can work and live by themselves and so on. I agree completely, but this is a program which is going to cost the people of this province a very substantial amount of money, and it's going to require a substantial staff and I am going to be very interested to see the step which the Minister will propose, not only for this year, but for the next two or three years, because I think this is something which will not be done all in one year.

The last matter which the Minister dealt with, and here again I'm not going to be critical - the matter -- the new development in the field of working with the Indian. Now Mr. Chairman, some of the members here, the Honourable Member from Ste. Rose, the Honourable Member from Rupertsland to mention just two, as well as myself, have been attending the conference called by the Welfare Council, the Conference on Indian and Metis, and if I got

(Mr. Orlikow, cont'd).....one thing out of that conference, Mr. Chairman, and I wish that the Minister had the time, not just to come on the first night to make a speech, and I understand he made an excellent speech, I wish he could have come the next morning when the Chiefs representing the Indians told us what they thought needed to be done. This was to me a very instructive morning. And what they said, Mr. Chairman, and I think it was very well said, was that they don't want relief and don't want welfare; they want work. And so, Mr. Chairman, what I am going to say now is not intended in any way as a criticism of the Minister. I think the Minister will do as good a job on this as any person on the front benches on the other side, but I am a little skeptical of the decision to put this work under the Department of Health and Welfare, because if the Indians are right and I think they are, that what they want is work and not welfare, then it seems to me it would have been a much more practical thing to put this department or sub-department under one of the departments of the government which spends the money in terms of work. I am thinking of Public Works, or Mines and Resources, or Industry and Commerce, rather than Health and Welfare. Now I don't think this is a major error, but this is a thought that occurred to me. But what does concern me, Mr. Chairman, is the Minister's statement that the government is proposing that, as I remember it, and I am sorry the Hansard isn't out yet, that Mr. Legasse has been hired as the head of the work, and this is fine, and as I took down the Minister's words, I got it that he said that two community development officers are being appointed, an economic development officer has been or will be appointed. Now the newspapers report you to say two, in either case as I take it, either four or five people either have been hired or will be hired.

Now Mr. Chairman, I am quite certain that the other members of the Legislature who were at this conference as I was, will agree with me completely that this problem of the Indian will not be solved with four or five people on staff. And here again I think that this is money which is well worth spending. Now I have no way of knowing what the consultant has recommended to the government in terms of what will be needed. I am not saying that if he has recommended that it really takes 15 or 20 people, I am not suggesting for a moment that they all ought to be hired the first year because I am sure that these people are difficult to find, the people to do this work, and one couln't expect the government to do it all at one time. But I do think, Mr. Chairman, as I said earlier, apropos the social allowances program of the government, I do think that the House at some point, possibly when we get to this item in the estimates, should be told by the Minister what the over-all plan is; how many people it is thought will be required and whether this is a one-year, two-year, three-year or four-year program. Because I believe that money spent in this way, money spent to help the Indian and Metis people adjust to working, not necessarily working in the ways in which we work but work which is productive and work which it will pay them, is money well worth spending, because if we don't spend it in this way we will spend almost as much in direct welfare, either through the provincial government or through the federal government. And these are some things which I think, Mr. Chairman, need to be explained in considerably greater detail than they have been by the Minister at the moment. I don't say that I expect a detailed statement now on the matters which I have raised. If the Minister would prefer to leave them until we get to the items that would suit me fine. But I do think that while I could commend the Minister for the statement which he made as a statement of objectives, that I will have to see a good deal more detail as to how the government intends to do this or when the government intends to do this, before I will really believe that the objectives which the Minister has set are the objectives that the department will be developed into a concrete program of action.

MR. CAMPBELL: Mr. Chairman, my contribution to the debate at this stage will be very brief, I assure you. I want only to ask the Honourable Minister if there is any progress that can be reported toward getting the homes, nursing homes, homes and hospitals for chronic illness and suchlike that have already been referred to, and to which he referred, included in the hospital plan. I am sure that the Minister likely agrees with us; he is likely much better informed regarding it than I, that that plan will not be fully effective, nor I think, will it be as economical as it can be unless such nursing homes and similar institutions are included under the plan. And now that he is expanding those services, I think rightly so, it becomes all the more important. So I would just like to ask him when he is making his reply, to report on any progress that has been made, I am sure he has continued to make representation.

MR. GILDAS MOLGAT (Ste. Rose): Mr. Chairman, I would just like to say a few words on this matter of the Indians and Metis referred to by the Honourable Member from St. John's. I attended the same conference that he was at, as he mentioned. This is the sixth annual conference of the Winnipeg Welfare Council on Indian and Metis, and there was a new experiment tried this year by that group. In the past when the Indians from across the province were invited to this conference, most of the time they were subject to speeches by experts in various fields who were there to give them advice on what they should do and so on and so forth. This year the council felt that a new approach should be tried and instead of having the Indians there as a captive audience forced to listen to speeches over a two or three day conference, the attempt was made to break the conference into a series of workshops where each individual chose the workshop in which he was interested and at which the Indians and Metis were asked to speak. They were the ones who expressed their views, their problems, their suggestions and made to work as a group so that they became part and parcel of the conference rather than just as an audience. And I would say that it has been a very successful conference. There was a meeting late this afternoon of the chairmen of various committees and if there's one thing that did come out, and not only from the major session that was held yesterday morning but from the various small groups that worked over the day and a half, it was that very thing that the interest of these people is an opportunity to work, an opportunity for jobs, and opportunity for gainful employment. They do not want welfare unless it is a last resort.

Now the suggestion was made by the member for St. John's that possibly consideration should be given to putting this work under another department. As far as I'm concerned it doesn't matter to me at all what department it's in provided that the approach to the problem is the right approach. Possibly Mines and Resources would be a better spot in view of the fact that the majority of these people live in areas where that department is most active. Their main problems seem to centre on problems of fishing, trapping, woods operation and so on. However I'm sure the same can be achieved provided that there's proper co-operation between the departments.

The important thing, however, is that question of approach and in this regard several suggestions came out of the conference, which I think have to be looked at very carefully. We have made a reorganization in the past two years of our system of education. Unfortunately I don't think that enough of that reorganization is suited to these people at this time. In most cases they are still outside of the larger school areas. The advantages of better high schools and more facilities at the moment will be too far away for most of these people to be of benefit. This means that their youngsters who are having more and more difficulty finding employment in their present localities, when they come out into other areas such as our cities or other spots in the province where there is development going on, have difficulty in adjusting. They do not have the education qualifications to get the better jobs. They end up with temporary employment and eventually drift back to their original home after a period of a few months at work and are back in the same position as they were before. It points out one specific problem which several of the committees mentioned, and that is the matter of vocational training. Unfortunately in too many cases these people have not enough basic education to be able to enter our vocational schools, because the standards set there are too high for their background. It points out to a need of either special vocation courses in their own circumstances or to free vocational courses, courses where they would be taught exactly the subjects that they require. While all of us will agree that a general education is certainly to be valued in all cases where it can be obtained, that it should be encouraged; after all we are much better off to have these people with some education specifically suited to the type of work that they will be doing rather than have them with no education in always the poor and temporary jobs.

Now this conference I think was an outstanding success and has shown that the Indian, half-breed and Metis people of this province are aware of their problem. They see themselves where improvements can be made. They are not sitting waiting for the remainder of the province to take care of them but in the same token while they are prepared to meet the problem they have to be assisted because of the special circumstances in which they are. They have not got at this time within themselves, due to their localities, due to the lack of training, the possibility of raising themselves. We have to undertake that step. Now the stop that the

(Mr. Molgat, continued)... Minister mentioned last night is excellent but the problem is great and while I know that he can't do everything at once I'm certainly interested in knowing what the long range plans are in this regard. I think that far from being a cost to the province it will be a great saving because a saving in welfare costs alone at this stage to say nothing of the social resources that will be developed by getting these people gainfully employed will far outweigh the cost of having the proper people doing this type of work. Now this all comes down again of course to having the right type of staff. Yesterday we were discussing probation officers and the same thing applies here unless we have the proper type of personnel this work will not be of benefit, so I think it's of absolute importance that we go ahead with the program in accord with the recommendations of the commission that we had investigating this whole affair so that this whole problem far from being one of welfare as it has been in the past will become one of developing human resources, getting these people gainfully employed, raising them from their present level which they ardently desire, in which they're prepared to co-operate. Now the longer we wait, the slower we go on this, the more costly it will be to us in the long run.

MR. JOHNSON (Gimli): Mr. Chairman, I couldn't - I would like to start at the latest speaker and work backwards if I may. I couldn't agree more with the statements made by the honourable member for Ste. Rose in that this is a tremendous problem. As I said last night it is - this program that I am anticipating in these estimates comes out of our - as a result of the report which was submitted over a year ago. That committee was named by the previous government because this problem was becoming greater and more attention was being focused upon it. Following the perusal of the report it seemed quite frankly to make a great deal of sense that an attempt, a beginning should be made in this area and community development after all it is the approach, as the honourable member has said, the community development is the new approach or the only approach that this report recommends as a logical start in this area. I was tremendously impressed in a - fortunate enough to make a ten day trip throughout our northern areas last summer, visited many of these people on the reserves, on the edge of lakes where they were fishing, spoke to the mining company and the personnel in mining communities and spoke to many of the people to whom we are referring. Also had the great pleasure of spending an hour with Dr. Matura who addressed our Indian and Metis Friendship Centre the other evening. Dr. Matura is a highly educated man, a member of the Six Nation Reserve near Brantford, a full blooded Mohawk Indian ancestry who pointed out that the greatest thing that one could do for the Indian and Metis was the restoration of their national pride in themselves as a race that they had a contribution to our Canadian way of life, that he felt very strongly himself that in these underprivileged or uneconomic areas where these people are located that he had a great deal of compassion for these people in these areas. We all do in this House. We have read in that report the low acreage per person on reserves; we know that the Indian Act can be improved upon to hasten the departure off reserves. You're never going to accomplish much without this but as we all know it's a tremendous problem. The approach here was merely a beginning. We felt, and certainly as the Minister in charge of the program that we decided to strike up an inter-departmental committee consisting of the Ministers of Mines and Resources, Industry and Commerce and Welfare and have the Deputy Minister of Welfare and Director of Indian and Metis advisory to this group, to sit down together and plan some activity along the lines of community development. As you know this concept of community development first came out of the, as I understand, the British Colonial Office, it is the method by which under-developed countries are being - in which the approach is being made in these countries. We felt that we had to make a start; that we should pick our two centres and make a humble beginning at least in the coming year. We have not hired the personnel as I have to present these estimates first but we've been working on the type of person we would like to locate in these two areas; we'll have to give considerable thought to the employment of an economic development officer and employment officer who can look into these various problems.

Now I'm as aware as anyone in the committee the tremendous strides which we could make; we must realize that 2.6% of the people of this province are treaty Indians, 6% of our population are of Indian ancestry. This is, as I said last night a beginning. This is on a project basis for the first year to see how it comes along this year and next year, and I think we'll just have to see how we make out before we make any further plans at this point. But we've

(Mr. Johnson, continued)... learned a lot, I think. I think the Indian and Metis Friendship Centre this association with these people through these centres of this nature bring us an awful lot of information. I had my Deputy Minister, incidentally, look at the picture, try and estimate what it costs in welfare through the Attorney-General's department through all these sources of government, to assist the people of Indian ancestry with welfare and the various problems that are created because of their impoverishment in the province. It came to $2.1 million per year more than it would cost if they were white. This is a tremendous challenge to this department. You may say why such a humble beginning? The reservations expressed by the honourable member for St. John his skepticism as to this program, I can assure him in all honesty and quite frankly that I want to make a start and we see many possibilities. We could talk about this for a few hours as you know, but there's the opportunities possibly for helping these people help themselves. This is the object of the exercise. In our Northern Health Services our Director there is a man who -- and when I'm speaking on this subject I'd like to tell you that throughout the North in our Northern Health Services we're also learning a great deal, this young man who is heading that service has had tremendous experience with underprivileged areas in the past; he's moved into these smaller communities and trying to stimulate people to help themselves. They just need a little bit of help on many occasions. I would inform the House that in certain places I went to last year I was a little discouraged to find that people of Indian ancestry had located themselves on the edge of the lake to fish two months of the year and be on welfare the other ten months of the year. This is something that I think we can do a lot to correct through the services of health and welfare and also through a better understanding of the needs of these people. But I think we must begin to treat them as we would anyone else. We have to look at them and try to help them restore their pride in themselves and in their own culture, and to help them with these little things that mean so much to them. I really can't say more at this time following the passage of these estimates we're prepared to proceed immediately with the employment of one officer for Camperville-Duck Bay, one community development officer for Norway House, one economic development officer, as we call him, and he'll be under the guidance of an inter-departmental cabinet committee.

Now my Honourable friend from St. John's as he points out this will take years to do the job that we would all like to do. He talks about the area of rehabilitation, he says -- I would like to remind him as I said last night that our Society for Crippled Children in this province under our co-ordinator is doing a tremendous job in rehabilitation; we're the envy of many provinces. The Society in addition to the monies we quote here in these estimates, it also receives money through the March of Dimes and the Easter Seals and so on, and is spending in the neighbourhood of half a million dollars a year in the field of rehabilitation at this time. The problem, as he says, in Saskatchewan we haven't suddenly come up with geriatric centres. The problem is a little different in Saskatchewan but they're beginning to think the same as we are from what he tells me of their annual report. I'm not trying to be smart or sarcastic, I'm just saying that right across Canada every province is facing these problems to a greater or less degree. For instance, Saskatchewan didn't have the nursing home situation that we have in this province when their plan came in. Their plan has been in operation for ten years. They have not included any nursing homes under their plan; they have developed three or four geriatric centres. Other provinces have moved to varying degrees into nursing home care. We in this province had to find out what types of people were in these various nursing homes. As I said the various medical care elements, the sick elderly, the elderly well, the infirmed and non-elderly. There's quite a classification of people. Under the terms of the Manitoba Hospital Services Plan as you know it operates-Federal Government shares in plan on the basis that we meet uniform terms and conditions. These uniform terms and conditions very definitely state that only if you require hospital care should you be under the facilities of the plan. We see the opportunity to extend this plan outside the acute hospitals. The Commissioner has busied himself surveying the nursing homes of the Greater Winnipeg area and outside and has completed something like 70 of these institutions and I've asked him to ascertain what facilities we could utilize on an interim basis to provide care for the chronically ill, and have the cost of such care covered by the plan. And thus study is continuing; it is my hope that we may be able to take -- that we will take certain of these facilities under the plan as I

(Dr. Johnson, continued)... say, as an interim measure because, as you know, Mr. Chairman, the hospital survey is being carried out and is in active progress and we think that this will be our guide wire -- our guiding as they are studying the alternative care areas also, that they will set the pattern for the next five to ten years as to how quickly we move into these various areas.

This alternative care directly as we have set up, as I tried to explain last night, in addition to the hospital plan looking at these facilities from a point of view of design, architecture, feasibility, whether they will meet uniform terms and conditions with the Federal Government. The alternative care directly has busied itself in the area of classifying the people in these institutions. And this is a gigantic task and it is almost complete. At the same time although you can do this classifying and so on -- what I'm trying to say is that in some of these nursing homes, very excellent institutions, others may be not as good you have this mixture of people. I'm talking about frail, elderly, sick people, some infirm people but various categories, many categories in one institution and this complicates the picture for the hospital plan. You almost have to - we'd have to declare certain areas plan facilities where the people do require hospital care. Many of these people do not require hospital care, they would be better off in a more active facility where coming to meals and so on. And we are trying to move into this area; we have made arrangements with the City of Winnipeg for the coming year which I could explain further under the Social Welfare -- when we come to the Welfare Estimates. I think I could talk more about this problem when we come to the item of hospitalization especially in answering the question from the Honourable hte Leader of the CCF Party, in the question of the Hospital in St. James as I informed the House at the last session, we called in all the Administrators and Board Members from all the hospitals in the Greater Winnipeg area. We also spoke to our Advisory Hospital Commission under the plan representing all the rural hospitals and in calling them together, there was a very definite purpose in that, in that many of these hospitals had expansion plans being prepared and we sat down around the table and discussed quite frankly the situation in this province. I told them as Minister that I had the dual obligation of providing the greatest in benefits to the people and at the same time to think of the taxpayers' considerations that I thought before everybody started to bring me in grandiose schemes of enlargement that we should have a look at our needs for the province in the Winnipeg area and the province as a whole. This was one of the reasons -- this was the thing that precipitated the hospital plan. They passed a resolution concurring in my suggestion certain projects as we will describe later were approved before this decision was made -- this decision of the government to go ahead with those projects that had been approved up until this decision to hold this survey was brought about. I can say this much, that the survey team have met on two or three occasions with the great hospital authorities. I have met with them twice, once to receive a brief. We've had the Federal architect down looking at the situatinn and I'm simply not in the position till I get my survey report - it shouldn't be too long in coming to give you the final decision. But, as you know, the hospital has a new fine addition there, built last year, and there are many considerations which are still in the discussion stage between the Board and the Hospital.

Oh, I think the Honourable Member for St. John's although very skeptical, I'm sure feels that the patient has been diagnosed and treatment's underway and it's going to be an orderly treatment in an orderly definite approach and we're going to get the patient on his feet if he'll just give me a little time with my alternative care program, hospital survey and so on. And I think we'll surpass our cousins to the West before too long.

In the area of the Honourable Member from Neepawa I wish to thank him for his remarks. He has concerned himself a great deal, I know, with the whole problem of nursing homes, hospitals for the aged and so on. We have many problems in this field as I tried to indicate yesterday we have to sort these problems out and every time you push a balloon in you see a bulge another bulge comes out somewhere else. And ever since the plan made the first bulge, the other bulges have been popping. You can not think of alternative care without starting right down with elderly persons' housing. Many of these people just need housing.

I would like to make a couple of remarks while I am on my feet although possibly under the other items I could have spoken on them further -- well he can ask questions at that time. The cost of the rehabilitation centre I thought possibly these should be more of a local nature

(Mr. Johnson (Gimli), cont'd.) .. and not centralized. One of the main reasons for centralizing this of course is because we don't want to duplicate expensive facilities -- we can't duplicate them to the extent which he has indicated. The whole object of this rehab centre was as we've described earlier that here have the Sanitorium Board, the tremendous record in field of hospitalization anxious and ready to go ahead and develop a rehab facility in the Greater Winnipeg area. One of the other reasons was the basing of the school of physio and occupational therapy which is starting this fall so that we can graduate students in physio and occupational therapy so we can send them out to Neepawa and Gimli and go into these hospitals and alternative care facilities and give these people some treatment. Also a director who is experienced in this field and an authority in Britain today to give us some leadership and tell us how to diversify this program. It certainly won't be centred in the one hospital but this will be the teaching centre; this will be the centre that can be a right arm of the Children's Aid Society or the Society for Crippled Children and Adults the Canadian Arthritis and Rheumatism Society. This is where we can base our operations and our teaching. This is where you certainly can't duplicate these hydrotherapy pools all over the province but I think the object is to get services to the people in these other outlying rural areas and we can only do that by training the personnel in the first instance.

In talking of zoning, I didn't know whether my honourable friend was talking about zoning the province or zoning within a hospital structure. Of course in zoning you must think of the uniform terms and conditions under which we have our agreement with the Federal Government. In the idea of zoning within hospitals that is going on to a great degree; every hospital now has its intensive therapy centre attached to the operating room or intensive care areas within the hospital. So you're talking of a hub, and as you go into the periphery as the patients are not so ill you have more practical nurses and nurses' aides treating the patients than you do in the intensive therapy portion of the hospital. This is becoming universal with recovering rooms, etc., and another factor we must consider is that this is also tied up with hospital architecture. I imagine in the future more and more emphasis will be put on the very thing that my Honourable Friend from Neepawa has mentioned that these will -- this will, I think, be the pattern in the future. If you think again as I say, of the hub of a wheel, the central area will be the intensive care unit and the branches growing off it will be the less intense care centres. However, this is a -- this is looking into the future and I think there's much merit in what he says but much is being done along that line now.

When my honourable friend from Neepawa mentioned the problem of the cost of care in the alternative care facilities as he was thinking--I think of nursing homes and hospitals. Well as of the 1st of February as will come through under the welfare legislation and welfare estimates the province took over the care of aged and infirm in institutions that the municipalities had been carrying. He said that you can get more for the municipal dollar, I believe than you can when the province is paying the bill. But the whole thing is that after years and years of people just arriving into these institutions and every different conceivable degree of incapacity, one has to start sorting this thing out and finding what is the best facility for the patient. And I think in thinking in terms of the needs of the people it was inevitable that this type of program be initiated sooner or later. I also feel that in taking this responsibility it is a big responsibility. It will take time to do the job we want to do but we think it is a real start in the right direction. We now under our Elderly Persons' Housing Act will have more control over the admission policies into these types of institutions that we support with grants. We'll have more opportunity to survey the needs before they are erected; we'll have some opportunity to have assessment panels and find out the real needs of the people before they go in them. Many people have gone into these places in the past without any assessment as to the degree of care that they might require and so on. As I say, our survey is continuing, it's almost well past the halfway mark now I believe and it's been a tremendous amount of work and we're hoping to find the answer to the -- some further answers in the field of alternative care at that time.

MR. DESJARDINS: Mr. Chairman, I wonder if this is the right time to ask this question of the Honourable Minister. Is anything being done for the alcoholics that need hospital care? Now I ask this question--I know it's a very tough situation; it's very hard; and discussing with some of these members of the AA who by the way, I think, do a very good job although they

(Mr. Desjardins, continued)... shy from publicity and will not accept any grant or any money at all but I've been told that the only thing they would like to see is some beds in certain hospitals.--I questioned them-- What were they advocating? A hospital for these patients? They said, "No, if only there was a ward opened in a few hospitals--a ward where there would be three or four beds". Now these were his exact words. I asked him what was being done at the moment. He said, "The only way we can get those people in there would be to take them to the General Hospital, put them on the beds and run like hell". Now is it possible to meet this problem, Mr. Chairman? Is anything being done or is that the wrong approach? Do they need this hospital care?

MR. GRAY: Intensely I waited for the item but while the question was raised you'll probably reply-- my question is whether it would be possible or feasible or adivsable to open up a department under ..... direction for the purpose of doing the entire work which is being done by four or five organizations now and do it under one department. I think perhaps the work could be done better as far as cure is concerned, rehabilitation, temperance, education and all the branches now which are being spread around among volunteer organizations. You're not handing over to volunteers any other of your work. Why do this which is such an important thing?

MR. SHOEMAKER: Mr. Chairman, I want to thank the Minister for replying to some of the questions that I put before him. I still think there's one unanswered. How are we progressing with the federal authorities in convincing them that the cost of the alternative care should be assumed or taken over by the Hospital Services Plan? I think the Honourable the Leader of our Party also asked that question. And then No. 2; if a community decided they were going to build an elderly housing unit, could the services of the directorate be made available to them immediately? Or would that interfere with their program? The reason I ask that--I have a clipping before me from the Free Press I think but it says, "Home for the aged planned at Dauphin. A 70-guest hospital-type building will be started early next year. They've bought the land", and it says here in part that, " Arrangements have already been made with the local committee on housing for the aged to carry out a survey". I'm wondering if it was a local committee that carried out the surveys. Or was it the directorate? And then another question-- I think I heard the Minister say that the commissioner of the Hospital Services Plan was presently making a survey of the nursing homes in Greater Winnipeg to come forward with a standard of care or something of that nature. Now I'm wondering does the Honourable the Minister think it's good business to have the man that holds the purse strings so to speak also plan the standard of care in such cases or is that good business, I'm wondering.

MR. JOHNSON: Mr. Chairman, I think I probably said the wrong thing in answer to the Honourable Member from Neepawa. The commissioner is not setting the standards in the City of Winnipeg. Most of the nursing homes have been inspected by the City Health Department up until now. We have never had a comprehensive survey of the per diem rate in these institutions ever been attempted in the past. This is the job that he is doing as would be at this time and sitting down with the City of Winnipeg -- sitting down with alternative care directorates--sitting down with the information he's obtained and trying to determine which of these facilities would be possibly placed under the facilities of the hospital plan. And as an interim measure until such time as we get our hospital survey report and our planned construction program suggesting to the hospitals -- we received briefs from all the hospitals in the Greater Winnipeg area and throughout the province and we hope to develop a pattern of consturction for the future. This is almost imperative as we will hear when I come to the hospitalization item under the plan.

Concerning the elderly persons' housing--I don't know what particular article this is but I can inform him as I said last night that our alternative care director is the overall authority in the field of elderly persons' housing. And he goes to the community and sits down with the people who are concerned or want some help in the development of more housing. And we're trying to involve them as well as ourselves in the survey in the needs of the area. I think this is important to involve the local community and set up a local committee so that he can work with this committee and give them the information. Also by the time I get to that Housing item in my estimates I hope to have a pamphlet that we have published and are distributing I hope soon to these people. I'll give the members a copy.

Thirdly--how are we getting along with the Federal authorities in the field of alternative

(Mr. Johnson, continued).... care? The facilities that we take under the plan such as Assiniboine Hospital plan in Clearwater; The Pas; and the few beds we have at St. Amant ward at St. Boniface Sanatorium; and so on; and then our municipal hospitals; these facilities which are really alternative care facilities, must meet with uniform terms and conditions in that they're open to everyone with the premium and so on. They can only go in on a doctor's order and out on a doctor's order. We think that the Federal Government will go along with pretty well anything that we feel is ready to be taken under the plan as our survey continues, and I don't think there'll be -- we don't anticipate any difficulty there as long as they meet these terms and conditions -- uniformity.

MR. CAMPBELL: Mr. Chairman, perhaps the Minister prefers to leave the other part until the item on hospitalization is reached. If he does that's quite all right with me but I just wanted to know if the same thing applied so far as nursing home care and chronic patients are concerned.

MR. JOHNSON: When, Mr. Chairman, I talk about alternative care I'm thinking of all those facilities other than the acute hospital. If a nursing home, for instance, has a certain-- is rendering a certain standard of care to a patient and we are satisfied provincially that this is a good institution;that our patients will receive the care and attention and so on, we can bring them under the plan and seek Ottawa's approval. And I think we won't have -- that is-- seek Ottawa's participation under uniform terms and conditions. This is where I have asked the commissioner to designate as soon as possible so many beds as an interim measure because we don't want to go too far in this direction until we get our report from our Hospital Survey Board, who might give us some other recommendations. But there is this need and we're ready to move very soon on this factor.

MR. CAMPBELL: I understand that, Mr. Chairman. But what I'm really trying to find out;does the Minister think that Ottawa is ready to agree?

MR. JOHNSON: The one other question I was asked was the acute alcoholics. The admission of alcoholics to hospitals was mentioned by the Honourable Member from St. Boniface, I have heard certain rumors that acute alcoholics were not being admitted to our general hospitals but I have checked with both hospitals in the last two weeks. In the past year the St. Boniface Hospital, for instance, there were 95 admissions; there were 105 admissions at the Winnipeg General Hospital including pneumonia, urinia and other conditions; 250 admissions which is 1 per cent of the admissions of the General Hospital. These people are not being turned down to my knowledge.

MR. MOLGAT: Mr. Chairman, I was very interested in the comments of the Minister on the matter of the Indian and Metis situation. Did I hear him correctly to say that his estimate of total annual cost in welfare in the Attorney-General's Department and so on was $2 million?

MR. JOHNSON: Well, according, Mr. Chairman, to a recent compilation determined by the Department of Welfare the Metis cost 2.111 or $2,111,000 in welfare more than they would if expenditures were made at the same per capita rate as for other ethnic groups. This is including care in gaols. Treatment is ..... welfare costs.

MR. MOLGAT: Well was this the total cost of that group annual?

MR. JOHNSON: More.

MR. MOLGAT: Yes, in excess.

MR. JOHNSON: In excess of what it would have cost.... ?

MR. MOLGAT: What it would have been under normal conditions.

MR. JOHNSON: Right.

MR. MOLGAT: In other words, if the group of Indians and Metis were assimilated into the remainder of the society there would be a reduction in our costs of these various services of $2 million. Now the Minister said--I think--said that the plan for next year is one community development officer in Camperville-Duck Bay; one community development officer in Norway House. And then what was the other position?

MR. JOHNSON: Well this is an employment officer to work under the Director of Indian and Metis to help Indians find employment in mining industry and other activities other than their local habitat.

MR. MOLGAT: This would be somewhat the equivalent of the placement officer which

(Mr. Molgat, continued)... the Federal Government employs for the Treaty Indians? His main work is to guide them into employment first. Once they get into employment to see to it that not just their employment consideration is taken care of but also their housing -- living accommodation -- to get them to assimilate and integrate into the community. Is this the job of...?

MR. JOHNSON: Mr. Chairman, I might inform the honourable member our director visited for instance the Pickerel, Crow and Red Lake areas on my request this past fall and found in certain instances the department there, along with Indian Affairs in this case - along with the placement officer as you call him under the federal legislation, was actually successful in placing these people in good housing in a mining community, and explaining to the employer the difficulties that might arise and helping these people to locate there. And real strides have been made in those two communities in this area which interested us. This is the type of thing I would visualize. For instance, I think they're trying the same thing at Churchill and Chipewyan Village where the local Indian Agent has helped relocate these people in housing -- and in Churchill. The monies in this estimate that you're voting today I might point out, under Rehabilitation, the portion of this designated to community development is in the nature of $50,000. This is the salaries and staff for this program this year and would not include any welfare given by these individuals to the people.

MR. MOLGAT: The program then for next year will be three people - two community development; and one placement; and one director. Is that correct? For a total of $50,000? Now could the Minister tell us what the long-range plan is in this? If it is successful, which I have every hope and every belief that it will be provided that we have the right people; if we have the right employees I'm sure this will work because the community development plan has been proved elsewhere. As the Minister pointed out it was used by the British Colonial Office; it was used very extensively by the United Nations in their work in India, in Indonesia, and many other parts of the world. Now, going on the provisio that it is successful, that it's doing the proper job, what is the long range plan of the government in this regard? Where do we go from there; next year and the year after and so on?

MR. JOHNSON: Mr. Chairman, I'm not going to look into the crystal ball that far ahead. I want to make this start. I can tell the committee that I have been down to Ottawa and seen the Minister of Citizenship and Immigration--The Honourable Mrs. Fairclough--and discussed the Lagasse report with her and the subject of community development. I feel that it is imperative that we combine our efforts in bringing this service to both Treaty and non-Treaty and Metis, and I have great hopes of getting some involvement in this area. As a matter of fact, just a few weeks ago I was informed by the Federal Minister that her people would work very closely with my director and they have been, in the past little while, getting the information and our plans as we envisage them. I would very much like to involve the federal authorities in this program and my hopes would be if this were successful that we expand on a mutual basis.

MR. MOLGAT: Mr. Chairman, my reasons for asking what the long-range program is in this regard are prompted by the magnitude of the problem which the Minister himself has indicated. Now I want to be completely fair to the Minister. I know he has had a very big load in the past year and I'm not expecting him to do everything overnight. On the other hand whilst being totally fair to him I would insist on pointing out that the figures he gave us of that extra cost per year of $2,100,000 I'm sure are a surprise to many members of the committee here. And on the other hand, the Minister tells us that to attack this problem - to bring the problem into line with the other problems in the province, he intends to spend this year $50,000. Now to me that is a very small start. He tells us that there's $2,100,000 extra money being spent because of this problem and yet to correct it we're only going to proceed to spend $50,000. Now that's why I want the long-range program. I realize these things cant' be done overnight, but with this program facing us I say that we have to move quickly. We have to get this going. I'm prepared to wait for this initial program until next year, but by that time I think that we have every right to expect that there will be a great deal more development in this line than this, because at this rate our extra costs per year are going to not only continue at the rate of $2,100,000 but I would say that they will increase because the population is increasing. There is a rapid growth at this time in the Indian and Metis

(Mr. Molgat, continued)... population in the province, and unless we reverse the trend this will be a greater problem as we go along. So that was my reason for wanting to know what the long-range program is. I do not intend to criticize the Minister at this time for this small start, but I will say that next year we'll be looking forward to a much expanded program because this is not an item that will cost the government money; this is an item that will save the government a great deal of money and do a tremendous amount of social good.

MR. JOHNSON (Gimli)..to the Honourable Member for St. Rose that I'm not being a prophet, but even if this program should expand and expand greatly new problems are going to be found; new situations are going to arise; and it doesn't necessarily mean our welfare bill will go down as dramatically as he was intimating in his remarks. I would also point out that this problem has existed, as my honourable friend knows, up until now. This is the first move in this direction, and as Minister I intend to take a very critical look at this in the first year. I say without equivocation that it cannot be a unilateral effort. I feel that the Federal Government must combine with us in this area. I'm hoping on a 50-50 basis in the future. I'm out to see what can be done with the program this year and my honourable friend-it's quite obvious to me, having quoted those figures to him, and these are figures that I had dug up just to prove to myself what the real problem was. We're getting down to people and individuals and we're getting down to a problem that's been here since Confederation and this will not be cured overnight. And myhonourable friend knows that. But I can assure this House we'll give it a darn good effort.

MR. ORLIKOW: Mr. Chairman, I don't think that we on this side of the House - I don't think the Honourable Member for St. Rose or myself have expressed what we have in this regard in terms of criticism. I agree with the Honourable Minister that this has been with us for a long time. I also agree with him that even if the rehabilitation program works that it will not lead to sudden or immediate drop in the cost of welfare programs but I would say to him, Mr. Chairman, or point out to the House -- I'm sure the Minister knows it -- that unless we get busy that this cost is snowballing. The fact is that for many years we didn't see these problems because the Indian population was declining. Now with the development of the mobile TB x-ray unit, amongst other things, we have reversed the trend and the number of Indians is increasing very rapidly. Now the figure of 2 million which the Minister gave us tonight is a new one to me. But I'm not surprised because two or three years ago when the Welfare Council first started this program I was on the committee and I asked the Director of Public Welfare in the City of Winnipeg to give me an idea of how many people in the City of Winnipeg who were receiving welfare assistance were of Indian and Metis origin. And I was amazed. Indeed I was shocked when he told me that at least 1/3 of the cases were of Indian and Metis origin. Now when you consider that the percentage of the population is only -- I think the Minister is wrong when he said 6% -- I think it's probably closer to 4% of the population but -- (interjection) -- Well, in any case the percentage who are getting assistance is tremendously high and certainly alarming to everybody concerned. And so what we're concerned about is that not only that the program begin,-and we certainly approve of the program beginning,-but what we're concerned about and hopeful is that if this program shows signs of working that it shall be extended very quickly. I certainly agree with the Minister that this ought not to be a provincial responsibility. I would think that legally and morally it should be almost entirely a federal responsibility. After all, the placement of Indians on the reservations and so on was done by former Federal Governments as this country expanded. So I certainly would agree with the Minister that the Federal Government should share in the cost. And the more they pay, the better. And I think it's their responsibility. But I do think we can all agree that the faster we get on with the job the better it will be for these people and the better it will be for the community as a whole. I certainly don't blame the Minister for wanting to take a careful look at this thing but I think that as it proves out we have to be ready to expand the program. And I agree with the Honourable Member for St. George that this money will be money well spent, as well spent as anything in our budget.

MR. MOLGAT: Mr. Chairman, I just want to assure the Minister that I'm not idealistic to the point in believing that a community development program will wipe out all the problems or that this $2,100,000 will be an immediate saving to the province. On the same subject, however, the Minister said that he wants the Federal Government to participate in this program

(Mr. Molgat, cont'd.) . . and I fully agree with him in that regard. My question is this; is there any base at all to the rumour which we hear every now and then in Indian areas that the Federal Government wish to dispose of the Treaty responsibilities; that is, transfer that back to the provinces whereby the provinces will become totally responsible for all the Indian population? Is there any basis for that whatever?

MR. JOHNSON (Gimli): Mr. Chairman, not that I know of. I have heard nothing to the effect that theprovinces would take over 100% the problem of the Treaty Indian, but I might as well tell the committee at this point that my concern--and this has been quite marked since the welfare legislation was first visualized. We are working--my Deputy Minister is in touch and has been working with the Federal Deputy Minister under Citizenship and Immigration, Indian Affairs, towards the concept that all these people be treated as one, on and off Reserves. But certainly I am working toward the end of 100% reimbursement to the province for the Reserve responsibility, and I think that is only fair. There is a precedent for this incidentally in some other provinces in Canada, where certain costs that have been assumed by the province--certain services to the Treaty are receiving 100% reimbursement, and because of this I would continue to press on that matter, if there's any.

MR. CHAIRMAN: (b), passed; (c), Vital Statistics, (1), passed; (2), passed; (c), passed; (d), Rehabilitation Program, (1), Administration.

MR. ORLIKOW: Mr. Chairman, could we get how many people are included in this Rehabilitation Program? And what does it cover? Is it just the Indian project, or are there other projects included here?

MR. JOHNSON (Gimli): Now in this item, this is what I call financial jiggery pokery, just to confuse a poor fellow like me, but last year, we had five people under this program, and this year there are 15. I think I can best explain this item to the honourable members by pointing out that the Directorate of Alternative Care includes the director, a nurse consultant, a medical consultant, a placement officer, and three clerk-stenos. Then, under the item of Community Development, we have the director and one clerk. And then we have our rehabilitation committee, our co-ordinator and a chief clerk, a clerk-steno, two clerk-typists, under the rehabilitation item. The five in the rehab office, the two in the community development, and this is under salaries here, and the Alternative Care Directorate. I might point out that under the Director of Alternative Care and the organization of the department, the Director of Alternative Care is between Health and Welfare at the Deputy Minister level, working with the department as the Deputy Minister of Welfare. Under this Director of Alternative Care, we have a rehabilitation division under Mr. Boyd, who's led it for a few years; we have our placement officer; and we have a medical and nursing consultant to the director to assist him with these assessments in these alternative care facilities. Now if you look at the whole vote below that, last year--this year you're being asked to pass an item there of $190,000 compared to $13,000 last year. And you're being asked to approve an item of $39,000 as compared to $107,000 last year. Now this looks, at first glance, as though the money directed to the Society for Crippled Children were being cut back. The truth of the matter is that if you add the $13,000 of salaries last year, plus the $107,000 of the rehab services, and you compare that to the present year and add them together, you get an increase from $120,000 to $230,000. Now I'll try to explain that we are getting really $131,000 worth of services for a $109,000 expenditure. Now last fall I had a meeting with the Federal Department of Labour toward the possibility of including more of the rehab program of the Society for Crippled Children and Adults as coming under the Co-ordinator'sAgreement. This Co-ordination of Rehabilitation of Disabled Persons' Agreement was explored and we thought we should be getting more reimbursement under this agreement called Schedule R, Vocational Training Agreement, and our estimates shows, you see, we get $22,000 more by transferring some of our staff salaries that we were paying on behalf of the society up into the co-ordinator's agreement from the rehabilitation section under the medical rehab grant, and it works this way; we transferred these services--we realized $22,000 more reimbursement just by making this switch--and actually the Society for Crippled Children this year will be getting $82,460, where they got $69,000 last year. And this is included under the item of $146,000. Therefore, the overall increase between this year and last year is the difference between 120 and 230, or $109,000 and, roughly, it's broken down into $50,000 for Community Development, and $59,000 in the breakdown of the cost of the alternative care program.

(Mr. Johnson, cont'd.) .. The supervision of the alternative care facilities in the Greater Winnipeg area is included in that item. Actually, as I say, we're voting $109,000 more this year than last, and because of this greater reimbursement under the Co-ordinator's Agreement, it actually would have been $20,000 more, but for that increased reimbursement, and of that $109,000 general increase, $50,000 is Community Development, and the rest is Alternative Care, plus the cost of supervising the nursing homes in Greater Winnipeg.

MR. ORLIKOW: Mr. Chairman, just one question. Does the Director of Alternative Care also in charge of the elderly persons' housing?

MR. JOHNSON (Gimli): Yes, his official title is a cumbersome one, but it had to be rather descriptive. Director of Alternative Care and Elderly Persons' Housing is his title.

MR. ORLIKOW: Well, Mr. Chairman, could the Minister tell us if this is the place where we'll get a report on what is being done in eldery persons' housing?

MR. JOHNSON (Gimli): That comes under the Welfare estimates.

MR. CHAIRMAN: (b), passed; (1), passed; (d), (2) (a), passed; (b), passed; (d), passed. Now we move over to No. 2 in the Health Division.

MR. JOHNSON (Gimli): Mr. Chairman, if the committee will allow me, I would like to introduce the Health Division at this time. Now, having come to the Health Division, I'm sure all members of the committee have interest in every one of these individual estimates which are numerous. However, I feel, Mr. Chairman, that I have a responsibility to bring to the committee's attention, the four items which I feel have the most significance at this time for the members of the legislature. First of all, I want to talk about the story of our mental hygiene program; I want to talk about our achievements and plans in the prevention of poliomyelitis; I want to talk about the extension and development of our health units and x-ray and laboratory services; and the development and expansion of our northern health services. I think these are the four outstanding items under Health Division. As I indicated earlier, when I come to the item of hospitalization under this section, I would like to make a separate statement.

Now I'd like to talk about the mental health program first, Mr. Chairman, and I want to share with the committee what I believe are some of the basic policy considerations in the province's responsibility for mental health--treatment of the mentally ill and the prevention of mental illness. Mr. Chairman, if I may be so bold, as a country doctor I became acutely aware of the problems of mental illness and the lack of basic community education, understanding, or resources to meet these problems, let alone prevent them. As Minister over the past 19 months, my eyes have been opened by my senior staff in the psychiatric field to the tremendous problems and challenges which mental illness presents for our population and our government. If we could just realize for a moment the extent of this problem, and the extent to which government is involved in it. We will be considering an estimate of almost $11 million for the Health Division. The costs of mental illness and largely the costs in the institutions is in the nature of four and a half million dollars, almost half. The staff in these institutions is by far the bulk of the staff in the Health Department. To these figures we must add the capital costs and investment in the institutions themselves, and the money in the Capital Supply of the government for more buildings.

Mr. Chairman, I think all of us must keep in the forefront or in the limelight in discussing this, the fact that we're dealing with the lives and problems and hopes of thousands of our fellow citizens under this program. To give consideration to these things, Mr. Chairman, I felt I should share with the committee my concern as to the matters and indicate what I believe must be the direction which the Government of Manitoba should follow in this tremendously important field. In doing this, if I may, I would like to trace the origin and background of our present program, and indicate where I believe we are going and must go in the treatment of mental illness. Our mental health program had its origins based on the old insane asylum and a home for so-called incurables. The development of these organizations--institutions was determined by the principles of care and treatment which were accepted at the time. The type of construction, the plan of accommodation, the size of the institutions and the relative geographical isolation were based on the concepts that the primary need was the protection of society. Imagine! The inmates of these institutions were shut away where they could do no harm and where they would require, at the very least, very prolonged and probably permanent care. This was a generally accepted attitude. It was not one confined to Manitoba citizens. It was the last

(Mr. Johnson, (Gimli), cont'd.) .. continuing vestige of a belief held for centuries and based upon fear and superstition. It was a product of the notion that mental abnormality resulted from supernatural phenomena and demoniacal visitation.

It is interesting that prior to 1871 there was no provision in Manitoba for the care of the mentally ill. In that year there was established a penitentiary at Lower Fort Garry. Here, without any attempt at segregation, the insane were incarcerated with the criminals. In 1877 the mentally ill and the convicts were transferred to the new penitentiary at Stoney Mountain. Here they were housed together during the next eight years. In this year only those of the insane who were considered a definite menace to themselves or to society were confined. The first mental hospital in Manitoba was established in 1885 at Lower Fort Garry. This was a temporary expedient as plans were then under way for the construction of an insane asylum at Selkirk. The insane were removed from Stoney Mountain and housed in the large stone building along the north wall of the fort. The gate in the north wall was constructed so that the patients could excercise in the adjacent field. The small white frame house just inside the gate was the residence of Dr. David Young, the first medical superintendent. The Selkirk Mental Hospital was opened on May 25, 1886, with the transfer of 59 patients from Lower Fort Garry. In 1890 the so-called home for incurables was opened at Portage la Prairie; and in 1891 the Brandon Mental Hospital received its first patients. This is all before the turn of the century.

Through the years the original buildings of these institutions have been enlarged and new units constructed. Today we have over 1,200 patients at Selkirk; over 1,600 at Brandon; and over 1,017 at Portage la Prairie. The increased demand for more accommodation and the growth in size of these institutions have been in part, the product of policies which we have all accepted in the past. These policies have been determined by a number of factors. There was away back, a general lack of interest in the problem. There has been inadequate knowledge as to the causes of mental illness, mental disease, mental deficiency. There existed until recent years, the old hopeless belief that mental disease was predetermined as we know by heredity, and therefore not responsive to preventive measures and therapeutic or treatment procedures. Prior to the beginning of this century, there were only occasional glimpses into the nature of this problem. The numerous mental casualties of the first World War shocked our complacency--the old so-called shell-shock. A general awakening to the magnitude of the problem occurred with increased lay and professional interest. Then newly developed treatment procedures revealed some promising results. The new orientation to the problem included the concept that the mental patient was suffering from a disease process which could respond to treatment. This led to the development of psychiatric hospitals in association with general hospitals.

In line with this new trend the Winnipeg Psychopathic Hospital was built in 1919. It was the first such hospital in western Canada and one of the very first on the continent--North America. At that time, Dr. A. T. Mathers, who I'll refer to later and who passed away this January, was the superintendent and the only psychiatrist in the Province of Manitoba--the only one. That was a busy year there because I looked it up and it was in this little period that Manitoba was the leader in Mothers' Allowance and psychiatry, probably in America. We've got to regain that position, Mr. Chairman. The original capacity of psychopathic hospital was 36 beds. It will now accommodate--recently it's been enlarged and as you know will now accommodate 54 patients with adequate provision for segregation of patients for activity programs and necessary psychological and social services. The past 15 years has seen an accelerated trend in the integration and treatment of the mentally ill with other medical services. This is evidenced by the opening of psychiatric wards. Four of our general hospitals in the Greater Winnipeg area today have the psychiatric wards. There are now facilities for this treatment.

Now today we are well beyond the time when the assylum as it was known, protected society from the insane and shut the patient away where he could do no harm but was isolated and forgotten. We know now that heredity is not the all-important factor in causation. We know now that environment plays an important part in early childhood to determine the vulnerability to the personality in emotional states and shocks. We have increasing evidence that the stability of the former hospital patient will be better maintained in the community if professional support is continued outside of the hospital. Modern treatment is most effective if applied early in the illness. We can expect 75% of patients treated in mental hospitals will be restored to a useful place in society after an average stay of five months. This is ideal and should be our aim.

(Mr. Johnson (Gimli), cont'd.) .. In other words, society has lost its horror of mental disease and recognizes that like other diseases or illnesses, it can be treated.

Psychiatry has advanced its status in the public mind to a par with that of other branches of medicine. Its acceptance of mental disease as a medical problem has been an important factor in the marked increase in the demand for beds in mental hospitals. During the past 15 years, the rate of admission in Canadian mental hospitals has increased from 98 to 193 per 100,000 of population. Our increased knowledge of the causes of mental illness; our improved therapeutic or treatment results have projected themselves into community requirements. In the field of mental health, a modern program of prevention, treatment and rehabilitation requires an organization of our resources starting at the community level and regionally defined. To begin with we will have to utilize in this province the physical and personnel resources we have at hand. These resources will require development and expansion, keeping in mind the concept that the individual is part of the community. Any threat to his mental or emotional integrity will be the product of his community. The threat may develop in the narrow confines of his home or in the wider boundaries comprising the school, economic or business life, or other social settings.

Now within this community, there will be mental problems varying in type, intensity and degree of malignancy. There will be children showing the first evidence of emotional maladaption and intellectual impairment. There will be adolescence presenting the early signs of the developing schizophrenia which our psychiatrists tell us seems to be the thing that's arriving in such large percentages in the mental hospital, which is largely--90% of whom roughly can be treated in the acute stage and return to the community. And the tragedy is that we must get back into the community to help the patient. There will be adults with varying symptoms of emotional maladjustment to domestic situations and so on. Some of the people will require a level of medical and nursing care which can be provided in the home. Some will be patients who will require part-time hospital treatment and supervision; others will need full hospital inpatient care. Some in these various levels of requirements will be left with mental or emotional scars that will necessitate the supervision and direction within the community for education, employment, and domestic adjustment. To meet these mental health needs the communities will require full-time psychiatric teams. These teams should be instituted at the mental hospitals. They should be allocated to areas with reasonable proportions. Their activity should be co-ordinated with the programs in this province, for instance of the local health unit level. Greater Winnipeg is the one area in the province with mental health facilities which approach the desired level of service. The new psychopathic hospital and the psychiatric wards in the general hospitals are presently capable of supplying the needs for intensive in-patient treatment for the adult population. The Child Guidance Clinic of Winnipeg will be providing full-time facilities for the diagnosis of emotional and intellectual impairments of more than 80,000 school children. However, the demand for psychiatric consultation here and treatment has far exceeded the capacity of the one psychiatrist and we have made provision for the appointment of an additional psychiatrist to help relieve this situation.

For the present, the development of the community mental health services outside Greater Winnipeg will of necessity have to utilize the existing physical facilities. It would be quite impractical to make a completely new start. If it were possible to start anew, our beginning should be at the community level in modern thinking. The mental hospitals have been the centres of our programs in the past. For the time being they must continue as such. However, their orientation is being changed so that their expanded services will be directed toward the maintenance of preventative, therapeutic or treatment and rehabilitation services in the community. Our mental hospitals are crowded. You only have to look at your review of activities to know that. Thirty years ago the discharges from our mental hospitals were equal or less to 50% of admissions. Today this is increased to 75%. A considerable proportion of the increased rate of admissions to our mental hospitals is accounted for by the recurrence of illness in former patients. This has emphasized the importance of community psychiatric service again.

In the past five years, the availability of new drugs has further improved the response of patients to treatment. Many of the patients who have been helped by the drugs, however, require to continue on medication after leaving the hospital; some for a month or two; some for an indefinite period of time. These drugs are not without possible harmful side effects. If the

Mr. Johnson (Gimli), cont'd.) .. follow-up facilities are inadequate, the psychiatrist is likely to settle for a degree of improvement at a lower level rather than accept the risk of harm to the patient. If the patient requires large doses of the drug, the psychiatrist will be compelled to confine his treatment of the patient to the hospital if adequate supervision cannot be provided in the community. Treatment or therapy with the new drugs has made it possible to treat some patients with relatively severe symptoms in the setting up of a psychiatric ward of a general hospital or even in his home. Such treatment in the community setting produces a challenge to the family to take a part in the treatment and meet the patient's needs. The family is better conditioned to the removal, or at least the reduction of factors that have contributed to the illness. I might inform the committee, Mr. Chairman, that approximately 31% of our drugs dispersed in our mental hospitals are now being dispersed to out-patients to keep them in the communities and in their homes, and this is causing a little rise in the estimates.

But the immediate problem in the development of community mental health service is the lack of trained personnel. This scarcity is so common that little if anything can be gained by trying to recruit them from other provinces or countries, we feel. We're recruiting some psychiatrists this year and other personnel, but the problem can be overcome only by training our own people in the psychiatric field. Now significant advances in this endeavour are being made. The training of psychiatrists is a co-ordinated effort, involving universities and mental hospitals and the psychiatric departments of these general hospitals. It involves a four-year program. Present facilities permit the training of four residents in each year. Four new resident physicians are now being established in the mental hospitals this year. This will permit a 50% increase in the training program. A similar enlarged program is being inaugurated for the training of psychologists and social workers. There are presently in training, two psychologists who will qualify to direct the training of others in psychiatric services. We are establishing five new positions of social welfare in mental hospitals for welfare workers so that students graduating from the university School of Social Work may proceed to qualify in the psychiatric field.

Research in the field of mental health lags behind that of other branches of medicine. Of necessity, it will continue to do so for a little time. The demand for treatment and diagnostic facilities has priority in the utilization of professional people and available funds. There is some awakening in the public mind to this great need, however, and this increased interest has encouraged the Canadian Mental Health Association to inaugurate a career research program based on an anticipated public response in the amount of half a million dollars. Considerable research has been in progress in our province. For the past four years the Brandon hospital has had interesting projects under study--the so-called cohort study, where they have workers following the patients following discharge, something like a senior review of activities. In this past four years, the investigation involved an evaluation of the results of the mental hospital treatment and we're planning to extend this study to involve the three mental hospitals. In addition, short-time studies are carried out in the mental hospitals to evaluate the treatment effects of the new drugs.

Rehabilitation of the former mental patient has seldom received consideration and the importance it has merited. Very often the isolation of the patient in his community from the mental hospital facility required, rendered impossible the establishment of an adequate program. Assistance to the patient in adjustment to the domestic and economic and social demands of his environment will be an important function of the community psychiatric facility. In Winnipeg, steps recently have been taken to involve more and more the office of the Director of Rehabilitation Service in the return to the community of the mental hospital patient. In a similar fashion, this office is now being involved in the recently expanded program for the rehabilitation of the higher grades of defectives in the Manitoba School for Mental Defectives at Portage la Prairie. That area--the field of mental health--which involves a retarded child, is receiving much attention. Presently, plans are being completed for the addition of 180 beds for the girls infirmary at Portage. There is contemplated an additional unit for boys that we passed at the last session. The completion of this building program should end our present problems arising from the lack of sufficient facilities for these mentally defective children, persons who require institutional care and training. This is the severly retarded child. The opening of the St. Amant Ward in the St. Boniface Sanatorium last May provided accommodation for 58 retarded children under the age of six. This has greatly eased the pressing problem of accommodation for these

(Mr. Johnson (Gimli), cont'd.) .. younger children. In addition to this we have 140 children being maintained at home with provincial help under the Health and Welfare Departments.

We have encouraged in every possible manner the activities of the Association for Retarded Children. This voluntary association is now operating ten classrooms in Winnipeg with 173 children. I think there's more since I wrote this. Another six classrooms are being planned. In rural Manitoba there are now 12 branches of the association. All are operating schools of the trainable retarded children in their respective communities. Several of these branches have succeeded in building their own schools. The most recent school to be opened was that at Boissevain on February 1st. Within this program the retarded child who can't respond to special classes in the school system can still obtain in his own community an opportunity for training which will help him to get along outside of an institution. The training program at the Portage school has recently been reorganized to speed up the preparation of the trainable child for a return to a useful place in the community. Last year we appointed a fully qualified director of education and training and we have established a rehab committee under the direction of the Provincial Co-ordinator of Rehabilitation Services. Our policy is to maintain an interest by the community in the retarded child in the several levels of deficiency. We are presently assisting to maintain, as I said earlier, 140 mentally defective children in the community. These children would otherwise require institutionalization care at Portage la Prairie.

I think in the field of the retarded child it would help the committee to think of really three categories; the severely-retarded child who is really an institutional problem; the mildly-retarded child who is trainable; and the moderately-retarded child who is educable. I think all psychiatrists agree that in the first years of life, these children are all best in the home, but the parents need concern of other people in the community. They sometimes need financial help which they are getting to some degree to assist them with their problem. A mother may need, for instance, a housekeeper to get away for a holiday for two weeks and get away from it all, and we think it's better to promote this type of activity, if possible, than to the alternative of building institutions. The mildy-retarded child again can respond to teaching and training to some degree and this is the group that we are working on in Portage la Prairie, with the enhanced educational program in the last year or two years that's been going on. The moderately-retarded child--the Association of Retarded Children and the psychiatrists feel--has a place in the community if he can be educable, and through our Broadway Home, we are doing a considerable amount of work in these areas.

I'm convinced that those in charge of our mental health programs, Mr. Chairman, are thinking and acting on the modern concepts of the causes of mental ill health and the response of the mentally ill to an intensive treatment regime. The program they see developing embraces prevention, treatment and rehabilitation at the community level. Results which have been achieved by this type of program in operation in Britain during the past two years have been very encouraging. We can expect that we will achieve very positive results in respect to improved mental health with the progressive application and expansion of this program in the future.

Mr. Chairman, in concluding this statement on the mental health program, I must emphasize these points; first of all, we will have to move into a progressive program of prevention of mental illness, only if our mental health leaders are thinking on positive lines away from the institutional concepts of the past. This, I can assure this committee, they are doing, and I am encouraging them to do so. Secondly, the key to the breakthrough is in the expansion of the numbers of competent personnel in the field. Our estimates reflect the readiness of this government to train and hire mental hygiene workers, psychiatrists, mental health nurses, and psychiatric social workers. I sincerely believe that progressive developments of prevention and treatment will come about just as quickly as our communities understand and are prepared to support community mental health programs and services. We, the members of this committee, represent the community of Manitoba. I suggest, gentlemen, that a thorough understanding of this problem and responsibility is a direct obligation upon every member of this House. In this regard, I issue a standing invitation to every member of the committee to arrange a visit to any of our institutions and meet with those who are engaged in this tremendous program. Finally, Mr. Chairman, we must stop building gigantic institutions, and instead, create community treatment and prevention facilities. This has already been started, but must be accelerated.

(Mr. Johnson (Gimli), cont'd.) .. I hope that what I've just said about mental health in Manitoba, Mr. Chairman, will prove to be of some help to the committee when we come to our estimates in this program.

At this time, with the approval of the committee, I thought I should bring to the attention of the committee, as I mentioned earlier in my program, I don't think any--I would like to pay a tribute to Dr. Alvin T. Mathers who was the Provincial Psychiatrist from 1918 to 1949. As I pointed out, he was the one and only psychiatrist in the year 1918 in this province. He died on January 4th this year, after a prolonged illness. He had an outstanding career in psychiatry. I understand that his father was the editor of the first newspaper in Portage la Prairie and his uncle was a chief justice of Manitoba. I know the Leader of the Opposition probably knows of these people. For three years after extensive training abroad after the war he, besides becoming Provincial Psychiatrist and so on he was, for a while, head of our Infectious Disease Hospital; he was a leader in medicine in this province; he was Dean of the University of Manitoba from '31 to '49; he was the Dean of the Medical School when I went to school; and he was a very wonderful person, and made I would say, a tremendous, probably the greatest contribution to psychiatry of any other person in this province. He had numerous degrees. He was a Doctor of Laws; he had every distinction that the Canadian and Manitoba Medical Associations could endow; and we always heard the stories of his brilliance as an expert witness and friend of the court in all these difficult psychiatrical cases of psychopaths and so on who were brought up. He gave evidence, for instance, in the case of the notorious strangler Nelson. I just though I should pay this tribute to Dr. Mathers because no words of mine could express the real contribution of this great man who was very kind to me, I know, as a student. And even after I became Minister,I must confess to the committee he wrote me a little note sympathizing with me and saying, "I hate to think what it will do to you". So I thought I would pass that on. He was a very good type of person.

Mr. Chairman, to get on with this introduction of the Health Division, I must call the attention of this House to the second item I wish to speak on, and that is the polio record in this year. Now I can say this, that I'm happy to report, Mr. Chairman, that not one child died of polio in Manitoba in the past year. The highest percentage of adults have been immunized in Manitoba than any other province in Canada. Fifty to 60% of our population between the ages of 20 and 40 have now received their inoculations, representing 150,000 adults. We, last spring, gave all the school children in the province a booster shot of polio because of the endemic nature of the disease in this province, and that resulted in 145,000 inoculations to school children; 15,000 infants were given the inoculation; and 40,000 pre-school children; giving a total of 200,000 children in this province now have complete immunization. I can say that there's no other province in Canada that has this record. And of all 26 cases of paralytic polio--we speak of polio now--it's all the paralytic type--in 1959 were from rural areas. Unfortunately, the two deaths occurred in a 29 and a 57 year old man who had not been vaccinated. But the story is that here in this province, not one child was afflicted. I think this statistical data sounds good, Mr. Chairman, and it is good. But I want to say that the real meaning of the program is that human tragedy has been prevented, and after all, this is the whole purpose of the program. I'm sure all of us in this committee are unanimous in our support of this type of activity.

In regard to our health units, Mr. Chairman, the members of the committee will see a substantial increase in this service in development of our health services, and I can say without contradiction that the quality of medical service in rural Manitoba depends very largely upon the resources that we give the local physicians in their diagnosis and treatment of their patients. There are three main objects behind the expansion of the x-ray and lab facilities and we feel that it is our responsibility to the health and welfare of the people of this province. I think we must do everything to retain rural practitioners and to encourage others into rural practice by giving them these facilities at key centres. We must provide the doctor with the services he can't afford, but which are vital to his treatment of his patients. We must do everything that we can to keep people out of hospital, that is, people who don't have to go into hospital, as admissions are an expensive way of doing these services. I would like to say more about it later, but it's becoming more and more evident that with modern medical practice, more and more procedures can be done as an out-patient basis, far more effectively and at far less cost than admitting the patient to hospital for investigation. And this is all in the best interests of both patient, doctor

(Mr. Johnson (Gimli), cont'd.) .. and taxpayer. Mr. Chairman, in the health units the estimates show a substantial increase. Last year I told you that we were intending to increase the coverage of health units and provision is made for the health unit in the Russell-Birtle-Shoal Lake area, and the extensions and boundaries and staff apply to existing health units to meet the population and increased service demands. The preventative health program of this department will not be completely operative until health units are operating in every area of the province. I think that should be our goal as fast as we can acquire personnel in this regard.

Now, Mr. Chairman, the last item I'd like to say much about is our northern health services, and members will note in their estimates, a substantial increase in this estimate of about 55%. Now the whole tone of this program of northern health services is that doctors, nurses and health workers are more important than building of bricks and mortar in the north. I went on a tour there and really had my eyes opened. Before this service was created my department reported on the serious health problems and hazards to the people in this area. I think the government had been thinking before I came in of the idea of beginning to get into this area and my officials, as I said earlier in introducing this estimate last year, advised me very strongly that services had to be brought to this far north of 53 in some form, as soon as possible. The rapid expansion of the north; the development of campsites; the development of mining towns; the need for further inspection of the sanitation facilities in the fishing industry; the immunization of the provincial responsibilities; the almost impossible workload of the Indian Health Doctor in that area; brought us into this program. My observations on a ten day trip throughout the area last fall confirmed that sanitary conditions as I say, and preventative health services, must be developed on a special basis, to protect the people and to protect the rest of our population from contagious disease such as TB, gastroenteritis, and infectious hepatitis which are more widespread in our northern areas than elsewhere in the province. Quite apart from the needs of the people, there is the duty of government to protect public from these hazards by removing them.

I would like to mention the high capacity of our Director of Northern Health Services, Dr. Lommerse. He has combined his efforts with the Indian Health Services' doctor, north of 53, and they have got together to avoid the duplication of travel which is extensive throughout the north. They are able to split it up a little bit, and they are thinly-populated areas as you know, and this is a joint effort between the federal doctor and the provincial doctor and staffs who are getting much more work done, and I think the people are seeing and feeling the results of this man's work. This man's a very dedicated man, who I feel very fortunate in obtaining. Mr. Chairman, it's my belief that our health and welfare workers in these remote northern areas are certainly just as truly pioneers in the development of northern Manitoba as are the prospectors and the construction workers and others engaged in the development of what I consider this last great frontier of our province. Now, Mr. Chairman, those are just the introductory remarks I would like to make at this time on those estimates under the Health Division, and I would have a separate statement to make on hospitalization when we come to that item.

.....continued next page.

MR. GRAY: Mr. Chairman, may I just say one word or two? Every member of this committee appreciates very much the effort which the present Minister is doing today, improved service to the people of this province -- no doubt about it. It is very interesting particularly to listen to the story about the, as they called them at that time, insane people; and until just a few years ago the Selkirk and Brandon Mental Hospitals, were called insane hospitals. We still remember when any member of a family was sent -- when he got the mental disturbance he was sent direct to Selkirk or Brandon and the penalty to the individual and his family was the same as going for life to the penitentiary. No one in the early days expected anyone to be treated and discharged so that progress has been made so much since them. But I wanted to remind the Minister of two things. No. 1 is not to stop at the high progress which is being made now up to date;and secondly, that the government and those responsible for the treasury not to try to protect the taxpayers too much at the expense of the health and misery of the people. This is very, very important, and this is one of the reasons that we have not progressed so much in the last 50 years.

I remember when I was on the Municipal Hospital Commission, at that time, when parents were afraid to send a suspicious polio case to the hospital because in the first place they waited too long because they felt it may not be polio; and secondly, financial. They had to pay for the ambulance and they had to pay for the hospital, and when polio was declared free during an epidemic year, each mother the moment they suspected anything of polio they immediately sent the child to the hospital. Many of them did not have polio so they came back. But at that time it took a long time to persuade those protectors of the taxpayers to give free medical attention and free treatment to polio cases.

I also remember in connection with TB - only about 10 or 12 years ago that they have done away with charging TB cases in the hospitals, and they had no program at that time for the tests which they are making today. And I remember that an Alderman of the City of Winnipeg was in the hospital, and right while he was in bed, sick, the Secretary of the Municipal Hospital delivered to him a bill for a certain amount of money. The man didn't have any money-couldn't pay at that time; and he left the hospital and went home; and he was still a carrier. In other words, by saving the few dollars which we would have to give the patients free treatment, they probably increased and allowed carriers to go around all over. You cannot do both. You cannot have good hospitals, you cannot have good doctors, you cannot have the proper attention unless you pay for it; and the sooner we get down to earth and consider that saving pays more than the money, the sooner they realize that it never pays to be penny-wise and pound foolish at the expense of the misery and hardship, the sooner they realize what it costs for a person to be confined to hospital, by loosing his income; by having to take care of the family; by rehabilitation; then you would realize that we would not have to criticize so much all governments that I had the pleasure of opposing. It would pay, in the long run, the taxpayers back every cent.

So I was listening to the report and it did my heart good knowing the conditions under which the mental or the insane hospitals worked; knowing how few have been discharged; and it's amazing now that 75% -- I did not believe the Minister until I looked up the statistics in the book -- I didn't believe it -- I wouldn't believe it if the Minister had made a declaration - 75% of mental disturbed are being treated and allowed to go home and carry on their work. It's amazing. We have had criticism - I don't know even now how the Brandon Hospital is. I think that some improvements should be made there. Now coming back to psychopathic wards, I knew Dr. Mathers since he was in charge of the municipal hospitals, and it happened to be that a relative of mine was also down there so we had an opportunity of discussing matters. And it took him years to persuade the powers that be to put up a psychopathic ward here so when a person gets mentally disturbed, instead of sending him at that time to the insane asylum they treated him here in Winnipeg at a branch of the General Hospital for weeks -- sometimes months -- and if he was incurable then they sent him down there. The psychopathic ward here in Winnipeg at the General Hospital today is doing a tremendous job, not with the treatment so much as to prevent them from going to the mental hospitals either in Brandon or there.

And while we are giving bouquets to the Minister of Health and Public Welfare, I think that our group should get a bouquet too because we have demended that for years and years, and finally we see the improvement and we're very grateful. And of course there's one more point. To ship Metis good and safe you got to have a captain to navigate. I think and I almost

(Mr. Gray, cont'd.)....hate to give credit to the government, but I think that the present navigator of the Health Department -- I think we're safe in his hands.

MR. CHAIRMAN: 2 (a) 1 (a) Passed. (b) Passed.

MR. ORLIKOW: Mr. Chairman, I would like to say a few words about this. I certainly agree with the progress which has been made in the last year or two in the opening of the psychiatric sections in the General Hospital in the Greater Winnipeg area. As the Minister has said, this is a development which is being fostered all across the American continent. I certainly approve of the extension of the psychopathic hospital in Winnipeg; I approve completely with, as I got the Minister's statement that there would not be a further extension of the present, in size, of the present mental hospitals at Selkirk or Brandon and nobody would, I think, would seriously suggest that it's possible in the foreseeable future to reduce rapidly the size of those institutions although if we were beginning again, as the Minister said, we would certainly not build institutions of this size; but it does seem to me that what is needed, and the Minister indicates that this is the hope of the department but he gives no specific cases and possibly it's too early, but what is needed is the extension of community services in this field. This has been done in the Province of Ontario; it has been done in Saskatchewan; it has been done with marked success, and I'm sure I don't have to tell the Minister, in the State of Kansas under the supervision and auspices of the Menningers who are world famous in this field; and in these jurisdictions the number of patients in the mental institutions has dropped. In Saskatchewan the number of patients dropped in the mental institutions from 3,785 in 1953 to 3,316 by the end of 1958, a decrease of 469 patients at a time when the number of patients in other provinces, including this province, was increasing. Now this wasn't done by accident, Mr. Chairman, this was done because the Government of Saskatchewan and the Government in the State of Kansas, for example, was spending a very large amount of money in the treatment of mental illness as compared to other jurisdictions. In the Province of Saskatchewan they're still spending in the neighbourhood of 2 1/2 times what we are spending.

Now I agree with the Minister that this work will not be done, will not succeed simply by the building of hospitals, either extensions of the present hospitals or the building of new hospitals, but I must say, Mr. Speaker, and I said this last year and I hope that I don't have to follow the example of the Honourable Member for Inkster who introduced the question of assistance for old age pensioners on 17 or 18 occasions -- (Interjection) — Possibly I won't be. I've never been in one place for 18 years and I doubt that I would want to stay here for 18 years. Frankly, I like to change occasionally but whether I'm here or not is certainly very unimportant in this very serious problem of mental illness, or should I put it in the positive way of mental health? Because this is something which affects more and more people in the community. I mentioned last year that, and the situation hasn't changed, half the beds, half the hospital beds in Canada are now occupied by people who are afflicted with mental illness, and it has been estimated that one family in ten in this country has a member who is ill. Now this is an extremely serious situation and one which I think we need to move on and move very rapidly.

Now I raised the question last year and I raise it again, the question of staff. The number of patients in Selkirk and in Brandon are in the neighbourhood of 3,000 and I am satisfied, Mr. Chairman, and experts in the field are satisfied that the number of patients can be reduced and the length of stay in the hospitals can be reduced, but it can only be done, and I agree with the Minister that we ought to do everything possible to prevent them from getting into these long term institutions, and this can be done by the extension of community programs and by the extension of programs such as have been so successful in the Child Guidance Clinic in the City of Winnipeg, to the rural areas, but we still will have in the foreseeable future a large number of people in these institutions. And I want to suggest, Mr. Chairman, as I did last year, that we are not going to get a large number of them who could be out, who are getting out in other jurisdictions, until we can increase very sharply the number of trained personnel that we have in these institutions. The Minister says that this year we are beginning a program of training. This is fine, I realize that there is a limited number of people in the field everywhere but I think that this province could emulate what has been done in other jurisdictions in increasing very quickly the number of people who are working in the field.

Now I'll repeat again what I said last year about Saskatchewan. They have gone in 15 years -- in 1944 they had 12 doctors total -- not 12 psychiatrists -- 12 doctors in total in their

(Mr. Orlikow, cont'd.)....mental institutions. By 1959 they had 57 doctors in these institutions. They had 22 certified psychiatrists; they had 17 residents in training -- when I repeat this figure I wonder why the Minister says we can only, as I get it unless I misunderstood him, we could only have 4 in training in one year. They have 17 in training - they had last year 17 in training in their hospitals; they had 6 residents who had completed their training but hadn't written their exams; as well as 12 general physicians. Now this is the program which they have carried out and a program which I think they have demonstrated has begun for the first time the process of reducing, instead of a steady increase, the population in the mental institutions. I could go on to list the number of cities and towns in Saskatchewan who are now serviced by full time or part time mental health clinics, but the fact that they have a large number of towns and cities that have this service is obvious if you look at the number of trained people whom they have on the staff in their institutions, and I suggest that we can -- I wouldn't say we have to duplicate or emulate their program, our situation is entirely different. Half the population of this province is centred in the Greater Winnipeg area but the program -- you could hardly expect the Brandon Hospital with the present number of psychiatrists on staff, and incidentally I would hope that the Minister would give us -- if he did I didn't hear him - a report on the number of psychiatrists on staff at Brandon, at Selkirk, and at the Portage Institution, but obviously if you only have, as I remember I said last year, 4 psychiatrists on the staff at Brandon looking after 1,600 patients, it's manifestly unfair for us or the public to expect them to be able to establish a real program of community psychiatric services in the towns in the vicinity of Brandon. They are, I think, doing more than they can be expected to do merely to maintain the present 1,600 patients who are in the hospital at the present time. Similarly with Selkirk, although possibly with the number of psychiatrists and psychologists that we have in the City of Winnipeg one might not expect as much from the Selkirk Hospital as probably could work out of the Brandon Hospital, but it does seem to me, Mr. Chairman, that as I got the Minister's statements and I'm not -- again I say I like the approach -- the broad statement of what the Minister is hoping to do I like very much and I agree with it because it's one which is generally accepted as the objectives by any state or provincial health department. But I'm sorry to say that I am not satisfied, Mr. Chairman, that we will be able to provide this service with the money which the Minister is providing. If you look at the figures, and we'll come to them later for the psychiatric services or for the Brandon Hospital or the Selkirk Hospital or the Manitoba School for Defective Persons, the percentage increase is, I would say, roughly in the neighbourhood of just over 10%. I'm just speaking roughly and I suggest, Mr. Chairman, that in terms of the fact that all these facilities and all these personnel are getting the normal increments, and if they don't they certainly wouldn't stay here is they're qualified, that this is not providing for any real expansion in terms of personnel. And in my opinion, Mr. Chairman, without a real expansion in personnel we will not really do the job which can be done and which should be done.

MR. ROBLIN: Mr. Chairman, I think the Minister wants to make a brief reply to what has been said and it's almost 11. I'm wondering if we would agree to allow him to do so and perhaps we might pass this item (a) on Psychiatric Services and then go on to (b) tomorrow. I'm just enquiring whether that would be all right. -- (Interjection) -- Well, Monday. If that would be all right the Minister would make his reply and then we would close up (a) and go on to (b) Monday.

MR. MOLGAT: Mr. Chairman, of course the item would still be left open for general discussion. Is that the understanding?

MR. ROBLIN: Well I'm sure it could be though I'd rather hoped we would complete it.

MR. MOLGAT: There would be no lengthy discussion. I merely had some question to ask on the matter of tuberculosis. I noticed the Minister said nothing about it in the process.

MR. ROBLIN: This would just be (a) on Psychiatric Service.

MR. MOLGAT: Strictly Psychiatric Service?

MR. ROBLIN: Yes, that's all. We wouldn't go any farther.

MR. MOLGAT: Very good.

A MEMBER: That would be agreeable, Mr. Chairman.

MR. ROBLIN: All right. Thank you.

MR. JOHNSON (Gimli): In reply to the honourable member I think I indicated in my

(Mr. Johnson, Gimli, cont'd.).....opening remarks, Mr. Chairman, that we feel very definitely and I think the policy I have enunciated is quite clear that we are this year making I think a real step forward towards the acquiring and training of sufficient personnel in our mental institutions. Now I point out again that this can't be done overnight, but in the 7 months since we sat here, this is what we've accomplished. We are bringing in the Psychiatric Nurses Training Act; we have set up in the Brandon Hospital a reorganization of all the three institutions; organized a nursing program where we have a Director of Institutional Nursing at Brandon; at Portage la Prairie there is provision for more nurses -- 5, I believe; at Selkirk there is provision for five or six nurses; and each hospital, therefore, will have a complement of a Director of Insititutional Nursing plus four Institutional Nurses, Grade IV. We are bringing in from England two of these institutional nurses, one of them to be a Director to make our uniform training program for psychiatric nurses at the three institutions equal. We are setting up residencies at the Selkirk and Brandon Hospitals - two more full time psychiatric internes, which is for this year, and will develop to 24 in training in the period of four years. We have three or four psychiatrists who should be arriving shortly that we have hopes of obtaining here, and I think it's pretty definite. We have a total of 34 doctors now in our Brandon Psycho, Portage and Selkirk.

We know now that I'm convinced, Mr. Chairman, that we have to develop our training programs within our own institutions, giving them a more diverse program and holding these men in this province. These steps have been taken. We have two psychologists getting their doctor's degree at two centres in the United States this year who are going to come back and form the nucleus for training because they can get their BA's and MA's in Psychology in this province, and these two men are obtaining their doctor's degree this year. We have five social workers -- provision has been made for -- at Selkirk, we have five psychiatric social workers being established in the institutions over last year. At the Portage la Prairie home we have made provision for -- we have a very full teaching program being developed there with more occupational and speech therapists. The training program is very active and there's something like 187 of the children now receiving training in classes. Our Director is back this year from training in the United States and brought these -- for instance at Selkirk we have a teaching staff for the school now consisting of the principal; a director of music, full time position; three sense training instructors, this is where they give habit training -- (Interjection). Portage I'm talking about -- for severe mentally retarded children. We have five institutional teachers there, five occupational therapy instructors, and a home economist. We have two social workers on the establishment, four medical officers plus the superintendent at the Portage Home. Now as you know, and as I said in my --- I probably didn't say this -- in our introduction of the Psychiatric Nurses' Act we are standardizing the teaching in the three institutions so that our nurses will get training in both mental defectives and in mental illness at the three institutions. We have our, as I say, these two residencies set up for our institutions where we can attract young medical graduates into the psychiatric field by offering them a course which consists of two years in a mental institution, nine months on the general ward of a hospital, three months say in a child guidance facility, and one year away from the province in training. This is in addition to the positions of last year. This means that at the present time in the province we have 34 medical doctors in our institutions. I admit that there is something like four or five fully qualified psychiatrists at Selkirk; three at Brandon; and as I said, we hope to be getting three more. Then we have medical doctors in each of the four classifications from Grades I to IV under the psychiatrists and this year we're starting this residency training program.

Now I hope I have answered to some degree the Honourable Member from St. John's. I know he will never be completely happy with me and I know his concern is very real and I share that concern with him, but I want to make it perfectly clear that we have every intention of moving in the area of obtaining qualified personnel. At the psychopathic, the item you are voting now, we have four psychiatrists plus the Director, that's in the Winnipeg Psychopathic Hospital, and three social workers this year. There are two psychologists, one is working and the other one is on a course. And we have three social workers in this estimate in the coming year. But the general program throughout the three institutions is this program of a stepped-up training program for both nurses and medical personnel; the acquisition of fully

(Mr. Johnson, Gimli, cont'd.).....trained psychologists to get us on the road in training more from our own University; and the same thing applies to social workers. I think these are the important things. Are there any further questions?

MR. GRAY: Mr. Chairman, the new addition -- does it take care fully or is there still a waiting list?

MR. JOHNSON (Gimli): A waiting list at the Winnipeg Psychopathic do you mean?

MR. GRAY: Yes.

MR. JOHNSON (Gimli): I'm not aware of any acute waiting list.

MR. ROBLIN: Mr. Speaker, I take it now that we're agreed that we're to start on Monday on (b) Health Services. We've completed Psychiatric. I move the committee rise. Right over here -- 2(a), 2 (b) Health Services on Page 15. Is that the understanding?

MR. CHAIRMAN: Yes.

MR. PAULLEY: It was my understanding, Mr. Chairman, that we would finish (a) on..

MR. CHAIRMAN: Yes, it's 2 (a).

MR. ROBLIN: That's right .

MR. PAULLEY: We would just finish (a) then go on to (a) 2. We would finish the bottom of Page 13.

MR. ROBLIN: My hope was that we would agree that we had finished our discussion of these mental institutions that come under (a) Psychiatric Service. That takes you right down to (b) on Page 15.

MR. PAULLEY: My understanding, Mr. Chairman, was that we would finish Page 13. There may be some specific questions on Selkirk. I would imagine, Mr. Chairman, if I may say to the Honourable the First Minister, that chances are that there would be brief questions and answers but I would suggest that be done. I thought we were dealing with -- the agreement was that we would finish the Psychiatric Services on Page 13.

MR. ROBLIN: I thought that I said (a) Psychiatric Services, which takes in the whole kit and caboodle.

MR. PAULLEY: Oh, I didn't have that understanding, Mr. Chairman.

MR. ROBLIN: Can we agree on that?

MR. PAULLEY: I don't think so. Well, we're in your hands....

MR. ROBLIN: No, I'm not going to force it.

MR. PAULLEY: Or in the hands of the committee, Mr. Chairman. I'm sorry for not standing but that was my understanding with that. I do agree with the First Minister that we've had the broad general discussion on it and I do hope that there isn't any lengthy discussions on it, but there may be on the various items such as increases or decreases in supplies and the likes of this, that we may ask at that time on Monday.

MR. CHAIRMAN: The First Minister made a statement we would agree to consider it as completed on 2 (a), then start on Health Services.

MR. ROBLIN: Let's agree on it 2 (a), and we are going to start with Health Services on Monday.

MR. CHAIRMAN: Agreed.

MR. CAMPBELL: Why not Mr. Chairman? Because I must say that the way the Honourable the First Minister phrases it was my understanding. Why not agree that we consider 2 (a) passed but on some one of the totals, that if there are individual brief questions come up in connection with some point that occurs to the members, that they'll not be considered out of order.

MR. ROBLIN: I think not, Sir. We have the Minister's salary open so if there's anything in 2 (a) afterwards that someone wants to talk about, it's open.

MR. MOLGAT: Mr. Chairman, the only thing I can see coming up as far as we're concerned would be questions on salaries. For example, the number of people and purely incidental things of that nature. No general discussions as far as our group is concerned.

MR. CHAIRMAN: The Minister's salary isn't coming up until he comes to the Welfare Services.

MR. PAULLEY: Mr. Chairman, that is true and we appreciate that, but as the Member for Ste. Rose has pointed out, it could be done because we have no closing rule at all.

MR. ROBLIN: Well in that case if we haven't got any agreement, we'll start right in at

(Mr. Roblin, cont'd.)....(a) 1. Now I'm not going to worry about it. I just thought we had a deal, that's all. We'll start in at (a) and we'll go through every confounded item and that will be that.

MR. CAMPBELL: We could go all over it again. You wouldn't mind Mr. Minister, to start over.

MR. ROBLIN: He could give the same speech, it was such a good one, you can bear to hear it twice.

MR. JOHNSON: I'm not sure of that, I'm just afraid my Honourable friends will forget what I said by Monday.

MR. CHAIRMAN: We've passed (a) 1, that's it, isn't it?

MR. ROBLIN: That's all - (a) 1.

MR. CHAIRMAN: The committee rise and report. Call in the speaker.

MR. CHAIRMAN: Mr. Speaker, the committee of supply has considered certain resolutions, desire to report progress and ask leave to sit again.

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

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

MR. ROBLIN: I beg to move, seconded by the Honourable Minister of Industry and Commerce, that the House do now adjourn.

Mr. Speaker presented the motion and following a voice vote declared the motion carried and the House adjourned until 2:30 Monday afternoon.