

THE LEGISLATIVE ASSEMBLY OF MANITOBA  
8:00 o'clock, Thursday, May 1, 1969

INTRODUCTION OF GUESTS

MR. CHAIRMAN: I should like to direct the attention of the Honourable Members to the gallery on my left where there are 24 scouts of the St. Paul's Cubs and Scouts under the direction of Doctor Merritt, Scout Leader and Mrs. R. DeBoo. These scouts are from the constituency of the Honourable Attorney-General. On behalf of all the Honourable Members of the Legislative Assembly, I welcome you all here this evening.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: Before we start proceedings tonight, I was just wondering - we've been already close to eight hours on the Minister's salary and I was just wondering if we couldn't complete this item and have our debate on the various items below. I'll give you all the time you want. I'm not trying to eliminate debates at all. The Honourable Member for Kildonan.

MR. FOX: Did the Minister want to make a brief remark or shall I go into... I want to discuss corrections, Mr. Chairman.

MR. CHAIRMAN: Well, could I make a suggestion? That you wait until we get to corrections.

MR. FOX: Well, the problem is that I want to cover it in general terms under the Minister's salary because it covers a very large territory, Mr. Chairman, and...

MR. CHAIRMAN: I'll give you the...

MR. FOX: ...I'm not sure I could just point that specifically...

MR. CHAIRMAN: I'll give you the waterfront when we're under that department. You can cover the waterfront, I won't...

MR. CHERNIACK: Mr. Chairman, it should be obvious to you, although the member may be reluctant to say so, the answers may determine whether or not he's prepared to approve of the salary.

MR. CHAIRMAN: Okay, I can't -- I've got to go along with the committee.

MR. FOX: Well, to begin with, Mr. Chairman, I want to discuss the federal and provincial system for a moment and deal with this specific item that came to my attention. The British North America Act gives the federal parliament exclusive jurisdiction in the field of criminal law. The criminal code, the statute passed by parliament contains the bulk of criminal law in Canada. The BNA Act also gives to the province the power to legislate provincial laws relating to the use of liquor, hunting and fishing, motor vehicles, public health protection of children, Mental Health Act. The Act empowers the province to impose punishment for offence under the areas that acts are passed in provincial legislation. Basically, persons sentenced to imprisonment for more than two years must serve their sentence in the penitentiaries that are operated by the federal penitentiary service which is part of the Department of the Solicitor-General; a person sentenced for less than two years serve their sentence in the provincial prisons that are operated by the province. The most serious failure of the two systems is the feeling by the judiciary that the provincial and federal correction systems have different facilities and programs to offer. I'm afraid that this is not so and it is appalling that the myth continues. In Manitoba the majority of offenders in the penitentiary are from Manitoba and will remain there after they are released. The penitentiary does not take the responsibility for these offenders after they are released; they become the responsibility of the province. This being the case the province should have absolute jurisdiction from the beginning in order that they get the proper correctional treatment and of course rehabilitation afterwards when they are out - Half-way House and so on. The federal penitentiary service is not in this day an appropriate service any more for the needs of correction service. Because of this long bureaucratic arm from Ottawa they really do not know what is happening in the provinces. The successful rehabilitation of offenders must be accomplished in the communities where they are going to live and this is a basic fault of the two systems that we have. I would suggest that this is an area we must have a real close look at. I'm sure that it must also be of some concern to the Attorney-General's Department who must deal with the magistrates and also who has no jurisdiction in the areas where the federal area encroaches.

(MR. FOX cont'd)

But the thing that made me think of this, Mr. Chairman, is that in today's Free Press we also had an interview of Magistrate Dubiensi and he states that there are deficiencies in the system of incarceration and also in the two systems that we have. I shall just read a few of the excerpts from the interview that took place. "City Magistrate Ian Dubiensi says many mentally ill people go to jail instead of receiving psychiatric help because Manitoba lacks proper treatment facilities. Not one of the provincial jails or detention homes has a psychiatric wing or psychiatrist. The federal run Stoney Mountain Penitentiary has one psychiatrist part time. Magistrate Dubiensi made the charge in an interview." He further goes on to say and I quote again out of the article, quoting Magistrate Dubiensi: "We have the best child guidance clinic on the North American continent but staffers are so overworked they do very little treatment. They have time only to assess. The great mass of criminals in our society are disturbed in varying degrees and these are the people who could probably be treated in the prison provided there are enough people to treat them; but there aren't." He also says, "Juvenile offenders may receive psychiatric examinations but nothing is actually done. There are no facilities." This is a real sad state of affairs, Mr. Chairman. I'm hoping that the Minister when he gets to making a reply will be able to give us some direction as to what he is planning, if he has any policies in this regard and whether we are going to be able to really have a good look at this system of correction.

I would also like to bring to the attention of the House and of course to the Minister -- I believe he's already had representation -- but there is a citizens' committee on corrections working very diligently in this province, especially here in the city. It's a group representative of many organizations and I shall read into the record so that the members may know the various organizations involved: The Canadian Mental Health, Manitoba Division; the Y. M. C. A., Winnipeg District Labour Council; the Manitoba Provincial Council of Women; Manitoba Medical Association, Psychiatric Section; Roman Catholic Archdiocese of Winnipeg; Central Area Council; Social Action Committee; Winnipeg Presbytery of the United Church; Manitoba Psychologists Society; the Unitarian Church Social Action Committee; Manitoba Association of Social Workers; Joint Committee on Corrections of the Anglican Diocese of Rupertsland; the St. Andrews River Heights United Church Social Action Committee; Manitoba Federation of Labour; St. George's Anglican Church Social Action Committee; Winnipeg Council of Women of Greater Winnipeg; the John Howard and the Elizabeth Fry Society; Neighbourhood Services Centre of Winnipeg; Community Welfare Planning Council; Mennonite Central Committee of Manitoba Peace and Social Congress Committee. Mr. Chairman, this committee has done a lot of work, they've done a lot of interviewing and researching of this corrections and they have a brief and I think it's worthwhile for the members to hear this brief because it brings out some very valid points in respect to corrections.

"The Citizens' Committee on Corrections in regards to detention of adults pending trial and sentence in Winnipeg and the eastern judicial district. Three institutions serve to detain adults arrested by police in the municipalities of Greater Winnipeg and the surrounding districts who are not released on their own recognizance or on bail pending trial. The jail at the Winnipeg Public Safety Building holds those arrested by the City of Winnipeg Police only; all other police forces including the R. C. M. P. take prisoners either to the adult detention home on Vaughan Street at 440 York Avenue or directly to the provincial correction institution at Headingley. The Winnipeg Citizens' Committee on Correction believes that the maintenance of three facilities serving essentially the same purpose is excessively costly to the taxpayer and that the redundant use of space inhibits the improvement of correctional services in this area. All provincial taxpayers pay for the remand facilities of the Vaughan Street Detention Home and the Headingley Correctional Institution. Those taxpayers living in the City of Winnipeg pay for these institutions, too, although the Winnipeg police do not use them as remand centres. City taxpayers support a duplicate jail in the Public Safety Building. It seems to us unjust that Winnipeg taxpayers should be in this position. Factual information on the Public Safety Building and jail, its operation, was solicited from the Winnipeg Police Commission." The questions asked and the answers received are reproduced and I won't bother to read them because there's an explanation as I go along.

"The Public Safety Jail is one of the most secure on the North American continent. It has a capacity of 139 men in five dormitories, eight cell blocks and six drunk tanks, but an average daily population of only 57. Thirty-two women can be accommodated in four sections,

(MR. FOX cont'd) . . . . but the average daily population is only four. The jail is clearly under-occupied but well able to hold in adequate segregation many more prisoners. The jail's location gives easy access to lawyers as well as families at a time when the prisoner most needs such contact. It has no facilities for exercise but the lack of other comforts is due to the human and not material deficiencies. Three times per day a bus transfers to Headingley men who have been received at the Vaughan Street Detention Home. Women are sometimes transferred to the women's institution at Portage la Prairie for long remands but usually are held in the one available cell block which has a capacity of seven but is often overcrowded", -- and just the other day it was brought to the attention of the House that somebody had to sleep on the floor.

"Three cell blocks at Headingley are devoted to the holding of remand prisoners. The total capacity is 57 and they are often full with space being taken from cell blocks which are normally used for sentenced men to accommodate the overflow. Four distinct types of prisoners are held in the remand block but not adequately segregated according to these or other criteria. And these are the criteria. (a) Men who are awaiting trial and who because they are unconvicted are technically innocent; (b) Men who have been convicted but who have been remanded pending sentence; (c) Sentenced inmates who have appealed their conviction or their sentence; and (d) Men sentenced to penitentiary awaiting transfer there. Although they are not allowed to work remands at Headingley exercise outdoors in a small walled bull pen, watch television, see the weekly movie, attend Sunday Chapel Service. They wear prison uniforms rather than their own clothes. They are supplied with mattresses and bedding. They are not allowed to mingle freely with the sentenced men but do have some opportunity to move about the building. Like sentenced men they can receive visits from immediate family only on Tuesdays or alternate Saturdays or Sundays, if they have special permission. It is more difficult for their lawyers to get to see them. Remands are sometimes transported back and forth to Vaughan Street for this purpose. The handling of remand prisoners imposes a considerable strain on the staff and facilities of Headingley thus reducing the possible effectiveness of this institution for its primary purpose of correction of sentenced men. While contrasts are immediately apparent in facilities and comforts, a fundamental distinction which we believe could and should be rectified is that the Public Safety Building is run by the Winnipeg City Police while the Vaughan Street and Headingley remand units are operated by the Provincial Department of Health and Social Services with trained correctional officers in charge of the prisoners.

"The Citizens' Committee on Correction advocates changes which will eliminate the triplication of facilities in the Winnipeg area, remove the anomolous double burden on Winnipeg taxpayers and free space for the improvement of prisoners' correction programs. They recommend: (1) That the Province of Manitoba take over the operation of the jail facilities in the Winnipeg Public Safety Building staffing it with trained correctional officers of the Department of Health and Social Services. (2) That all remand prisoners be removed from the adult detention home and from the Headingley correctional institution; that the staff freed at Headingley be devoted to a more intensive correctional program for sentenced inmates. And (4) That the space freed at Vaughan Street be remodelled as a day parole centre allowing the development of present day release programs under the National Parole Act and providing for the implementation of work releases as provided for under Part Four of the Provincial Corrections Act but not yet implemented."

These are a few suggestions that this committee has suggested, Mr. Chairman. I know that some of this has already been instituted because there are day parole people -- this is taking place now. Some of the prisoners are on day parole in order to study and work and so on. But I do believe it's an area that we should move into with a little more efficiency and speed because there are many people that could be rehabilitated who just haven't had the opportunity if they are handled the same as hard incorrigible prisoners in the facilities that we have now; and if the staffing is overloaded as is indicated in some areas and under case loaded in other areas then we should try to correct this situation if we can. I think I'll leave it at that for now, Mr. Chairman.

MR. CHAIRMAN: The Honourable Member for Gladstone.

MR. SHOEMAKER: Mr. Chairman, I have three or four questions I would like to ask the Honourable Minister before he gets up to reply. Incidentally, I think he has a brief answer for one or two questions that I asked him at the end of last week or earlier this week. But the

(MR. SHOEMAKER cont'd) . . . . questions that I pose to him now concern the Easterville resettlement. I wonder if he could inform me and inform the House, Mr. Chairman, of the estimated cost of the original plan for the resettlement of the Easterville from Gypsumville -- (Interjection) -- Moose Lake or Gypsumville area -- that is the estimated cost of the original plans, the number of people that were on welfare before resettlement and the number of families -- the number of people first and the number of families -- the number of families that were on welfare or social allowance prior to resettlement and the number presently on welfare or social allowance, and the total cost of the resettlement program to date by the Federal Government, the Provincial Government, Hydro and other Crown agencies. And then I would like to know, Mr. Chairman, whether or not the Minister considers that the resettlement program has been an entire success, and whether or not that the re -- well I'm asking my honourable friend his views because we're dealing with another subject matter now that I think concerns this whole question, and whether he actually considers that it's been a success and are the people now settled in an area where we might expect them to become self-supporting in the near future -- that is, are they in an area where they can fish, are they in an area where they can do their hunting and so on? And finally, has the family pattern or the life of the Indian or Metis changed materially from their original stamping ground or hunting ground if you want to put it that way? I think that these questions deserve an answer and I hope my honourable friend will give the House his opinion anyway on these matters.

MR. CHAIRMAN: The Member for St. John's.

MR. CHERNIACK: Mr. Chairman, there are a few questions that I wanted to ask of the Minister and there's a statement I want to make which I hope will provoke him into making a statement in response, and possibly the questions I can pose quickly. One is that I'm waiting for an answer from him on the question which I asked yesterday about this leaflet that's been distributed and today appears in full in the newspapers. The grammar bothers me but the question I really wanted to know was about the statement that the plan will notify the opted out doctor of any amounts paid to the patient. That's one.

The other one, I'd like to know on the question of the Canada Assistance Plan -- the Minister was kind enough to loan me some agreements or copies of them that were entered into between the Federal Government and the Provincial -- I'd like particulars of the appeal board, the nature of the board, where it sits, who the members are, how it operates, which is set up in accordance with the agreement. I presume that that information can be produced fairly soon.

And then I want to make a statement on what I think is one of the unhappy features of the department which has been taken over by the Honourable Minister who has become the Minister of Health and Welfare and Corrections and Housing. And in the field of housing I think that this government and this Minister have little to say that is prideful. The record of the government on housing -- and I now want to except elderly persons' housing -- but generally the housing needs of this province have not been looked after and I lay the blame at the doorstep of this government which should have been the body to promote housing in this province; renewal of housing, urban renewal; the provision of decent housing for people in Manitoba. And the Minister may well say, well it was up to the municipalities to ask for it, and I say that is begging the question because I think the City of Winnipeg is amongst a very few that has had a housing program which came under the National Housing Act and for which only the Council of the City of Winnipeg is to be recognized and certainly not this government.

I hope that the Minister will be able to report to us on what progress has been made since tenders were opened last Monday on the 100 housing units which this province is prepared to have built in Metropolitan Winnipeg, which is to be a full recovery program, which means that the government is lending money to a development of 100 houses, expects to get its money back, expects to see to it that this is a full recovery, as I say, without any subsidization involved. I think that that's a pretty puny program at this time for the province to be undertaking; and I'm sorry. I'm really sorry for this Minister who is burdened with what I think is the heaviest portfolio of all the portfolios, to be involved in the introduction of the entire Medical Health Services Plan; to be involved in the entire welfare program; to be involved in corrections and to be involved in housing, is I think completely unfair to him; but what is worse, is probably unfair to the people of Manitoba, to have all of this responsibility loaded on one Minister and one department. I'm afraid that the proper housing program for the Province of Manitoba will suffer and is bound to suffer, not because of this Minister but because of the government's attitude of what I presume is a limitation that is put on this Minister in carrying a housing

(MR. CHERNIACK cont'd) . . . . program - even if he does find time in which to do it. Therefore I'd like to know just what it is that this Minister proposes to do about the very very serious housing shortage in the Province of Manitoba, both in the heavily occupied central area of Metropolitan Winnipeg, in the Indian-Metis area and in the far north. We have heard mention of some, I think, 17 trailers that are being set up; we've heard mention of some 90 units which the City of Winnipeg has put up for a tender. And the Minister says in his speech in Hansard on page 1749, "These are but the beginning of a continuing effort to provide more and better housing for families". "But the beginning," after all these years this Minister is forced to say - and I sympathize with his predicament, that he has to say it - that this is but the beginning. But the beginning of what - of what he says is a continuing effort - and that distresses me because if it's a continuing effort, it's no better than it was before; and what it was before is nothing about which this government can take pride.

Therefore I'd like to hear from the Minister just what is being done, what is being planned - other than what he has told us which I think is very slight - I'd like to know whether indeed it is true, and the Minister knows I'm interested in this, the accusation which has been made that this government has by its action for asking for tenders for a hundred full recovery units, has not played into the hands of the council of the City of Winnipeg for it to break its undertaking, its promise, its commitment - moral if no other way - to the co-operative Housing Association of Manitoba to provide land adjoining the highly successful development which now exists in Burrows-Keewatin area.

The Willow Park Co-operative Housing has established a very useful contribution to Manitoba housing. It's not subsidized housing; it is not for those who are so poor that they have to have help in that respect, and it is not for those who are able to go out on the market and build a house for themselves with a down payment that is required even under a CMHC loan. The Co-operative Housing Organization, which is a non-profit organization without any vested interest or special stakes, except the interests of the people, established a housing co-operative in the northwest portion of Winnipeg, where they made it possible for people to acquire equity in housing in which they would over a period of time be able to say, "this is ours, we've helped build this." They've built substantial and attractive units which provide a great deal of dignity to the occupants where with a small down payment the tenants, who are shareholders as well, do acquire equity interest in their shares so that over the years as they pay their rent, which goes to pay the mortgage and the other costs of maintenance, will make it possible for them to acquire equity so that when they move out and return their shares to the co-op they will get money, and hopefully by then they will have enough set aside so they can set up their own housing units. The City of Winnipeg has apparently been dragging its feet with land that was available adjoining the existing co-operative housing unit called Willow Park, promising to make this land available, delaying in the implementation of their promise, delaying with their approval, formal approval, and suddenly just recently as the Minister knows, the city notified the housing co-operative, you have a limited period of time, - something like two weeks - within which to do what? To compete with the private developer who would be possibly tendering to the province for its one hundredth full recovery unit program.

I'm very interested in hearing what the Minister has to say about the program because I have not seen the detail, but I'm given to understand that the invitation to tender was not so specific that any two developers could look at them and come up with competitive tenders for the same project, because as I understand it the tenders called for housing for a certain number of rooms, period. The location was left open, which of course affects the cost of land. The material to be used I believe was left open. The design was, I understand, left open. And you notice I'm careful to say I understand, I believe, because the fact is I haven't seen it. But as I have been told, the tenders could not have been tenders for the same type, for exactly the same project as is usually the case when tenders are invited, but just generally let's hear some tenders for housing that would be fully recoverable rental to tenants of I presume low means. This I understand was the program. I want to hear what developed. The tenders were opened Monday and I'd like to know how this will really help the very serious housing situation which exists; and will it indeed adversely affect the expectation and hopes of the Co-operative Housing Association which wanted to go ahead, and for two years, I believe, has been trying to go ahead with an expansion of its program in the northwest part of Winnipeg, next to its existing development. I hope the Minister can give us a picture of that so that we can evaluate the report and assess it further.

MR. JOHNSON: Mr. Chairman, first of all may I say that the question of housing is a tremendous field. There's no easy solution to the problems and we may all agree that the ideal solution is to ensure that everyone is able to acquire a home of their own and, but we're not agreed on the solutions it would appear. And of course the authors of the Task Force were convinced they had all the answers and again withdrew many objections to many of their proposals.

May I first of all say in response to the last speaker, the Member from St. John's, I concur with him wholeheartedly that co-op housing is one of the excellent ways to develop public housing, one of the many approaches. I'm all in favour of that, I think its tremendous. The Manitoba Housing Corporation in its action in placing out proposals for full recovery housing at no time were aware of any particular plans of the City of Winnipeg in any particular area of the city. I want to make that abundantly clear, because I have checked that with the Chairman of the Corporation and he tells me that is the case. I'm aware of the problems of a government in seeking some positive action, and I've tried to state during this Session, Mr. Chairman, that we are trying to - I have to admit the Member for St. John's may look on them as infant steps, but they're a sincere attempt to approach this housing problem.

I was quite impressed... and let me kind of familiarize myself with our own Act here in the province, - to hear that Dr. Albert Rose of the University of Toronto, a Member of the Ontario Housing Commission, thought that our particular Act was the most comprehensive Act in the country. He says that this Act - you can take advantage of anything that the Federal Government has to offer. Now I think our bone of contention comes in that there is nothing to prevent any municipality initiating public housing. In public housing all they have is the 25 percent of the subsidy on that arrangement.

MR. CHERNIACK: Still they do need money don't they?

MR. JOHNSON: They have to subsidize 25 percent ...

MR. CHERNIACK: Right, and you say there is nothing - but there is money that's needed?

MR. JOHNSON: But it's the policy of the government not to go into the municipality and say we're going to build housing here, we'll wait for the municipality to initiate it. We're starting to get a response as I indicated to the honourable member. Brandon is in the process of developing a 100 houses. Portage la Prairie is coming forward. Selkirk will have two projects underway this coming year. These have all been approved - they're in the mix. It's true that Winnipeg is the only area in Metropolitan Winnipeg that has generated public housing. It's true that before further major public housing goes ahead in the city, in urban renewal areas, they're examining this. The Task Force was concerned about two big schemes. As we said to the Task Force, maybe we can get more done in public housing and get the cities to respond more quickly, and the municipalities, if we don't have to have these huge schemes. Why can't we do spot clearance programs. Why can't they assist us in this way and help us with land write-offs for municipal purposes and for provincial purposes, such as the R. B. Russell situation, where we could get on with it. These big schemes are taking too long. This is what I'm interested in.

The concept I believe is in the best interest of each municipality, that we allow them to initiate the proposals and we're carrying out urban renewal studies in other parts in Manitoba - Churchill, Altona and so on. We're willing to enter into these things and keen on getting more understanding and more housing developed.

In the midst of this, a proposal came to the government from the Corporation that we might initiate some full recovery housing to provide rental housing for persons who do not need subsidized housing but who cannot afford to buy a house on the present market. A pilot project where they ask for proposals from developers as to what they might come forward with, and I understand were flexible in their guidelines in the sense that they wanted proposals about three bedroom dwelling homes; two; one; it didn't have to be in any particular place - just to see what kind of interesting proposals came forward. They opened these last Monday they advise me and tell me it's going to take them a little while to sort them out, study them and so on before they report to me. So that's where that situation is at the present time. But as I said in spite of this the Manitoba Corporation is beginning to develop a housing program. In addition to the homes at Thompson we are now interested in possibly having a dozen or more homes in the Greater Winnipeg area where we might have the same concept. We can buy existing older houses and under the authority of the Corporation to -- as a facility to assist

(MR. JOHNSON cont'd) . . . . especially some of our larger Indian and Metis people who are hitting the Winnipeg area. We want to try some of these in the coming year. We're planning to. . . .

MR. CHERNIACK: Do you have money for that purpose?

MR. JOHNSON: Yes, for twelve houses this year. The Corporation are planning to move in this area - which we have approved of. Certainly I would like to see some of these for training purposes, for custom. It will be interesting to see what the Task Force reports with respect to some of the suggestions of the provinces that the municipalities be able to go on with smaller schemes and projects we can get into effect much more quickly than the very large schemes. We have not turned down one request for urban renewal where it's been asked for and we have, as I say, been getting a response from these areas outside of Winnipeg and they're going forward this year. Last year the Corporation purchased these trailers for Thompson, subsidized housing, and if we could get some older homes - the Corporation is looking at this right now as a matter of fact.

MR. CHERNIACK: Mr. Chairman, I wonder if I could interrupt for a moment. Do you need ratepayer approval for any project outside of Winnipeg?

MR. JOHNSON: No, not to my knowledge -- not on the . . .

MR. CHERNIACK: For the municipalities programs?

MR. JOHNSON: Only in the partnership do you need the -- that is the 75 - 25 - do you need the ratepayer approval, as I understand it.

MR. CHERNIACK: Well then what you're saying is you're waiting for the municipalities to come along. They can't come until after they have ratepayer approval for their project, isn't that so?

MR. JOHNSON: Not for the 90 - 10 sharing you don't need ratepayer approval. The Mayor from West Kildonan I think raises that problem, but on the partnership - to borrow its share of the capital cost of public housing it's not necessary for a municipality to put up any of the capital cost of providing public housing and a ratepayer vote is not required. Where the ratepayer vote is required is on the partnership arrangement where there is a local equity put up for capital, 12 1/2 - remember 12 1/2 - 75 - but there is no ratepayer approval required in West Kildonan, for example, if they want to initiate public housing on the 90 - 10 formula - on this basis. That's the basis on which the projects are going ahead in Brandon and Portage la Prairie and Selkirk. While I am the first to admit these may seem like infant steps, I do think we have a good Act. I do think that with public understanding and so on that we may get more housing developed.

Our big concern is, of course, as everyone's expressed in this House, housing for people in that income area where the great demand exists. But I should reiterate that ratepayer approval point that was just brought up. I asked the Corporation - I haven't got the note here with me - why they included that "notifying the physician". It was a conscious decision that they thought was in the public interest - namely, that the physician get a copy of the amount of money paid by the Corporation to make sure it is the insured benefit paid to the patient which they would consider payment in full. There might have been a claim from the doctor to the Corporation which he might have expected to have been paid. He might have billed in error; he might have billed other than the insured benefit paid for out of his booklet, and just to keep the records straight they thought the doctor should get a copy of that. I've asked them to review it in light of the question raised but they thought this would be a wise thing to do.

MR. CHERNIACK: . . . you mean so that the doctor can make sure that the Corporation has paid the patient a correct amount? Is that what you have in mind? That the doctor will make sure that the Corporation didn't under-pay the patient. Is that the protection they want?

MR. JOHNSON: I'll have to dig up their explanation, I haven't . . .

MR. CHERNIACK: Well I wonder if you could . . .

MR. JOHNSON: My impression was that they felt it would be proper to notify the physician as to the benefit which they paid the patient so that in case there was any error in his billing he would know what the Corporation was prepared to pay for any particular service.

MR. CHERNIACK: May I ask is the Corporation notifying the patient of what it pays the doctor at the time of payment? Just so that a patient knows that the doctor has received payment for treatment actually given to the patient.

MR. JOHNSON: I would have to check that again. I would like to check that before making a firm statement. I think really the question is, is the Corporation planning on some

(MR. JOHNSON cont'd) . . . . routine basis of giving the patient -- on each individual case you're asking a receipt, if they pay the doctor. I'd like to check that one for the honourable member.

I've been asked a host of questions. I don't know if I can . . .

MR. CHERNIACK: . . . the only other question I asked was about the Canada Assistance Plan Appeal Committee.

MR. JOHNSON: Well I stand to be corrected, but I think we use our own Manitoba Appeal Board under the Social Allowances Act. That's the only appeal board that I'm aware of, and that consists of ten members chosen across the province. The Chairman of that Board has been Locksley McNeill who was Chairman of the Old Age Assistance and Blind Persons' Pension Board, and he will continue in that capacity. Mr. Alf Kitchen is Vice-Chairman and the rest are citizens at large across the province.

MR. CHERNIACK: I wonder if the Minister could supply us in due course with a copy of the rules that must exist for the procedure for the appeals from decisions of the agencies. There must be some set of rules. I'd like to know what they are.

MR. JOHNSON: Yes, there are certain things a client can appeal upon. All I can remember off the top is that they have about four or five appeals per month and the Chairman will take a quorum and often go out around the province to hold his appeals at regional points. But I'll try and get the nature of the terms of reference, as you say, as to the kind of appeals which the Welfare Appeal Board does hear.

MR. CHERNIACK: And the manner in which the persons are advised of their rights to appeal. There must be some way that they know they have the right to appeal.

MR. JOHNSON: This is in the Social Allowances Act.

MR. CHERNIACK: But they don't read the Act. They must . . .

MR. JOHNSON: That's true.

MR. CHERNIACK: They're told, "we've decided against you." Are they also told of some way of appeal?

MR. JOHNSON: Well they're advised by the worker. I know of two or three cases where they appealed to the Department on the basis of an allowance which they felt should be changed and this -- (Interjection) -- Yes. Well I'm sure my staff's within hearing distance and will try and get the necessary information.

With respect to the question of the Honourable Member from Gladstone I would like to take that as notice if I may because it will take me a day or two to gather this together at this point. With respect to the Member from -- I had a note here of some of the questions. With respect to the Citizens' Committee, I've read the brief of the Correctional Committee in the city. I have met with the Correctional Committee of the City of Brandon. We spent an evening with them recently discussing the same kinds of problems with respect to the running of our institutions and the Director of Corrections and the Assistant Deputy in charge of the Department have been reviewing this material over the past month or so, or since assuming their new duties.

I would like to say though in connection with some of the remarks made by the Honourable Member from Kildonan, point out that psychiatry is successful in treating many disorders but it isn't the panacea to -- some socially behavioural persons are best handled by other methods than psychotherapy. The attitude I believe of our Department at this time will be that if a prisoner needs hospital treatment he should be in the hospital, if he needs outpatient treatment he should get it through the normal medical channels - the availability of psychiatric time is not as great as we would like. My staff have advised me repeatedly that psychiatric referrals from Juvenile Court are handled and adult referrals from courts and from Headingley are seen by Dr. Johnson who is full-time now, as you know with his forensic work. He is devoting full time with a psychologist - making himself available to the courts for this purpose.

And of course cases are seen at the Winnipeg Psychiatric Institute and at Selkirk and the Brandon Hospitals; and for your information I could say the Forensic Clinic which is set up for this purpose this year saw 105 cases for the court in 1968. I would certainly agree that our child guidance clinic in Winnipeg is the best on the North American continent, the best in the country - continent not just country. Assessment of a child and advice to schools is a very important function and there are seven psychiatrists, seven full-time and two part-time psychiatrists at that clinic who treat patients. They're treating, they're not just assessing as



(MR. JOHNSON cont'd) . . . . one would be led to believe by certain comments that have been made from time to time. I think the fact that the juveniles are more and more - many are being picked up, as you may call it for a better word, or identified in school now before something happens - referred by teachers - this is happening almost all the time now - and referred to probation service. We certainly don't stand at the bottom in Canada by any stretch of the imagination in probation and we want to do more, and we should be doing more all the time within our resources. But we do have an excellent probation system. It's been commented on by authorities in this field. But I don't want to indicate for one minute that I know all the answers. I don't. My staff tell me that more treatment is needed in our institutions and one of the reasons why this reorganization has taken place is to see if we can't maximize the use of the various specialists in different fields that we have in the different disciplines that are in the Department of Health and Social Services. With respect to the -- I don't know hardly where to go here but I don't want to -- the Member from, this afternoon. Maybe I should start back last evening but I think if I started with this afternoon's questions and work backwards certainly -- I'm sorry the Member for St. Boniface isn't here but I think we can all agree -- (Interjection) -- Oh, there he is. I certainly concur with his suggestion that I wouldn't expect any breach of faith by the federal authorities with respect to any special deal for any province with respect to Medicare. I expect the Federal Government to continue to pay after 1973 the same proportionate costs as they -- at least 50 percent of our costs as we get into full swing and get some experience and get some firmer figures for the future.

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(MR. JOHNSON cont'd.)

I would like to just take this opportunity if I could for a minute and I do thank the Member for St. Boniface for suggesting some of the questions he asked -- and they came with magnanimous rapidity this afternoon -- are really big questions but I'll try and hold some for other items. But the Health Resources Fund is something I'd like to report to the committee because it is an important matter. As you know, the Federal Government announced the Health Resources Fund in 1965 of a \$500 million fund, of which \$300 million was allocated to the provinces on a per capita basis and \$175 million set aside for the future and \$25 million went to the Atlantic provinces as a direct allocation; and based on this Manitoba's share was \$14 million. Out of that announcement the university hospital board and the teaching areas, university, hospitals involved, the government departments, Education, Health, came together and after much planning drew up a five year program for the orderly development of medical research and teaching facility for our province to maximize the use of these funds and this five year program was tabled with the federal authorities and approved in principle, and then last fall we were advised that the federal authorities could only assure us of two years' of the capital for the five year program at this time and some question about carry-over. So we were in a little bit of a bind for a while but we feel that we must go ahead and travel hopefully that this money will continue to be available after the two year period, because you cannot go into meaningful planning on a long term basis over 15 years that's contemplated in our program without some assurances in that light.

At the moment, the substance of it is that a planning group of the Health Services, known as the Health Services Co-ordinating Council, have been established and they will be hiring a planning officer, or co-ordinator under their jurisdiction; and that co-ordinating council consists of the teaching hospitals, the universities, the Sanatorium Board, the Cancer Foundation, the University Grants Commission and the Department of Health. All these partners have formed this council and they have in turn a planning co-ordinator. This work was previously done by one of our senior - and now Dean of Medicine - who has found his time taken up. Consequently, there were passed in the Department of Education estimates certain capital funds to the Grants Commission, complemented by funds predicated for hospitals in the teaching area, and included in the projection I outlined in the House the other day. Some of those projects - all the projects at the St. Boniface and General hospitals, for example, and the Children's, are part of the five year program of health facilities. That is, everything is planned to fit in to that program and it has Ottawa's approval, and complementing those funds as I say are the Grants Commission monies that will go towards university facilities in the coming year. The co-ordinating council, with this capital, will be reaffirming or maybe possibly readjusting any priorities that the Commission may forward to it, because it is just a partner in this council. So I can report that this is on the way and that program has been initiated.

With respect to nursing home beds and the plea of the Member of St. Boniface in I thought a very full list of questions, but one I can point out now with respect to task forces, nursing homes and alternative facilities, it is true that we have now, in the last 10 years as I said earlier, created in the province, in association with voluntary, charitable and other groups, approximately 7,200 beds, including personal care homes -- housing personal care home facilities and hostel facilities. All this is really important in the over-all scheme of things in our province, and I think we have all come to appreciate in this Chamber that we have to do our best to create a happy balance of facilities, as the honourable member pointed out, from home care, elderly persons housing, personal care homes, extended treatment facilities, and then the acute hospital. And it's the feeling of the hospital field, the hospital association, the commission and others, that extended treatment facilities, where possible, should be built adjacent to the acute hospital. And this has been the case in Steinbach for example, Swan River, Morden, where the extended treatment facilities are adjacent to the hospital for the patient who doesn't necessarily need an acute bed but who needs continuing medical care. And then once they do not require that kind of care they can probably be better looked after in a home with another type of philosophy and another kind of service rendered from personal care homes, to the hostels, housing home care. And I don't think the answer is by any means to put an umbrella over and say the Hospital Commission should run all this or come down to take in more and more of these alternative type facilities. I think it will be all we or any province can handle through our hospital commissions to create and maintain the acute system and the extended treatment system, rehabilitation facilities, like we have hospitals, under the umbrella of the Commission.

(MR. JOHNSON cont'd.)

I would say that when all the Ministers of Health met last fall with the Federal Minister, this was one of the major topics. When we sat down they said: "Really it boils down to 52 percent of our costs in health being in the hospital field and we're getting worried about where this is taking us, and what alternative ideas have all of you people got? We were able to produce all of our studies of the past few years, and as I announced earlier, the Task Force has been set up in different areas, medical care, hospitals, and now with universal medicare complementing hospitalization across the nation, you're trying to see what direction provinces should take below the hospital plan. How do we prevent just building beds so that we don't build 900,000 beds and all crawl in and forget the whole business. The secret is to develop a vital, meaningful, active program, and I concur with the Member for St. Boniface, our prime beds must be good for our acutely ill.

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(MR. JOHNSON cont'd.)

I couldn't answer the Honourable Member for St. Boniface on the forest and stream question. This could be international in character, but I'll see what I can find out.

Another question raised was - and I think I have mentioned this earlier - that over the next nine months the Corporation, Hospital Commission, College of Physicians and Surgeons and the medical profession, have agreed to examine within that period the whole matter of laboratory and x-ray services with respect to approved facilities and make a report.

With respect to drugs, I'm not too knowledgeable on pushers but I did think I should -- seeing it came up - share with the committee that this was again a matter brought up at the Ministers of Health meeting with the Federal Government, at which time the Federal Minister and the different provinces shared some ideas on drugs. I think the thought was there that the Federal Minister suggested a national conference on this matter, and it was recently decided that before proceeding with a national conference on drugs that we should get the research work done beforehand, and through the Dominion Council of Health the basic research is being done for the Federal Government before they call us together again.

However, the Province of Quebec did share some experience with us which I thought might be of interest to the committee. They made a survey of hallucinogens among the Quebec College and university students. They did a study of 20,000, 10,000 of whom were secondary school students, 5,000 college and 5,000 university, and sent out a questionnaire to see what the feedback would show. They reported that about 9.67 percent of these subjects reported at least one experience with glue-type inhalants, marijuana or LSD. Only 7.7 percent said they were regular users. Of the total number sampled, 76 percent felt that regular hallucinogen users are more likely to start taking drugs such as morphine or heroin and 52 percent of those who have at least one experience admit this risk; 36 percent do not. The students felt that 85 percent demanded stricter legislation on inhalants, 72 percent in marijuana and 84 percent on LSD. The main reasons students gave for using drugs for the first time was curiosity, and the second time was a group's influence on them. For 62 percent the experience was pleasant; 25 percent were disappointed; 62 percent were aware of the dangers involved. So their feedback showed these rather interesting figures, but the numbers who continue would appear to be small in percentage but enough of a concern to suggest to the other provinces that this was a useful exercise.

I might point out that in the department we've had discussions with the Manitoba Medical Association, the Alcohol Education Service, the Alcoholism Foundation and the Department of Education as to the role that we should all be playing in informing the young people of the use of drugs. The Manitoba Medical Association - I attended a meeting, a public meeting last fall which was a very excellent one at which they were well represented as were many other -- they had a panel of both representatives of the police force, psychiatrists, public health officers and the clergy, at the Manitoba Medical School, wherein the need for public education or information became a matter of discussion; the use of marijuana. The drug abuse was felt to include addictive narcotics, glue-sniffing, sedatives, tranquilizers, alcohol. The Manitoba Medical Association felt very strongly that the profession was not speaking out because they really didn't have all the information. We have the danger of the pill pushers; a tendency for people to have too ready access to drugs. They felt that the profession really would speak out when they had the facts, that there was an alarming lack of knowledge of the use of these drugs, these things that have appeared in the last few years, and until they came out and there was more information, they were reluctant to speak out.

The increasing number of convictions was noted across Canada by a representative of the Mounted Police force. This was not that significant in Manitoba, but significant enough for us in the department to decide that we want to work with the several agencies in the field and with the professional groups to bring the knowledge of drugs before the young people of Manitoba.

With respect to the question raised by the Honourable Member from Seven Oaks concerning the cases referred to, he referred to British Columbia. I think I could assure him that we have complete reciprocity with other provinces, and if a Manitoba patient were admitted to a hospital recognized by the British Columbia hospital system, I'm sure that reciprocity would hold. I don't know the details of the particular case he's talking about, but when services are available in Manitoba of course we expect that they will be used. We cannot control people going, as a matter of personal choice, to private physicians who sent them to private facilities. This is simply the problem there.

(MR. JOHNSON cont'd.)

With respect to the Portage la Prairie facility, and again that involves our St. Amant facility, of course nothing probably comes to the attention of us as legislators and members of the House as much as the problems facing the less fortunate in our society who are retarded. I join with all those in commending the auxiliaries and the Canadian Association for Retarded Children, who as we know over the last 15 years have done a fantastic job in this province, where today we have the trainable retarded in the public school system up until the age of 18 and where we have seen a gradual improvement. It's really been a tremendous improvement in the last several years, but there is a long way to go and I'm the first to admit that much has to be done. I don't know of a Minister in another province who hasn't got an identical problem, worse in some areas, worse than ours. I think our cottages at Portage have proved to be highly successful in that setting. We're very keen in the long run on making Portage more of the training school type of facility and there is money in the capital vote in the estimates this year for improvement at that facility in a recreational sense this year in the neighbourhood of a quarter of a million dollars.

There has been in the last two years - because I checked this following the visit by the auxiliary to see me and we discussed their problems - and of 45 personnel there were 23 on term last year who have been made permanent employees plus 25 more in this year's estimates, for I believe a total of 45 more personnel there. We are working with the Sisters who have done such a fantastic job at St. Amant, and the development of that institution is under consideration at this present time. The Director at Portage has -- my last visit there as many of you know, and I know many of you do take advantage of the trips there - or not the trips but the annual teas and other programs which are held, and you probably know of Kinsland, the community home for retarded in that city. Also, this year a facility of a similar nature will be developed at Swan River; it's in this year's program, and gradually these are one further approach to ever increasing institutional types of care. The load at Portage is becoming more severely retarded because I understand about half the caseload there now are severely retarded. In the past year it effected approximately 190 placements into the community from that hospital, and taken in a caseload of more severely retarded. I think our future lies in both the development at Portage and at St. Amant, and this is a matter we'll have to continue to pursue most vigorously.

With respect to dental services . . . .

MR. MILLER: I wonder could I ask a question of the Minister. Is there any intention on the part of the government to have a facility beyond St. Amant but not in Portage. In other words, not to increase the size of the Portage home but rather to build something within the Greater Winnipeg area for that age group between six and beyond.

MR. JOHNSON: Well, plans at the present time call for the utilization -- the Sisters are anxious to continue their work in this field and expand, and our present plans are to utilize gradually that facility in over-all planning. I can't announce just what that will be at the moment, but for some time now the plan has been to - and we're getting closer to moving on it - the expansion of the St. Amant facility in the Greater Winnipeg area.

With respect to the Honourable Member from -- quite frankly, as I understand it, the facilities at the Dental College are not a service clinic. It's not a service facility, it's a facility which accepts cases for students to learn dentistry upon, and those kinds of cases upon which it is designed to teach. Other than the group under social allowances and other than the program where we support communities with facilities at a per diem rate to attract a dentist in for clinics, we have no support program frankly for people above the welfare group, the indigenous group, in the field of dentistry at this time.

With respect to some of the questions, I believe last night the member mentioned optometric, whether or no glasses will go down. I know that the Corporation are negotiating at the present time with the optometrists with respect to the fee for the measurement of visual acuity or the refraction, and insofar as these people may have charged the examination fee as part of the sale of glasses, I imagine the price of glasses will go down. But an optometrist I imagine could well discuss that with the patient. The people will know of course that their optometric service insofar as a refraction is concerned is covered under the Medicare program, and can negotiate with that individual for the glass, I would expect, or receive possibly a prescription to receive glasses where they wish. But this, as I say, is under negotiation at the present time and I've already brought that question of the honourable member

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(MR. JOHNSON cont'd.) . . . . to the attention of the Corporation for any comments they may wish to make.

With respect to Mediplus, like the honourable member I noted those ads and as you know my colleague the Minister of Consumer Affairs is pursuing this with the United Health Insurance group, and while I regret that like many -- the United Health Insurance, as I understand, used to cover semi-private; it now offers Mediplus and there is this confusion. In one sense we're not alone in the department and the Corporation in creating confusion it seems, but seriously I think and I would trust that this advertising will come out more clearly.

With respect to the Member from Neepawa . . .

MR. DOERN: I asked the Minister as well in one question about the minimum, the \$1,620.00 a year basic amount, if a person has an income at that level or over they would not have their Medicare and health premiums waived. I wonder if the Minister could answer whether or not, in view of the premiums being charged to people, whether they're going to raise that say another \$100.00 or so to make it allowable for these people to pay their premiums without lowering their standard of living.

MR. JOHNSON: Well, Mr. Chairman, I've asked the -- I thought there were two questions there. (1) How did we get to those figures? I've asked for a paper on that again to refresh the details. Basically, the second thing was if a patient is right on the line at \$1,620 are they in or out. Thirdly -- and I'll report on that as soon as I've -- I haven't had an opportunity to talk to my staff over the supper hour.

With respect to the Member from Neepawa, I believe following three or four meetings last fall that the matter with respect to the hospital up there has been cleared up, and this does happen from time to time when misunderstandings can creep in. I do hope though and trust there is growing confidence between the Commission and so on. There is nothing done arbitrarily; they discussed these matters with the hospitals concerned. With respect to the drug matter tied in with Selkirk, as the honourable member probably knows, the cost of drugs in some of the smaller hospitals apparently was of concern to the commission a year ago and since, with the help of the Manitoba Hospital Association and the hospitals concerned and the commission's consultant, the 20 hospitals went into a group purchasing arrangement and Selkirk and Neepawa happen to be two of the twenty and affected some marked savings on group purchasing. My own thought was, for what it's worth, that it's probably wiser to see groups of 20 go together like that in group tendering basis rather than central purchasing where you get into warehousing and transportation and other overhead costs.

The appeal at any time is to the Executive Director and thence, if they appeal again, to the commission, and of course once the commission has made a final decision the appeal ends at that point. I would think that with respect to the budgets of hospitals, the commission are always trying to improve this and speed up this budgetary process.

An interesting question was asked by the Member from Turtle Mountain. Why not just have the hospital board submit their budgets to the commission and maybe avoid this line to line budgeting which has been found necessary over the past several years. It might be interesting to discuss that with the commission, or a hospital could. I'm certainly going to bring it up with the commission, namely, a percentage increase per year and just ask the hospital to live with it is one approach, but I think that the rapid increase in costs and services and so on over the past several years, which has gone as high as nine to thirteen percent per year for 11 years, has made that kind of budgeting pretty difficult and they are still doing what you may call line to line budgeting, but I think the Commission would be most interested in this matter. I can report that the hospital association -- we've had an interesting meeting with them last fall and they have been asked to go back and develop some of their proposals a little more fully for us for further study by the commission, and see what may develop.

I would also say in response to some questions that again, with the Health Resources Fund and the capital program of the commission over the future, that when the commission gives us a program for a year ahead or two years ahead, this is their present plan to the best of their ability, going forward, sometimes conditions do occur which cause you to change direction in the public interests and I think the constant re-examination of where we're going is a good thing. I think this Task Force that the Federal Minister has set up is a dandy idea to let us look at how we compare across the nation. Right now we're on the national average or a little above in the number of acute beds per thousand, and they're all looking at the same problems as we are, how to use home care maximally, what kind of facility should we have

(MR. JOHNSON cont'd.) . . . . below the plan, how should it be financed and so on. But I think the whole matter of hospital financing is one that is a full time chore.

The honourable member brought up some interesting points - the Honourable Member from Burrows - which I thought I had here in my paraphernalia. He's not here, but generally speaking I wanted to speak to some of the points he made last night with respect to the staff and some of the suggestions he made - and I'm always happy to hear suggestions from my honourable friends. He spoke of the possibility of hiring a group of social workers, 20 or 50 at 20,000 a year to go around, as I understood it, to bolster and just help people, not necessarily in need. Of course one of the major reasons for the reorganization of our division has been the matter of the desire to integrate our services to attempt to achieve a state of affairs whereby any resident of the province with a social or economic problem can come to one of our eleven regional offices of the Department of Social Services and he helped to identify their problem and work on a plan of improvement.

Now this may mean no money; it may mean the person just wants some help. We see this happening at People's Opportunity Services every day. Somebody comes in, it isn't financial assistance they require, it's some guidance. In another case it may be they need money to get to a job. This is the experimental program that Ottawa is sharing with us down on People's Opportunity Services in trying to give a comprehensive program. Last year we had 20 so-called indigenous workers. These are people who are not trained social workers but just go out and assemble facts and material for the team, and the team makes a decision as to how they can best help that individual. It's an exciting thing for the staff and it's proving itself and gaining the attention of the other provinces.

We have within our division now in these eleven regions, I would inform the House, about 269 personnel in the category of social worker, welfare worker - many of them B. A. 's without their B. S. W. - and employment placement officers in this total. In addition to that, we have a staff of 25 social welfare and welfare workers that share services, for close to 300 - 294 personnel. So we concur in some of the general approach, as I understood the Member from Burrows, in saying we should not just be a relief-giving agency. We're trying to get more into the area of prevention and rehabilitation through a regional approach with a multi-discipline - or with different skills at the regional level.

Also, the Member from St. Boniface, while I think of it, mentioned St. Boniface Hospital. I think he may have been out of the House yesterday when I listed the projects that the commission gave me as approving next year and the St. Boniface General Phase I expansion is part of that health resources approach. It's down as 1970 with further development after 1972. It's really one of the two or three year continuing projects in the first five year program of the Health Resources Fund.

With respect to -- I believe that's all I can lay my eyes on at the moment, but those questions I haven't answered I'll do my best to answer more fully as soon as I can get the necessary information to complement my present knowledge.

MR. DESJARDINS: Mr. Chairman, did the Minister mention anything about ambulances? Did I miss that?

MR. JOHNSON: As the honourable member knows, the department has an ambulance officer who developed as you know - I think the Minister dealt with this last year - developed a prototype ambulance out of an Econoline type of wagon or car, and this prototype costs \$7,000.00. I believe the Deputy travelled around five or six thousand miles this year taking it around the province to try and interest municipalities in the purchase of ambulances on a municipal basis. I believe the last figures I have were three municipalities have purchased this prototype ambulance. A set of standards for ambulances has been recommended by the department to operators, and I can also advise the House that the Hospital Commission are examining this whole matter of ambulance services in conjunction with the Emergency Services at this time and the ambulance officer. I can't report anything further on that at the moment, other than that it would seem to be wise to bring them together to develop a more effective system. However, that is the report I have on that at the present time.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, I have two or three points to make and I would rather do it now than later on under the original items because I want to draw some comparisons.

One of the items I want to refer to, which has already been discussed to some extent, has to do with the retarded workshops. I note from the report on Page 107, the last paragraph, and I'd like to read the last half of the paragraph which states as follows: "With the assistance

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(MR. FROESE cont'd.) . . . . " ..of some funds supplied by the Auxiliary Committee to the Manitoba School for Retardates, projects of training, along the lines of sheltered workshop activity, will be expanded at the school, and a Vocational Training Program will be extended to a much larger proportion of the moderately retarded adult population than has hitherto been possible. Meanwhile, a major effort will be continued in the development and expansion of operant conditioning programs for the severely retarded. "

Mr. Chairman, my question would be, why restrict the expansion to the one school mentioned in this report? I think the workshop that we have at Winkler, Manitoba has done a wonderful job. Originally, it was started off as a school, and then when the division came in, the division took over that part of the retarded training of those that are of school age. But we have a fairly large number of the teenagers and young adults in this retarded group that are employed in this workshop, and the workshop is presently using space in the Eden Mental Health Centre basement. They're making rubber mats from old tires; they're making these non-skid car tracks for car drivers. When they get stuck, they just place these mats underneath the wheels and in this way they can get out. So these are useful items and I think the project itself carries itself, if not all the way but to a large extent.

But where the trouble arises is in the capital that they need to set up a new workshop. Plans have been drawn and the plan is to have this workshop on the grounds of the Mental Health Centre, but monies are needed for the construction of this workshop as far as capital, and from what I understand the government is not coming across in giving them any assistance in this instance. I would like to know from the Minister why? Because when we look at the report they're giving assistance to this particular school in question in the report, and I find this project as worthy as any other one for assistance to help the adult retarded in getting employment. Certainly it takes these people off the streets and so on, and they're under supervision. They're doing useful work, and I feel that this should be getting some support financially.

I'd like to question the Minister also as far as a division between the younger retarded and the adult retarded, is the line drawn at the high school age or where does the exact division take place, because I feel support is necessary in this area.

Another matter that I would like to draw to the attention of the Minister, or get some information on, is to do with the urban renewal project scheme - or development scheme at Altona. I'm sure that the department and the Minister know a good deal more than I do about the project and as to the extent it has developed. Now that the Federal Government is freeing interest rates, what effect will that have on that whole program? I imagine this comes under the same legislation where the interest will now be freed. It seems to me that these projects take such a long time before they get to a stage where they can really take effect. There's so much planning and so much red tape involved, in my opinion, that they get bogged down time and again. Just how many plans of these type are presently under consideration by the government; how many are being worked on; and to what extent has the Altona one proceeded - where is it now?

Mr. Chairman, one further point that I would like to raise has to do with the matter of allowances - old age assistance and so on. I find in comparing the estimates of the years 1966 to 1970, that in 1966 we estimated expenditures of \$11,658,000; in 1967 we increased the social allowances to \$14,735,000; in 1968 this had a further increase to \$19,850,000; then in 1969 we had a drop, it dropped to \$14,717,000; and then in 1970, the year now before us, it is up again to \$16,717,000, an increase of \$2 million over the previous year. Just what is the reason for this increase this year over last? Is it the number of applications or is it an increase that we are allowing them or will be allowing them? Then, too, what accounted for the drop in 1969? Was it the federal increase in old age pension that this took up the slack? Was that the reason for the decrease in 1969?

Another thing that I would like to mention in connection with social allowances and our welfare program in that if nothing is going to be done as far as the farmers' plight in Manitoba that maybe this figure should be doubled or even tripled, because I feel that if nothing is being done we will have many more cases on our hands by the end of this year.

Then if we compare the old age assistance here, we have a continuous decline as far as the government's expenditure is concerned. In 1966 we estimated expenditures of \$1,700,000; then in 1967 it was \$3,470,000 - we had a rise in 1967 but since then it has gone down. In the year 1968 the estimate was \$2,477,000; in 1969, \$1,135,000; and now we are down to



(MR. FROESE cont'd.) . . . . \$427,000 for 1970. These are very sharp declines over the last four years as far as old age assistance, and I take it that this is because of the Federal Government taking over the old age assistance plan and going down each year until the age of 65.

The same hold true also for the blind pension allowances. Here we have the figure of \$363,000 in 1966; \$345,000 in 1967; \$322,000 in 1968; \$245,840 in 1969; and \$245,495 in 1970. So we also have a continual decline under the blind allowances. What is the reason for this? Do we have fewer blind people, or is the Federal Government assisting us to a larger degree under this particular program?

The assistance to municipalities, or municipal aid expenditure under the welfare program started off in 1966 - that's the figures I have here - with an expenditure of \$2,375,000, then it continued to go down. In 1967 it was \$1,850,000, and by 1968 it was down to \$1,000,000. Since then we have seen increases again. In 1969 it was \$2,812,000; and in 1970, \$4,750,000. So we have a curve as to the increases taking place in the last two years as far as assistance to municipalities for municipal aid.

Then in the housing services here it's a completely different picture. For the year ending 1966, March 31st, the estimated expenditure was \$778,000; in 1967 it was \$779,000; in 1968 it was \$800,650; but, Mr. Chairman, in the Budget and Accounts Committee this morning we found that of this \$800,000 only \$434,000 was spent, so that you had a carryover of almost half of the amount that we budgeted for. Then in 1969 we budgeted for \$886,598, and here I would like to ask the Minister how much was expended in 1969 under housing services of this \$886,000, because we only spent half of the estimated amount the previous year. What was spent during 1969? Then for this year the estimates show \$1,109,462, which is an increase over last year, and for the last two years this item includes the Renewal Corporation, so that part of the extra monies being spent are spent under this plan. So if the Minister has answers to the points that I raised, I would appreciate hearing from him.

I was rather interested this afternoon when the Member for St. Boniface mentioned the Medicare plan and Quebec's position, that they are waiting for a special deal or intend to opt-out. I certainly wouldn't want to bet a dollar that Quebec will be getting a better deal, because we find that over the years when they opted-out of programs they didn't lose by it, in fact I think the other provinces gained by Quebec opting-out of the various plans. I think it was to our advantage and I certainly welcome the idea, because we might get out of the strait jacket that we are in right now on the conditions that were laid down under Medicare, that we might have changes taking place as a result. I certainly would not condemn the matter just because of that. I feel that if Quebec can get a better deal out of this, welcome to it, and maybe we can get a better deal out of it as a result. So that is my attitude on this and I feel that this could be to our advantage.

So, Mr. Chairman, these were the points that I wanted to raise on the estimates at this time, and I might have a few matters later on under the specific items.

MR. DESJARDINS: Mr. Chairman, just one word because the last member that spoke referred to some of the things I've said. Now I want it clear that I certainly don't blame Quebec for trying; that's not the point at all. I also said today, and I said it many times before, that I felt that the Federal Government should say to each province - my friends don't agree with me but this is my feeling - they should say to each province: "All right, here's a certain amount of money; it's earmarked for medical care and hospital care of the people in your province." I'm all for that, but let's be practical. This has been refused. We tried the same thing as Quebec and we weren't allowed to do it, and I certainly feel that we should not extend any preferential treatment to any province.

Now Quebec in certain areas, in certain fields is a province a little different than the others, but the point that I was trying to make - this has nothing to do with culture, with language and with national unity - this is the health of the people of Manitoba, and if they can opt-out of this and still get the grant that is refused other provinces, I think that this is wrong, and I think that this is what will work against national unity, will weaken the government in Ottawa. This is my point. I certainly don't think that Quebec should be treated differently than the others in this question, and if they are, well then they might as well be a different country, and it certainly won't work for national unity, to unite the provinces and have a strong government. I'm not suggesting that what they want is wrong. What they want is right, but if the other provinces are refused - and Manitoba tried to do the same thing and we were refused. My point is that Quebec should not play this business of, all right, we'll

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(MR. DESJARDINS cont'd.) . . . . separate from the rest of Canada if we don't have our way. This has nothing to do with national unity or anything to that extent, and it would be just giving in to Quebec if this is allowed, and this is wrong. If they give in to Quebec, let's scrap the whole thing and start from scratch and let all the provinces opt-out under the same conditions, that is of getting the grant. But if you read the report of the speech of the Honourable Provincial Treasurer of the Province of Quebec, he said that they'll have a plan some time by June 1st or something of 1970, if they are allowed to opt-out and get the same amount of money that they would have if they were in, and make the rules themselves. And this is a terrific idea, they should have done that in all their plans. I agree with you, but let's be practical; this is not the case. It's being reviewed.

And then Quebec makes a further demand. They say all the money that you have collected in this province to finance your plan, we want it back. Well Manitoba could say the same; all the other provinces could say the same. The government, the Federal Government - and I think it was wrong - brought in a plan and they made certain rules, and if they say to Quebec you don't have to follow these rules, I think this is wrong. Quebec has to be treated like all the other provinces in this aspect, in this question of the health care of the citizens of their province. This is my point.

MR. FROESE: Mr. Chairman, I certainly don't blame the Quebec people for this, not at all. I know that in British Columbia the Premier there gained certain concessions in order to qualify and in my opinion he did not meet the conditions that were laid down under the plan and yet they qualified - B. C. I don't blame any other province for getting a better deal, if they can well welcome to it. I think once they get a better deal then we have an argument too to get a better deal, and that's my point.

MR. JOHNSON: . . . . answer that question of the honourable members. It is one that I would like to look up a little more fully, but there is no relationship of course between the freezing of interest rates referred to in the approval of the Altona scheme. The Altona scheme is presently awaiting the completion of the scheme by the consultants engaged by the Town of Altona and when this scheme - first of all you're in the study stage and then the scheme stage and then we become involved and they will undoubtedly ask for financial assistance to implement the scheme if they do at that point. We can't do anything further until we get the request from the Town of Altona, I'm sure the honourable member appreciates.

With respect to some of the questions he asked. The increase this year, when we come to the item, is largely due to an increase in caseloads and an increase in the cost per case in the general social allowance appropriation. The old age assistance is gradually being phased out as you know. In January, 1970, there is no more old age assistance because of the C. A. P. coming down to 65 years of age. Disability allowance, that's caseload. Blind allowance - actually a lower caseload. Yes, I have a note here because I questioned these myself. The caseload was down, I guess preventative measures may be helpful; let's hope that's it. What was the other one? I think those are the main ones he raised. Oh yes, the municipal assistance. That is up - that's really gone up since the Canada Assistance Plan, as I understand it, came in - you know, in the last couple of years - that more municipalities have passed by-laws to obtain reimbursement from the province, and certain increased social allowance municipal welfare schedules. And of course the substantial amount put in here this year of the 900,000 with respect to the reimbursement of municipalities on the 40 - 80 formula for hospital premiums. So those are some of the key ones.

With respect to housing, I would like to look at all the detail in front of me when we come to that item; I'd be happy to have more information. And similarly with your workshop question, I would like to -- I have so much paper here I can't seem to put my finger on precise questions.

MR. CHAIRMAN: The Member for Inkster.

MR. GREEN: Mr. Speaker, it's rather late in the hour. I have some remarks to make but I'm certain I can't conclude them in a minute. I wonder if you were thinking of calling the Committee to rise.

MR. EVANS: That's probably a good idea. I move the Committee rise.

MR. CHAIRMAN: Committee rise and report. Call in the Speaker. Mr. Speaker, the Committee of Supply wishes to report progress and asks leave to sit again.

IN SESSION

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

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

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

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