

THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 o'clock, Thursday, May 2, 1968

MR. CHAIRMAN: Committee proceed. The Minister of Health.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, during the past two or three hours I have been receiving a great deal of advice from the honourable members and I thought that perhaps I'd like to give a little advice in return, and I might do so in the course of answering the various questions that were put to me.

I think the first bit of advice that I'd like to give to the honourable members though, after listening to all of the speeches as I did today, is that when you have a social service, it costs money and it's going to have to be paid for by the taxpayers. There's no panacea for it, there's no magic, you're simply going to have to pay for it or do away with the service. Now I don't know whether you want to do away with the service after all of these years, and so we come down to a question as to how are you going to pay for the service. I have heard some rather weird and wonderful things and some weird and wonderful advice given to me today, and particularly some weird and wonderful advice from the people who say they are on the side of the old age pensioner and the people who say that they are on the side of the labour man, so I'll have a few words to say about that but not right now.

I would like to refer to the Honourable Member for St. Boniface and then I'll go through the whole group of you one after the other. The first one that I want to have a go at is my honourable friend because I like him very much for not having reduced my salary. I went home tonight and my family were very grateful for that because it meant that we could go back and buy some bread and be prepared for tomorrow and the weekend.

He asked me about medicare. Mr. Chairman, with respect to the medicare issue, as you are aware, the government has said that it was going to delay medicare for at least a year. When that decision was made, it was transmitted to the Manitoba Medical Association, to the MMS, and to the Manitoba Medical Services Insurance Corporation. They are still in operation and they will be in operation. Whatever negotiations are going on now between the doctors and the MMS are negotiations that have gone on in the same form that they have gone on ever since the MMS was formulated, and that condition will remain until such time as we know what happens with the Ottawa medical care plan and whether the law will in fact be changed. Now I don't think that I need to go into that debate any further because it will be debated. We're on the resolution of the Honourable Member for St. Boniface; we have disposed of the amendment and now we're on the main resolution, and there will be further information as we carry on in the House in dealing with that particular resolution on Private Members' Day.

With respect to nurses, the Honourable Member for St. Boniface wanted to know whether or not we had instituted the two-year course. Perhaps he is aware that most of the hospital schools of nursing have begun to institute the two-year course, and when my colleague the Minister of Education is introducing his estimates it will be revealed then that we are starting to move toward the two-year course in the Province of Manitoba with the orientation toward education and with the gradual phasing out of the hospital schools of nursing. Ever since that report of the Minister's came down last year, we contacted all of the different interested parties to ask what their reactions were, and over that period of time some of the positions changed. But we have begun to work now toward the two-year course, and rather than set up a permanent committee, the Minister's Committee on nursing was re-established again in order to consider some of the renewed or refined viewpoints that had been made by the various participants in the discussions which led up to the Minister's report on nursing.

The Honourable Member for St. Boniface asked how much does the income tax of one percent yield. It yields 1.9 million; the corporation tax of one percent yields 2.1 million. He asked what might happen ...

MR. DESJARDINS: ... repeat the first part? Was it five percent or what.

MR. WITNEY: The one percent of the income tax yields 1.9 million; one percent of corporation tax yields 2.1 million.

Now I'd like to mention just a few things that have taken place and perhaps they didn't come out when we were dealing with the question of the utilization of hospitals, because this matter was touched on by the Honourable Member for St. Boniface and by the Honourable Member for Lakeside in dealing with nursing care homes. Mr. Chairman, I hope that in the report of the Manitoba Hospital Commission it had been noted in there the increase in the

(MR. WITNEY cont'd.) number of out-patient services that have taken place during 1967; and I hope it is noticed in there the argument about the home care services that are based at the Winnipeg General, the St. Boniface General, the Children's, and the Winnipeg Municipal Hospitals, and that in 1967 a total of 1,160 patients were cared for under these programs and it was an increase of 220 over 1966.

I trust that he will remember that we have also instituted the extended treatment care report. Extended treatment care facilities, which are a lesser form of care from the acute care, are being developed in Brandon, in Morden, are open in Swan River, are open in Steinbach, have been developed in Dauphin, and are in the process of being developed with the Winnipeg General Hospital and with the St. Boniface Hospital. When you take a look at the premium, the premium has been brought down to cover that lesser form of care which we call the extended treatment care, and it gets rather complicated because you have acute care, you have extended treatment care, you then have personal care and then you have the elderly persons housing. When you come down to lower than the extended treatment care, that's the area of personal care, or I think that you normally refer to as nursing homes.

There are times when I wish that perhaps we hadn't been so puritanical in outlining these various forms of care and simply called it nursing care homes, because I think, Mr. Chairman, that it's interesting to note that since the Elderly Persons Housing Act was amended to provide for financing of personal care homes that there had been in the Metropolitan area a considerable number of such beds built in this province, and perhaps some of the figures that are available will be of interest to you.

In the Metropolitan Winnipeg area there are now at present 1,683 of these types of beds and this gives us a 3.2 nursing home bed per thousand population. It is interesting to compare the figure of 3.2 to the United States, where according to a report issued by the United States Department of Health there were 1.8 nursing home beds per 1,000 population in 1961, and at that time the U.S. department were estimating a need of a total of 2.4 beds per 1,000 population. In Canada, perhaps the only other province to which we can compare the situation here is the Province of Alberta where they do have an organized program of care facilities, and according to the Alberta figures, they have 3.7 nursing home beds per 1,000 population in Calgary and 2.6 per 1,000 in Edmonton.

Thus I suggest to the honourable members that our figure of 3.2 beds per 1,000 population in this area compares favourably to what is being done in the other parts of the country. At the present time there is more development taking place. As I pointed out, the development of the extended treatment care beds will aid the situation that we are facing with respect to delay in emptying acute beds for certain types of chronic illness.

I would also like to point out to the honourable members inclined to curtail or contain the use of the acute beds, the fact that in the Department of Health we have a section under rehabilitation which deals with such matters as the provision of various types of equipment to facilitate home care, and I would just like to make this observation that, at any rate when I came in as the Minister of Health - and I'm not trying to take this as some form of kudos - we had only one home care program which was operating out of the Winnipeg General Hospital, and if I'm correct, the Winnipeg General Hospital were really the pioneers of home care. But since that time, and that was in the latter part of 1963 in December, we have now been able to expand our home care facilities to the hospitals I mentioned - St. Boniface, the Winnipeg General, the Children's Hospital and the Municipal Hospitals. And not only that, in the rural parts of the province we are starting now to gear our health units into home care and there is an interesting experiment taking place in the Swan River area right now on the basis of the active utilization of health unit personnel in the provision of health care.

But I want to come back to the rehabilitation services, the medical home care equipment which has gone out to various people for reasons of provision of wheelchairs, rocking chairs and oxygen equipment, oxygen tents, etc. The number of active cases that we had at January 1, 1967, was 811. The number of new cases that were added in 1967 was 671, and the total cases receiving service in 1967 was 1,482. The number of cases that were closed in '67 was 402, but the active case load of this one section of rehabilitation at the moment is 1,080. Many of those people are people who would be in either a chronic bed or an acute bed if it weren't for the provision, and really just the simple provision of rocking chairs - and by these rocking chairs I can recall the people who suffered from poliomyelitis rocking back and forth - in some cases we were able to send people home with the chair and we took them out

(MR. WITNEY cont'd.) of the Municipal Hospitals. And with these forms of oxygen tents - I believe that's what they call them - these are people that would probably be in a hospital but instead they are in their home and this equipment is provided free by the government.

The Honourable Member for -- (Interjection) — Yes, the equipment is. -- (Interjection) -- Well, by the taxpayer - by the taxpayer.

Now on the per diem rates, the difference between the Winnipeg General Hospital, the Grace and the St. Boniface Hospitals, those are accounted for by the fact that the Grace Hospital for instance is a brand new hospital. You have the amortization costs built in there at the present rate. With the Winnipeg General Hospital, you have a medical, teaching and research hospital operating close to the university. You have different functions and you have some amortization costs in there as well. And as the new developments at the St. Boniface Hospital take place, you'll probably find that their per diem goes up as well. I trust that he was not suggesting that we ought to have one single per diem rate for all the metropolitan hospitals in the metropolitan area.

He spoke about administration costs and he referred to a \$2 million of administration costs, but the \$2 million, on top of the cost of the hospitals in around about 70 million, amounts to approximately about three percent, and I think if you look at the report of the commission you will find that they have been able to reduce that administration cost by one percent over the year 1967.

Now he spoke of the policy of the government in financing hospitals, and I guess right at this point that when I discuss this one I can discuss the comments that were made by the Honourable Member for St. John's and yourself. Now the policy of the government's financing on hospitals, and I think it's set out quite clearly in the report that you received, is simply that we collect about 50 percent of our costs from the Federal Government under the Bill 320 which is the Hospital Insurance and Diagnostic Services Act. We then provide, and will be providing for each one of these fiscal years, \$21 million, and the remainder of that will be coming from the premiums, and over the three-year period we have established that premium now at \$3.60 and \$7.20, and that's the method of financing the hospitals.

I believe it's important to note that in 1960 when we had the hospital premium - and again I might be repeating myself - in 1960 when we had the hospital premium, the premium accounted for about 40 percent of the revenue, and then we changed our policy and we went into the five percent and the one percent tax which yields, as you see, roughly about \$10 million. By six percent or five percent the yield is roughly about \$10 million, plus what we had from the premiums. And now as the years have gone by and the costs have gone by that's been outstripped, and we raised from our provincial subsidy - from \$3 million it rose up to \$14 million in the 1966 period, to \$21 million in 1967, and that's where it is now. And as we have the \$21 million subsidization and we have the average of the three years, it's going to mean that the premium is going to provide for about 28 percent of our total revenue - about 28 percent - and just after 1962 that figure came down to 20 percent and in 1967 it was running around about 19 percent.

Now I'd like to ask those who are suggesting that we might find some other ways and means of financing this premium, just what does \$21 million mean in income tax and corporation tax? In other words, if we were to provide for that \$21 million by income tax or corporation tax from the basis of what we've got here at about \$11 million from the yield of five percent and one percent, you're going to have to have 10 percent and 2 percent. And I'd like to ask you also if you were to choose some other way of financing your hospital costs and it was mentioned that we might use the sales tax, what will the sales tax cost? And then when you come down to these various percentages, I ask you to figure out, who do they hit?

I recall when we had the debate on the sales tax that apparently the sales tax is going to hit many of the low income people.

So, in other words, if you were to change from the system we have now you're going to bring in a system which is still going to hit the lesser income people; and if you are going to bring in - if you're going to bring in an increase in the income tax and the corporation tax, when you do that you're going to be hitting into the middle income. Those are the people that I think that you people are supposed to support. So I'm telling you that the way that we have it now with the hospital premiums still being able to carry about 20 percent or 28 percent now of the total revenue that we have, plus our 21 million, that that's a fair and reasonable way of applying the hospital premiums to the people of the province.

(MR. WITNEY cont'd.)

I also note that there has been a great emphasis on the question that the premium went up 80 percent. There wasn't any reference to the fact that it was \$1.60 a month single, the increase; and \$3.20 a month family, the increase. In other words, for families, 80 cents a week; and for the single, 40 cents a week. So if you want to take the yearly figure and you want to take the 80 percent figure, I'll take a weekly figure and I'll take a monthly figure for you. Now I gave you the policy of the government in the financing of the hospitals.

The Honourable the Member for Wellington asked me about the CMHA and did I receive a request for an increased grant. The answer is yes, I did. I was asked for a total - a grant of about \$25,000, if I recall correctly. What I have in the estimates is \$20,000, an increase from \$17,500.00. That grant has gone up from \$5,000 to \$20,000 in the period of about five or seven years, I'm not sure which.

The Honourable the Member for Wellington also asked about the bill for admissions to the mental hospitals. We have had one in effect for a considerable time, or since 1965, and about 75 percent of those are voluntary. Now he asked about amendments for the Act because the CMHA over a year ago put up a brief and they brought the brief to me. I took the brief to the department who also took it to the Psychiatric section, and we are still considering the points that have been taken by the CMHA because there is a difference of opinion between them and what the psychiatrists are saying. In the meantime, we have an Act that is working, and rather than rush into any changes we are going to take some time to consider the various amendments that were made and I expect that we will be amending the Act at the next session of the Legislature.

The Honourable Member for Rhineland asked several questions and then he came over and told me that he had been able to find his answers in the brochure we had on the costs of hospitalization and the estimate of the future costs. The utilization fees - I think that we have covered that sufficiently. He was concerned about costs and said that we must come to a halt. Well, I'm sure that everybody in the room is concerned about cost. I might mention to you that if you want to get a deterrent, since we increased the premium there have certainly been an awful lot of people who have been very much aware of the fact that our hospitals are going to cost us money. I've heard about it all afternoon. It's in the newspapers, and as long as we keep that premium somewhere comparable to the cost of our hospitals, the public are going to continually know that hospitals do cost them money. In other words, if you've got a social service it's going to have to be paid for some way and it's going to come from the taxpayer, big and little.

The Honourable Member for Rhineland also asked about the shortage of dentists, and I should advise him that we are expanding the dental facilities at the school. We have had one project now approved under the Health Resources Fund and the department itself has been undertaking various activities in the provision of travelling dental clinics, utilizing both the private dentistry section and our own dentists in the provision of dental care, particularly to children, although after we have done the children in various areas of the province, we then allow the dentist to work at nights on the adults.

Now the Honourable Member for St. Boniface in the second speech he made of the afternoon asked: Will there be a reduction of premium before an election? Well, he read the report; he sees the costs; he's got the forecast; and I ask him, does he think there will be a reduction of premiums before an election? If he does, where does he think that we might be able to find the money to meet the costs that are being forecasted in this book?

He asked about the Health Resources Fund; he wanted an explanation. I have the permission of the Minister of Health and National Welfare now to table these letters and I will be doing so before the Orders of the Day tomorrow. But the comments made by the honourable member are right. That \$500 million, the overall sum has not been reduced, but at the time that fund was brought out we were asked, all of the provinces were asked, to produce a five and a 15-year program. At the time that that fund was established, the Health Ministers asked whether there would be some limitation on the amounts of money available each year. We and other provinces went back and got our five and 15-year program, and in many cases much of the money that the universities and teaching hospitals wanted to spend was in, not the whole 15-year period but the shorter period. We will understand that the amount of money each year, providing it wasn't more than \$500 million, although that money was allocated - there was \$175 million for national projects and there was 25 million to be allocated to the Atlantic

(MR. WITNEY cont'd.) provinces - so it brought it down to roughly \$300 million. While no one felt that they could spend \$300 million in that first five years, if they could spend \$250 million then it was our understanding that that would meet the Federal Government's requirements.

Now that rule is changed. The amount of money available each year is not known - not each year. It may be if we're portioning out - say we're portioning out one-fifteenth of it - that wasn't the understanding at the time. We don't know what we've got this year, although I understand the advisory committee has now got a figure. We don't know what it's going to be there for next year; we don't know what it's going to be there for the year following; so that planning with respect to the needed facilities, if we are going to be in Medicare, is now restricted and made difficult because we don't know how much money is going to be available each year. The Provinces of Alberta, Saskatchewan, Manitoba, Ontario, British Columbia, as a result of this change of reference, have asked for a meeting with the Minister of National Health and Welfare. Today, we had a letter where he said that he would be willing to do so, but because of certain events that were on at the present time that he couldn't set any particular date.

Now the Honourable Member for Emerson - I'm sorry, but I really think that you ought to stick to your turkeys because all that business that you gave us just went past there somewhere - it didn't really sink in.

Now the Honourable Member for Lakeside referred to the personal care homes or the nursing homes, that we extend the coverage of the premium to cover these facilities. I might say to him that that has been considered now for some time but it's not clear as to whether or not it would cost us more or whether or not it would actually save us more. I can't really give him a definitive answer as to which way we ought to go except to tell him that that certainly has been considered because we did extend down from the acute care down into the extended treatment care hospitals and we have some more to be developed. I think that we might be wise to get the others developed - and our costs of course are predicated on the development of those other facilities and we would want to make sure that before we move too far with the premium that we weren't also going to cause another great load on the hospital cost structure. We would like to make sure that in doing it that we would actually, if not be able to save costs - because I've yet to find the possibility of saving costs in this business - but at least to curtail costs, and I appreciated the fact that he understood the problems that were involved.

He said I was being out-manoeuvred by the Minister of Welfare, though he has the money really for personal care homes. It's under his Act. The Department of Health and Care Services - we do the licensing, we have to set up the regulations; we do the licensing, but we also do a great deal of work in the handling of patients. And while Care Services quite often gets into difficulties about the building of personal care homes, actually in the work that it does in dealing with people, in handling of people, in trying to place people, in administering the nursing homes to see that the proper type of care is being maintained, in trying to help with physiotherapy and occupational therapy, is rather remarkable. I think at times that the care services people, what they are doing in the area of geriatrics has not really been recognized, at least in this particular field.

Now with respect to the letter that he spoke about and who was the civil servant or the official in my department, I don't know who it was. I heard it and I guess I made the mistake in passing it along, and I must say to the Honourable Member for Lakeside that if I've caused any hurt or unnecessary grief I apologize to him and to the person concerned that he spoke of. I would like to say, however, that that was a very difficult case that we were dealing with. I still feel that I dealt with that case fairly and as we would have dealt with others, and while we didn't, if you wish to use the term refuse a licence, we said we would give a licence if the regulations that we had at the time and had been met by others were going to be met by this person. A request was made to modify those and I felt that it was not warranted. But in this particular case I take the responsibility.

The Honourable Member for Logan made his usual very interesting speech, and I just think that I should close at this moment by referring to the Honourable Member for St. John's when he spoke of an election time at 1971. Well, I'm not sure that there's going to be an election at 1971, 1970. I would like to say to you though that we told you that we had taken the costs and averaged them out over a three-year period, and if you take a look at what would have happened had we been increasing the premium each year, I think it was pointed out the

(MR. WITNEY cont'd.) other day that the premium would have averaged out at \$3.84. We're making it \$3.60 and \$7.20. And also, if he wishes to take a look at the graph on Page 6, Figure 1, he will see that over that period of time up until 1970 that the utilization that we are predicting is fairly stable or fairly steady and based on five to six-year period of experience from the past. After 1971 the graph starts to rise and we feel that at that time we'll have to reassess the situation.

Now I think perhaps that I have answered most of the questions here drawn to my attention except to remind the Honourable Member for St. John's again when he spoke about the 21 million, is to remind him that at the beginning of the plan it was 3, in 1967 it was 14, and in 1968 and 1969 and 1970 it will be 21 million, and that will retain it at roughly about a 28 per-cent of the revenue which is equivalent to what it has been in the past. I think that's all I have to say at this moment.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, I think that the Minister certainly -- (Interjection) -- I've got lots of questions.

MR. CHAIRMAN: Well, the Member for St. John's.

MR. DESJARDINS: Oh no, you want -- I'm sorry, I didn't understand.

MR. CHERNIACK: I just wanted, if I could, to ask a question, Mr. Chairman. The Honourable Minister spoke of the provincial appropriation at 21 million remaining stagnant for the next three years. He does agree, however, that the line before that in his charts show a substantial increase in provincial costs. Is that not correct? -- (Interjection) -- Well, on either Table 2 or Table 5 the provincial costs are going up considerably throughout these years, are they not, at the same time that the provincial appropriation will remain stagnant.

MR. WITNEY: Steady.

MR. CHERNIACK: Well yes, either. It will not move.

MR. SIDNEY GREEN (Inkster): Mr. Chairman, I wonder if the honourable member would let me ask one question. I wonder if the Minister of Health would agree that the present rate that is charged for Manitoba income tax yields the province in corporation and personal income tax \$70 million. Individual income tax - \$53 million; corporation income tax - \$21 million; \$74 million. Does the present taxation that the province gets from income tax yield \$74 million? If the Minister can't answer then maybe he can -- the Provincial Treasurer.

MR. EVANS: Well, Mr. Chairman, I think it may be rather more than that. If I recall, the totals are \$117 million for personal income tax, corporation income tax, succession duties
...

MR. GREEN: ... personal. I'm just reading from this year's revenue estimates - 53.4 for individual income tax, 21.1 for corporate income tax, and that's all I'm talking about. That's based on our existing provincial income tax with the 28 percent abatement from the federal. -- (Interjection) -- Well then what is the answer?

MR. EVANS: Well here we go again. This is about the third round for...

MR. GREEN: Mr. Chairman, I don't want to delay the proceedings and if it's going to involve a speech then perhaps I should let the Honourable Minister ...

MR. CHAIRMAN: Yes, probably the Provincial Treasurer should get that one too, the answer to that question and hand it to the honourable member. The Member for St. Boniface.

MR. DESJARDINS: Well, Mr. Chairman, I think that this is false representation that we've heard tonight. The Minister gets up and he tells us that it was \$3 million, but now the province, the government is big-hearted and they're giving us \$21 million. But there's something that the Minister forgets, that we had a special session of this House in 1961 and that we established a tax to do away with always increasing the premiums. Is that right or isn't it right? At the time there was supposed to be a tax earmarked for hospitals, for hospitalization, and he's making the same thing tonight as the former Premier just before an election who went on television and said we used to give you only \$3 million, now we give you 21 - or whatever the figure might be. This is not right; the government's not giving anything at all. This was promised, and we have all kinds of proofs in here that this was a tax for one thing only, and that was for hospitalization. The Minister is all surprised because I say give us your policy - give us your policy on premiums. When today or yesterday he told us that it increased 80 percent, he feels that this is unfair to say it has increased by 80 percent; we should use the month, the week, the day, or maybe the hour, how much that would cost; it's still 80 percent.

Well, he asked me a question. He said what do you think, after reading this book, what

(MR. DESJARDINS cont'd.) do you think is going to happen? Are the premiums going to come down? This is what I want to know - this is what I want to know, because in 1958 the cost for a family was \$4.10. Then the government came in with the same kind of book, different color, but the same thing - "Report on Financial Estimates of the Manitoba Hospital Service Plan" - the same thing - for '68 to '71; this one was '61, '62 and '63. Do you remember this little book? I have a couple of them. I'll give you one if you need one.

Then after increasing from -- six percent then we needed, this was 50 percent more. That was awful we thought then, and the people of Manitoba, that was a big jump. All right, that was in 1960 wasn't it? In 1960 we went through all that what was needed. All right, this was a policy then. But in 1961 what did you do? In 1961 - and I've got to quote this again to you because this was your former Premier, this is what he had to say. He changed the whole structure then. He brought in for once -- before he said it was impossible to do, but now with the same setup that we got we're going to bring in ability-to-pay. Do you remember? Does the Minister remember when he said this, when all the members across said this? And if he doesn't remember, let me say a few words to him to refresh his memory. "Well, Sir, I started out by saying that there are a total of 150,000 people, 150,000 people in this province who pay no income tax whatsoever. I amend that statement, not 150,000 people but 150,000 families who are paying premiums whether they are in a single unit or married people with a lot of children; 150,000 of some 360-odd thousand units that pay hospital premiums don't even pay income tax. If you think that the standard of living of this province is too high, reflect upon that fact," he says. "And when you reflect upon that fact you will understand why we will stake our lives as a government" - stake our lives as a government and if that's not policy what is it - "on reducing that premium for the people who are in the bracket from \$6.00 to \$4.00, as far as we are daring to bring it down, and that includes the old age pensioners, that includes the man living on a pension, that includes the low income group." What's the government doing now, staking their lives into increasing from 4.00 to 7.20?

Now am I so wrong that I ask -- is it so bad to ask what the policy will be of this government, what the policy will be -- the same thing. A few years back, 10 years ago, the same book, the same increase, a little more this time, and then you reduce it and you adopted a policy of ability-to-pay. I want to know what do you think of that policy now? What's wrong with this question? Why don't I get a decent answer? You've changed from one time to the other, and I'm saying what's going to happen before an election? What's going to happen before an election? What happened before this election of '62? You reduced the premium. Is it possible that you'll reduce the premium again? You're asking the average of three years now. Actually the people who don't know where to turn, they're asked to pay even a little more. Maybe this is a good thing about averaging these things, but they're still paying more than it costs right now. And what guarantee do we have that you're not going to have more money than you needed? This is what you said the experts told you then, and then you came back, you reduced. Well it didn't cost us that much money. This is what you said at the time. Now do you know why we're asking what you're going to do at an election time? Do you know why we're asking it you are going to change your mind again? Do you know why we're asking you what policy you have, if you believe in ability-to-pay? If you do, I wish you'd tell us because the rest of the people of Manitoba don't know.

The Minister I know got up, he was quite happy and he says, well you didn't vote my salary down so I'll be able to buy bread for tomorrow. That was a big joke. All right -- I said, and I'm not going to change my mind, he works hard for this money, I'm not doubting that at all, but what about these other people? This is a government that said that you're not taxing, there's no increase in tax this year. Have you ever heard anything as ridiculous as this? What is this if it's not taxes? What is this? You lowered the income tax of one percent. It was earmarked as an hospital tax. What did you do? You lowered that so you're putting a premium -- you're lowering income tax and putting a premium. I see that you've got a cute little trick now, probably from now on this will go to the Hospital Commission and next year we won't talk about premiums; it'll be like the Hydro rates, and another thing that this government will not face, another responsibility that this government will not face.

This government says there's no increase in tax. No, the Minister has not answered all the questions. I asked him about the students under 21. I never got a -- I mentioned it three times last year; I was never given any answer. And now he tells us that they're doing everything they can in the field of nursing homes. He told us about ambulances - they did everything

(MR. DESJARDINS cont'd.) - they've got an ambulance that the people will try out now, and we had a report in 1966. Now they finally got a -- it's not here, mind you, but it's coming. This is action? This is action?

Then he says about the nursing home -- he's surprised because I mentioned what about the two-year course? There was a report of a committee, the Minister's committee, and there was a report before that and everybody was for it, and I think he said today some people are changing their minds. He's all proud of himself because we've got 20 more students that entered the nursing home this year - 20 - 20 more nurses. We have more nurses than that, we got some from different countries, right, but there's 20 more nurses that entered. Well, that's not enough. That's not enough. -- (Interjection) -- Yes, you've mentioned that - or 22 if you want the right figure, and I'll give you the page of the report if you want this.

Then he tells us -- I mentioned home care and he tells us what has been done. All right, we recognize that some improvement has been made. He's talking about since he's been Minister. Before he was the Minister I advocated that they do more about home care. I still think more could be done, and I still say what I said yesterday, that it's time we looked at the bottom of the ladder and see how many people we can get out of these extended treatment hospitals and get home care for them. This is something that we should be working all the time a little faster than what we're doing.

And he can mention figures - these figures don't mean that much to me. I see certain things -- he's talking about nursing homes and I mentioned this afternoon that in certain hospitals we've had people there in the acute care hospitals, we have people that don't belong there at all. They don't belong there at all. I know that it's practically impossible to eliminate all this completely, and this was -- no, I wasn't complaining against the government when I said this, this is something that I mentioned for years now, let's start at the bottom of the ladder. But what was I told? The money comes from Ottawa, we get only money for this, so bang, let's go and let's build these costs. The Minister said so himself this evening that there is nothing free, and even this money coming from Ottawa, it's money from the pockets of Canadians. It's our money and I think we have to be just as responsible when we deal with these -- we get help from Ottawa -- if we have to pay it ourselves. And the Minister was all surprised.

This is the government that wants to slow down, and I'll go along with them in a lot of ways. I don't say a government, maybe a Premier, when he's here he wants to slow down and he talked about - what was it - this Health Resources Fund. Well, it's still the same amount - he admits that - and it's still a 15-year plan. If they see that everything is going to be spent in the first year, isn't it natural they're going to say slow down? And they send you a letter to say, well watch your priorities, have a little bit of discipline. So what does the Minister say? He's insulted. How can we plan? How can we plan? Well you ask the hospitals who are waiting for their budgets to be approved how they can plan. You ask them. Ask the Mental Health Association, that my friend spoke about, how they can plan. And when you're talking about not taking 80 percent but so much a month, you tell me how much per head you're spending on mental health, on this Mental Health Association for the work they do.

All right, you have to draw a line somewhere, but I'm just using this because you want to be treated fairly. You want us to be reasonable when we talk to you, but this government, whenever you see Ottawa everything goes - Ottawa, Ottawa, Ottawa - it's always somebody else's fault for everything that's wrong in Manitoba, it's the Federal Government, it's Ottawa's fault. If you want us to be responsible here, why don't you start being responsible? You're not only Manitobans you're Canadians also, and look at what is good for all Canada.

Now the Minister this afternoon told me that he'll answer all the questions, and I asked him some specific questions. He said that he couldn't reverse his field. The only reason why I made the suggestion this afternoon, I thought probably if we left this for awhile we can probably cover most of the estimates and come back Monday or Tuesday when we have more on them. But does he say - does he still say now that he's answered all the questions? Did he tell us what the question of Medicare, the setup, does he answer this tonight? What did he say, that they're going to see what happened in Ottawa. Nothing has been changed in Ottawa. Nothing has been changed in Ottawa. This is false, and it's not right to bring this in all the time.

This government, mind you the Premier now is -- the former Premier is all over Canada, but he hasn't said one word here. I don't know if he is interested in the people of

(MR. DESJARDINS cont'd.) Manitoba. He won't say one word; he won't defend any of his actions; but in the paper on the first page, "Medicare Review Planned. Duff Roblin, former Premier of Manitoba, said Wednesday night that a Conservative Federal Government would reopen negotiations" and so on and so forth -- (Interjection) — He said that in Kitchener. Why doesn't he say it in Winnipeg? Why doesn't he say it in this House? Is he a member of this House or isn't he? I think that the Premier should insist that this man should express his view here or resign now; and if he can't work, if he needs him as a rubber stamp for a vote, as I said, let's go to the people of Manitoba, let's have an election now. This is not proper. This is the government that passed Bill 68 last year and this is the Minister . . .

MR. LYON: On a point of order, is my honourable friend discussing the estimates of the Department of Health or the particular habits of the member for Wolseley? I think we're on the estimates of the Department of Health.

MR. DESJARDINS: I'm talking about what's good for Manitoba in the field of health.

MR. LYON: We've wasted enough time, let's get back to . . .

MR. DESJARDINS: Is it a waste to discuss what's good for Manitoba?

MR. LYON: If you were capable of discussing that it would be all right, but you're not. . .

MR. DESJARDINS: At least I'm trying, and when the people of my constituency feel that I can't they'll turn me out of office, but I'm not going to stay here just waiting until I feather my own nest somewhere else. If you've got things like this to say about the country, the state of the health of the people, you can say it here when you're paid the amount that we're paid to say it, and to work, and if you think he's doing the right thing, this is all right with you.

MR. CHAIRMAN: Will the honourable member please get back to the Department of Health.

MR. DESJARDINS: Well I'll get get back as soon as my little friend sits down. Now I've asked certain questions. We're told about this medicare - we're told about medicare, well, it depends on Ottawa. Last year you were asked -- there was a motion - I moved the motion - don't pass Bill 68 now. Do you remember that? Do you remember that, Mr. Chairman? Don't pass Bill 68 now; call the provinces, try and get a better deal, because if you pass it now it's going to be too late. And what did we do? We passed Bill 68. We're not going to leave that \$7 million on the table in Ottawa. This is what we were told. And now, does the government think for a minute that it's going to be harder to bring in this plan because there are only a couple of provinces that want to go in? No sir, no sir. This is what happened on this hospitalization.

If all the provinces -- if you wanted to stop the Federal Government and the federal people because everybody was for it, your boys and our boys, everybody was for it, I still say it's wrong and I said that all along that it could be changed, that it should be changed, that we should keep on negotiating. But in the meantime, what kind of a mess are you going to leave the people of Manitoba here, even if it's only for one year. Eighty percent increase on the hospitals, and now what on this medical?

Now the Minister said that he'd answer all the questions, and if he thinks he's answering all the questions on medicare by saying we're still negotiating until we know what happens in Ottawa, this is not good enough. This is not good enough because we will not have another session until next year probably.

I asked him was the government intending to play a major role in administration of MMS, and they've got to know pretty soon because this has to be decided by the first of July. And the MMS, is it going to be set up as a Crown corporation or operated as a civil service. I think we're entitled to know this. Will the government have a direct interest and control over the premiums - and I think this is very important - the schedule of doctors' fees.

Now if you hadn't passed this Bill 68 last year you wouldn't have all this mix-up, the MMS would be working the same. The doctors probably would have asked for an increase in fees, some increase in fees; it would have been studied then, or if we were in medicare it would be studied, we would have some control over it and they would have been granted a reasonable increase in fees. But what is going to happen now? Nobody knows and apparently not the government. We're dealing with the estimates of the Minister of Health, and he thinks that he's going to tell us about -- there's another question that I asked, what's the alternative to not joining the federal medical plan, and this is not going to be mentioned at all. We're going to go home, we're going to leave this thing because the people are fed up, are tired of being in this House, or somebody wants to campaign federally. We're going to leave here

(MR. DESJARDINS cont'd.) without discussing this and knowing how we're going to take care of the people of Manitoba, the health of the people of Manitoba? This is supposed to be responsible? Or maybe we'll all go to Kitchener to find out, because apparently all the decisions are made all over Canada except here.

I think that the Minister — I asked a simple question this afternoon, there was no ulterior motive in there, certainly not trying to slow down the estimates, it was the other way around, we wanted to deal with the estimates but keep this open so we can come in. The doctors now are saying that this is, everybody is sworn to secrecy, and this is why, and I'm not against this at all. But I say that some time, some time the people of Manitoba have to know what is going on and we represent the people of Manitoba; we're their elected representatives; and I think that it's only fair that these things should be discussed in this House and I think that the Minister who said that he'd answer all the questions, I hope that he does because he's not going to leave tonight with his salary. This is for darn sure.

And then we've talked about — (Interjection) — What was that? You chew your gum and keep quiet. We also talked about reassessing the Hospital Commission — (Interjection) -- I'm not talking — who chews gum? The guy under the desk, that usually hides under the desk in the front row. Maybe I should have said chew your cud, I don't know.

Then I talked about the -- I want to get something straightened out with the Minister. I'm not suggesting that everybody should have the same per diem rate. I just wanted some explanation. I think that the Minister has given me some. Now I see there's no other new hospital and I see the difference, without running down any hospital I see where Misericordia Hospital following the, what the Minister has said, some of the information he gave us, explanation, Misericordia Hospital was 37.25 and St. Boniface 38.00 and I can't see that small a difference and then that big difference between Winnipeg. And the question that I am interested in, that I want to know, is if any of these hospitals because they are operating probably cheaper than others, are they penalized? This is what I wanted to know. This is the only thing I want to know and this is not an accusation at all.

Well, Mr. Chairman, as I said there are still -- oh we were talking about the nursing home again, and I think there's an awful lot more to be done. We're building all kinds of beds, as I say, and acute beds. I said that maybe we should slow down there. I know this is not going to be too popular but I think it might be more responsible. Slow down a bit and then look at the others that are much cheaper. I'll name one nursing home; I'll name one. I'm talking about the Tache Hospital in St. Boniface. Something was going to happen there. It was going to be improved. Every year it's the same thing - next year or something, and nothing has been done. And I sure hope there's no fire in there because it's going to be a tragedy. It's going to be awful. There's a lot of improvements like that. Of course every year there'll be room for improvement. But we've pushed and I've talked about this home care for years. Now it's going a little better but I'm still not satisfied; but I appreciate that the Minister has done quite a bit on this. And now I say that it's time that we -- that's another thing we've mentioned for a long time is these nursing homes and extended care, and as I said there's a lot of people - and I'm not blaming the government for this or the Hospital Commission, but I think our approach has to be different. And this is why I think that we have to review all this. And spend the same money - I'm not advocating spending more money. If we've got more, so much the better, but if not I think that we should spend the same amount of money that we do now but spend it where everybody's going to profit then it'll be better for the people of Manitoba.

I hope that the Minister will answer some of these questions because I'm not satisfied that everything on Medicare will be covered; well, we'll see what happens in Ottawa and nothing has been changed. Nothing has been changed. Before closing, though, there is one word I want to say to my friend to my left here. The Honourable Member for St. John's was quite concerned today. He wanted to know why we voted against what he calls the reduction of premiums or the Bill No. 2 in 1961. I told him why but now I'd like to know why they did, they voted against, because they voted with us against the motion.

MR. PAULLEY: Mr. Chairman, I regret very much that this afternoon I found it necessary to leave before the normal adjournment of the House and I did not hear the contribution to the debate being finalized, the remarks of my honourable friend the Member for Lakeside. But while listening to him for the time that I was here - and you'll please excuse the sound of my voice; I won't be able to be quite as bombastic as my constituent the Member for St. Boniface - but I thought that when the Member for Lakeside was speaking he referred to the start of the hospitalization plan as being forced on Manitoba by the Federal Government, aided and abetted by the then First Minister of the Province of Ontario. If I recall correctly, however, such actually was not the case because, if memory serves me rightly, hospitalization was brought into effect after a majority of the provinces of Canada representing the majority of the citizens of Canada agreed to accept the hospitalization plan. I think this was the circumstance. And I recall, as a member of the House at that time, a CCF member of the House, that at that particular time the then Minister of Health, I believe the Honourable Robert Bend, delivered quite an oration in this House indicating to all intents and purposes that Manitoba reluctantly joined into the scheme. But nonetheless, join the scheme they did, a scheme that required at that particular stage in the game, if I recall correctly, the acceptance of Manitoba before it could become a plan that would be adopted for across Canada. I think that that is a reasonably fair statement to make.

At that time, at that time the Government of Manitoba went into the plan, and it seems to me as I hear some of the spokesmen of the Liberal Party today, they regret that decision. And everybody knew then, as indeed they know today, that the costs of hospitalization were going to go up and that was the purpose of hospitalization - the provision of the care to hundreds of thousands of people who did not have the availability of the service in the hospitals. And this afternoon, or this evening my honourable friend the Minister of Health chastised us in this quarter because of the fact that we say services are free. Mr. Chairman, that was one of the most irresponsible statements I've heard my honourable friend make in this House. We have maintained all of the time that there's no such thing as free services; there's no such thing as free education; there's no such thing as free hospitalization; indeed there'll be no such thing as free Medicare, and we realize it and we know it. The difference between my honourable friend the Minister of Health and ourselves, I think, is that we recognize that it is not free and he does not. He doesn't really recognize it.

Another thing that my honourable friend will not recognize, as we in this quarter do, that the payment should be on a more equitable basis than is suggested at the present time through the premium payment plan. We have maintained this all along. We maintained it when the first hospitalization plan came into effect, and if I recall correctly, we criticized the former administration for bringing it into effect on a premium basis as indeed we do today.

I wonder if my honourable friend the Minister of Health really has studied the report given to us yesterday, the Forecast of Costs and Financial Requirements. I wonder if my honourable friend really has taken a look at it, and I believe my colleague from St. John's has drawn this to the attention of the Minister and I want to re-emphasize it. Here is the Minister of Health in the Government of Manitoba saying to the premium payer in Manitoba, "Your costs are going to go up by 80 percent," although my honourable friend doesn't like percentages, but the costs to the government, the costs to the government are not going to go up, according to the recommendations or this booklet of the Manitoba Hospital Commission, a red penny. Because the provincial appropriations at the current level on Table 2, of 21, 115, 000 for 1968 will be the same in the year 1971 so far as the provincial appropriation at current levels is concerned.

How can my honourable friend justify the increase to the premium payer without an appropriate increase in the contribution? Or is my honourable friend the Minister of Health such a pessimist that the financial resources of the Government of Manitoba are going to remain the same between now and 1971? Sure, Mr. Chairman, this is not beating the drum for '70. Surely the optimistic, rosy-eyed Minister of Industry and Commerce would not agree with the pessimistic approach of the Minister of Health - or would he? Who is bamboozling the other; I ask my honourable friend the Minister of Health? No increase in provincial contribution. An 80 percent increase to the premium payers who hasn't, in many cases, the same facilities for increasing their income, annual income, particularly those on fixed income and old age pensions.

The document we have before us indicates that there are 65,000 persons in Manitoba

(MR. PAULLEY cont'd.) exempt from paying premiums. Who are paying those premiums, I ask the Minister of Health? Is the Government of Manitoba making a contribution into the coffers of the Hospital Commission for these 65,000 at the same rate as the premium payer does or is the premium payer directly, through increase of the premiums, paying the costs of the coverage of the 65,000? I have no objection, Mr. Chairman, to them being covered, but the government out of its Consolidated Revenue, as I interpret this, is not making the contribution. It is the premium payer, unless I'm gravely in error, who is paying the costs of the provision of the 65,000, and this government in this document is saying that their contribution is going to remain static.

But I want to say to my honourable friend the Minister of Health, providing he can get some co-operation from his compatriot here, the Minister of Welfare, that because of the increased premium rates the number now exempt will increase, and it will be if the present method — (Interjection) — Pardon? And if the premium payer has to absorb the increased number, the provision for the increased number, more shame to the government itself.

So I say to my honourable friend the Minister of Health: justify, if you can, no additional contributions from the Consolidated Revenue. In the estimates of revenue that we have before us, a slightly different picture is revealed than that of the Minister when we figure that individual income tax, the anticipated growth in income tax of the year ending '68 to the year ending '69 indicates a growth of approximately \$4 million. According to the Minister of Health and the Manitoba Hospital Commission, not one penny of increase to assist in the costs of hospitalization in the Province of Manitoba. So I say to my honourable friend: take another look. You may not, you may not like, my friend, comparisons on a percentage basis. You may regret very much that the newspapers today headlined an 80 percent increase in hospital premiums, but I say to my honourable friend: talk to your colleagues, will you please, about the use of percentages. Every single member of the front bench loves to use percentage figures as comparison between 10 years ago or five years ago. What makes you so different or so touchy insofar as increases on a percentage basis may be concerned?

I can understand my honourable friend the Minister of Health being touchy, and I think anybody in his position would be touchy these days with the approach of his First Minister and his colleagues into the field of hospitalization and Medicare. I ask my honourable friend: on what basis do you think that the Government of Canada will change the proposition in respect of Medicare within a year? There can be no change in Medicare legislation until after an election has been held and a government decided upon and parliament reconvened, because it is a law of Canada that Medicare comes into effect on the first of July of this year. What right have you, Mr. Minister, to say that you're going to persuade the Government of Canada — and of course we don't know who that government will be at the present time — to change the law? Or is my honourable friend going to leave us in this House to carry on the crusade for a change from a compulsory universal plan? Is this what my honourable friend means when he says that he is going to endeavour to change the legislation?

So I say to my honourable friend: this is the law of Canada, and talk as much as you like about endeavours to change the legislation, it is the law, and by the negligence of the Government of Manitoba the citizens of Manitoba are being deprived of at least \$17 million in federal contribution towards the cost of provision of medical treatment here in Manitoba.

My honourable friend, speaking here a moment or two ago in connection with Manitoba premiums and the doctors, went on to say — if I jotted it down correctly — that negotiations are going on between MMS and the doctors and will go on the same as before. I remember your predecessor in the Department of Health as the Minister, told us in this House that before any changes in fee schedules or premium costs to the subscribers to MMS were to be made, the government would be informed accordingly and consulted. I want to know, Mr. Minister of Health, what part are you playing in negotiations between the doctors and MMS in the interests of the premium payers at the present time? We've heard very little from the government. Not one word have we heard officially from the government that they are saying to the doctors: "Even though you're getting out of the plan you have to consult with us before fees are set." Why so much silence on the part of government?

I think, Mr. Chairman, that one of the phoniest votes that was ever taken in this House was the vote on the medical services bill that was taken last year. If there was any window dressing, ever any window dressing established in this House, it was done about a year ago. The government knew then, or should have, what Medicare meant. I feel sorry for the Minister

(MR. PAULLEY cont'd.) of Health. I feel sorry for the Minister of Education because I think that he, I think that he really and sincerely thought that the legislation that was passed a year ago would become effective legislation to provide for the citizens of Manitoba. I'm not so sure though, Mr. Chairman, of some of the others. And I think it was window dressing, and I think that is very very evident with the attitude of government today in here. You know, it was almost laughable, Mr. Chairman; it would really be laughable if it wasn't so tragic, to see the play that is going on at the present time between the representatives of the Liberal Party to my right and government, for it seems to me that on one hand the government is endeavouring to blame Ottawa for their difficulty, and on the other hand my Liberal friends, and particularly my constituent from St. Boniface who this afternoon or this evening suggested that Manitoba hasn't got a plan for Medicare for its people. My honourable friend the Member for St. Boniface had an opportunity here a few days ago of accepting a plan for Manitoba in the absence of the federal-shared plan, the plan proposed by my colleague for St. John's, but my friend and his colleagues in the Liberal Party voted against the plan for Manitoba. So I would suggest . . .

MR. DESJARDINS: Mr. Chairman, it's not true. We . . . On a point of privilege, Mr. Chairman. This is not true. We have a resolution now asking for a plan. We voted against their plan. It's not the same thing.

MR. PAULLEY: Well, I hear there's a few chirpers behind me now. I usually get them from in front of me; now I'm getting them from the right of me and behind me. I guess, Mr. Chairman, I can't discuss the resolution on the books, but if my honourable friend the Member for St. Boniface will take a look at the plan, his resolution deals with the federal-provincial plan and not ours which was one for Manitoba.

You know, the CCF Government in the Province of Saskatchewan pioneered in hospitalization, provision of hospitalization, without any help from Ottawa - in 1948. It took ten years to convince the Ottawa politician that it was a good thing for Canada. And, as I said earlier, many provinces reluctantly went into the scheme. That same province under a CCF Government pioneered in the provision of Medicare for the citizens of Saskatchewan without any federal contribution. They also pioneered in the provision of free cancer treatment. I'm using the word "free" but it was not an individual cost but a social cost in treatment of cancer. And today Medicare is a law of the country as a result of the pioneer spirit of the CCF Government in Manitoba. The other day my friend the Member for St. Boniface and his colleagues in the Liberal ranks voted against the start of a plan, just as the Conservatives now turn their back on \$17 million of federal money for a Medicare plan that they voted for last year but didn't believe in then and are only revealing it now. And I say that this is a crime on the people of Manitoba when we find, when we find that the regulations under our Welfare Act as such, the people have to turn in prepaid funeral plans in order to get Medicare cards. How sincere can the government be in its consideration of the people of Manitoba? We're finding this more and more, Mr. Chairman, and when the estimates of my honourable friend the Minister of Welfare are before this House, as I hope they will be, I will document, letter and verse, many more similar situations of the deprivation that is caused by the regulations of my honourable friend the Minister of Welfare.

My honourable friend the Minister of Health criticizes us insofar as the method of payment and where the money is coming from. We have suggested in this House on a number of occasions where the money can come from to alleviate the burdens on the individual. We tried, my colleague from St. John's and others have tried, to impress upon the mind of the Provincial Treasurer where additional sources of revenue lay, without avail or penetration. We're going to keep it up. We'll keep it up as long as we are in this House, to try and to lay before this Assembly policies which will be to the advantage of all of the people of Manitoba and paid by all on an equitable basis. Oh, yes, there will be a campaign in the federal field which will culminate in an election on June 25th and it seems to me, it seems to me that as that campaign goes on, we will once again hear lip service from Conservative and Liberal alike of the needs of the people and the necessity of provision for the needs of the people. And I suggest to the Minister of Health, here is the place to start, right here in this Assembly. I admit, Mr. Chairman, that I have my doubts. I have grave doubts whether or not that even if the resolution proposed by the Member for St. Boniface of participation in the Medicare plan by July 1st was accepted by this House, I doubt very much whether we would be prepared to go into the scheme on the first of July, because that government, when they changed their Leader, stopped

(MR. PAULLEY cont'd.) the negotiations as authorized and approved in the medical services bill passed by this House last year to conduct negotiations between MMS and the government for the take-over, the result of which is what? Absolutely confusion reigning supreme. We hear in today's paper that the Winnipeg Clinic have already set up facilities for extra billing.

MR. LYON: So what?

MR. PAULLEY: "So what," my honourable friend says and yet -- (Interjections) -- They can not do it.

MR. LYON: They can.

MR. PAULLEY: They cannot do it. Under your . . . ; your puny approach to Medicare, of course they . . .

MR. LYON: They always have the right to over bill.

MR. PAULLEY: They have not. They had it over the 10,000 and now they're going to do it with everybody. Is this the same? And this, Mr. Chairman, is the type of approach of my honourable friend the A. G. So what? We say that those in receipt of over \$10,000 a year can afford it. He says everybody can afford it; the old age pensioner, those that are on fixed income. That is what he is saying in effect right now. Is this the type of administration that has any thought or concern for humanity or the people of Manitoba? "So what? They can do it." Of course they can do it. It's just like your imposition of the five percent sales tax on the poor and rich equally. Over 10,000 . . .

MR. LYON: I hate to distort your argument with facts but that's the case.

MR. PAULLEY: With one who has such a distorted mind he shouldn't worry about trying to distort anybody's argument. And I want my honourable friend the Attorney-General, who is so lief to sit on his brain and chirp across the hall, when are you going to get into the argument and defend the Government of Manitoba?

MR. LYON: From what?

MR. PAULLEY: Its deficiencies, its ineptness, its lack of concern for Manitobans. When are you going to do that?

MR. LYON: You prove it and I'll be glad to defend it.

MR. CHAIRMAN: I don't like to interrupt this interesting discourse, but I think we'd better get back to the . . .

MR. PAULLEY: I'm sure the Honourable the Attorney-General will welcome your interjection, but I do, Mr. Chairman, invite my honourable friend the Attorney-General, who aspired to the leadership of that defunct party, to take part in the debate, and in the absence of the First Minister, who seems rather reluctant to enter into the debate, may I suggest that his chief lieutenant the Minister of Agriculture answer in his stead instead of chirping from his seat. It might be well, it might be well, Mr. Chairman, for my friend the Honourable Minister of Health to take a good look around himself.

HON. HARRY J. ENNS (Minister of Agriculture and Conservation) (Rockwood-Iberville): And he's in good company.

MR. PAULLEY: I would suggest to my honourable friend that he should take a good look at himself and around himself, to go back over what he told us a year ago, grandiose hopes and promises of a reasonable proposition of Medicare for the health needs for the people of Manitoba of a year ago, and to compare that with the attitude of government today. I say to my honourable friend the Minister of Health and I say it sincerely: I am sorry for you, but more important, I am sorry for the people of Manitoba that we have here in this government a government that cannot keep its word, and as a result of that government not keeping its word that many many thousands of our citizens are going to lack adequate and proper Medicare that they are entitled to.

Mr. Chairman, in conclusion may I remind my honourable friends in all quarters in this House that this year we are celebrating the anniversary of the indoctrination of the human Bill of Rights, and here this government are depriving thousands of one of the basic rights established under the United Nations Charter, the rights to Medicare treatment without the necessity of proving the economic means of paying for it.

MR. LYON: Mr. Chairman, it's been said by a great philosopher whose name escapes me for the moment, that the only constant factor in life is change, and as I look at the forecast of costs and financial requirements of the Manitoba Hospital Commission that fact is borne out again as it is in so many other items that are dealt with by the governments of Canada across

(MR. LYON cont'd.) the provinces and the Federal Government today, because throughout the whole discussions that we have been having on hospital premiums, a subject which I am quick to confess I am no expert in, I haven't heard a word, particularly from my honourable friends from the New Democratic Party, about what the actual cost of hospital care is in Manitoba today, how that cost compares with the cost of the plan when it was first initiated by the government of my honourable friend the Member from Lakeside, where the money is coming from to meet these costs, and what proportion the premium payer of Manitoba today, 1968, is going to be asked to pay relative to the increased costs that are being forecast by the Hospital Commission.

Now it is true that my honourable friend the Minister of Health I think has pointed out twice, the fact that even with the increase in cost that is occasioned by the premium rise which he has announced to the House, which no-one welcomes, which no-one welcomes but which is a hard fact of life, one of the realities of life that governments have to face from time to time, no-one has paid any attention to the fact, which he has repeated and which I now reiterate, that even with that increase the proportion of the total cost of hospitalization in this province that will be borne by the premium payer will be 28 percent - 28 percent of that total cost. And I went back, just as a minor mathematical exercise when my honourable friend from St. John was speaking today, and looked at this little fact-filled booklet that all of us have had and which some of us seem so wont to disregard and looked at the table that appears in the booklet on page -- Table 6 it is, on Page 9, and there's a very simple mathematical exercise that everyone can engage in and I've already done it, and I hope my mathematics are reasonably correct. I'm not saying that this is to the closest dollar but roughly - or to the closest percentage point - roughly it works out this way, that when this plan was initiated for the period covered by the table, 1960, the premiums earned (net) were \$12.9 million, and the total revenues of the Commission that year were \$29 million, and that works out roughly - and I'm doing it on total revenue as opposed to total expenditure - that works out to roughly 44 percent.

The next year it worked out roughly to 51 percent that the premium payer was being asked to bear -- the proportion of the cost that the premium payer was being asked to bear in relation to the total revenue received from all sources to fund the Manitoba Hospital Commission; 51 percent the following year, 1961. The following year after the change took place by the imposition of the surtax, it fell down to 32 percent. My honourable friends opposite, as I recall, while objecting to a new tax that was imposed at that time, said that they thought it was a fair tax, that it represented ability to pay and that -- I don't recall them voting for the measure but certainly I think they accepted the principle as enunciated by the then Provincial Treasurer that this was an attempt to spread the load a bit more than from the direct premium payment, and as a result the proportion of the total revenue that was derived from premium went down to 32 percent. The next year it went down to 29 percent; the following year it remained at 29 percent, then 28 percent, then 24 percent for two years, and then 20 percent, and now it's back up to 28 percent as a result, as the Minister has said, of the recommendation of the Commission to increase the premium rates to \$3.60 and \$7.20.

So we see the fact that really can't be wiped away by any amount of rhetoric or any amount of unctious hand-wringing or concern about the people of Manitoba, that still the premium payer in Manitoba is being asked to bear directly through his premium much less than one-third of the total expenditure, of the total revenue that is required to run this fantastically expensive system. -- (Interjection) -- The taxpayers of the province. There's quite a difference; if you're in a family position or if you're a single person and so on; there's quite a difference.

MR. CHERNIACK: Right; right.

MR. LYON: But the fact remains, the fact remains that the provincial subsidy in that same period rose from three millions of dollars in 1962 to 21 millions of dollars today; 21 millions of dollars today to supplement an additional surtax that was put on in Manitoba a few years ago for the specific purpose of importing the quality of ability-to-pay and to the total cost of this whole operation. I realize that I'm not saying anything new but I think that it does bear repetition when my honourable friend the Leader of the New Democratic Party can stand up here tonight and so self-righteously say that it should be done some other way but without telling us what the other way is. Now I realize that by inserting the word, what the "reasonable" alternative is, that immediately I discount him. He can give me an alternative but he can't give me a reasonable alternative, and my honourable friend the Member from St. John,

(MR. LYON cont'd.) when he was asked the question today: "What is the alternative?" neatly dealt with other aspects of the question but didn't tell us how the NDP who are trying to whip the people of Manitoba and the people of Canada into another plan - universal, compulsory plan - how these people -- can't even tell us how we can begin to pay for the plan that we're in, and yet they're whipping the flogging horse of the Canadian public, trying to tell them that they can afford another plan on a universal compulsory basis when the costs of this plan are a matter of great concern, not only to this government, but to every government in Canada.

I wonder how my honourable friend the Leader of the New Democratic Party would like to be the Minister of Health in Ontario where the premiums were just increased. I think comparisons occasionally can be invidious, occasionally they can be invidious, but I think for the sake of the record that figure should get on the record, because the premium payer in Ontario, the individual premium payer in Ontario today, is being asked to pay in support of the Ontario Hospitalization Scheme, \$5.40. The family man in Ontario is being asked to pay for the same coverage basically that you get in Manitoba, \$11.70, by a Conservative Government, and I say to my honourable friend if it was a Liberal Government it would be the same and I say if it was an NDP Government, which is, you know, getting into the hypothetical area, there might be some change, but they would have the ungodliest system of taxation of any province in Canada and they would not be the industrial empire and the strongest economic province that we have in this country. And so I merely say to my honourable friend that it's all right to cry doom and gloom. That's part of your job; to paint the picture as badly as you can; to use the 80 per cent rather than the \$1.60 as the Minister mentioned. That's part of your job. That's okay. But at the same time we do expect, as the Member from St. John's said this afternoon, that occasionally there will be a reasonable - and by reasonable I mean viable - alternative offered which is within the economic competence of the province and which is not going to drive the industry that we're so desperately trying to get into this province and the people that we are trying to get into this province, drive them wailing out of the province because of usurious types of taxation that my honourable friends would oppose on the so-called rich. The so-called rich . . .

MR. CHERNIACK: . . . tax the poor, that's your idea.

MR. LYON: My honourable friends, they are wont to say on occasion, "Throw down your chains, you've nothing to lose but . . ." but what is it? Or nothing to gain, but I forget what it is -- (Interjections) -- There are no chains. There are no chains to throw down in this country, indeed on this continent, and I think that that kind of doctrine is really a bit dated but they can still prate on, so I say to my honourable friends that they can carry on, prate all they wish about the increase in premiums, and we don't like the increase particularly ourselves. I would be less than frank if I didn't admit that, but the unfortunate thing, from our standpoint I suppose, and yet the fortunate thing I suppose in the interests of the people of Manitoba, is that we are here and they are there, and so long as we are here and they are there we will have to take the action based on all of the facts which we have before us. We will have to take the action that seems to be in contenance with the requirements of the people of Manitoba, the requirements both economically, socially, health care and all other ways.

Now immediately my honourable friends say, "Well you could increase the surcharge." Of course we could increase the surcharge. We are one of what? Two provinces that have a -- two provinces in Canada that have a surcharge today; the Province of Saskatchewan, the Province of Manitoba. This does nothing, I can assure you, to help us in terms of our economic competition with other provinces in terms of getting industry, in terms of getting people to live here, but we accepted that fact when we brought that motion before the House, brought that bill before the House and when members of the House supported it, and it's been the law of this province for some time. We realize that in an economic sense that is a handicap, but we live with it because we accepted the principle that this should be one means of according the doctrine of ability to pay into this particular province, but I suggest to my honourable friends that it's a sheer fantasy on their part to engage in a reasonable (I hope) debate on this subject without noting at the same time for the edification and benefit of the members of the Fourth Estate and for the public of Manitoba, who are entitled to know what's in this book, other parts of what's in this book, that since 1960, eight short years ago, the costs of providing universal hospitalization care to the people of Manitoba, on a scheme that I think is one of the best of all of the provinces right across the country, has risen more than threefold from 30 millions of dollars up to some 97, or the projection is to 97 millions of dollars in 1971. The

(MR. LYON cont'd.) actual figure projected for this year is 71 millions of dollars, and we know the rates of increase that are going on, so the actual --- the comparison between '60 and '68 projected is almost two and a third. By 1971, according to the estimates that are given to us and that are printed in this book but nobody seems to have mentioned, everybody seems to have disregarded, is that we're going to be faced with a bill of \$97 million, and this premium increase is intended to provide a portion of that 97 millions of dollars, the balance being made up from payments from the Federal Government and from the general tax revenue of the province. And there's nothing wrong with that, but for people to sit opposite us, Mr. Chairman, and to say that the province is sitting idly by coddling its money while the premium payer is being asked to pay the shot, is so much nonsense. It's not factual. It's not right. It's NDP nonsense. It's the kind of LSD type of hallucination that my honourable friend the Provincial Treasurer talks about so accurately.

Well, this kind of hallucinatory figure-juggling by the NDP is not going to get them anywhere because these are the hard facts. These are the hard facts that we have to face in this province today, and we don't, we don't particularly welcome the premium increase but we do what we have to do as a responsible government, and I merely ask my honourable friend, because I'm not going to engage in a Medicare debate here tonight - we have another resolution on the Order Paper where that can be discussed - but I merely ask my honourable friend that before they lay that whip too roughly upon the backs of the people of Manitoba with respect to the insistence on their part that there should be, there must be a universal compulsory Medicare Scheme for Canada on the same basis as it has been presented to us, they would do well, they would do well to take this book home tonight and to read it rather carefully, and they would do well to give some consideration to the fact that we are not the richest nation in the world, we're maybe the second richest - the second best-off nation in the world.

We have so much to be thankful for in this country. My honourable friend has put his finger right on it. We have got to ask ourselves today, we have got to ask ourselves as a nation, never mind as parochial Manitobans, we've got to ask ourselves as a nation whether we can afford within a two or three-year period, PPP, the national hospitalization plan which was there years before, and on top of it all a compulsory Medical Health Plan. We have to ask ourselves, and don't think that the former Minister of Finance wasn't asking himself and his Cabinet colleagues that very question, because occasionally it does require a government -- I don't care whether it's Liberal or Conservative - a government is required to look at the future of this nation, to determine where the resources of this nation can best be placed.

MR. CHERNIACK: Who pays now?

MR. LYON: We are not an over-developed nation; we are under-developed in terms of resource development in this country.

MR. CHERNIACK: Mr. Chairman, who pays now?

MR. LYON: And I could repeat the words that have been used so often by the Member from Wolseley, the former Premier of this province, when he talked about priorities and when he tried to ensure that the kind of medical care plan that was brought before this country was one that the country could afford at this time.

MR. CHERNIACK: And he voted for it.

MR. LYON: This is something that everyone in this House has the responsibility to pay attention to. It's all well and good to play a little politics, to have a little fun, but every once in a while I think we should come up short to the stop sign and say, well this is fine, this makes for good political talk, but can we as a country, can we as a nation at this stage of our development in 1968? Is this the year?

MR. CHERNIACK: What happened in '67?

MR. LYON: My honourable friends say that we're in some kind of trouble because . . .

MR. CHERNIACK: You're responsible.

MR. LYON: . . . we're staying out of Medicare. My honourable friends can say that in every Legislature in Canada with the sole exception of the Legislature of Saskatchewan. It's the only province. B. C.'s plan is not accepted.

MR. CHERNIACK: Who passed the law?

MR. LYON: So he can go into the Legislature of Saskatchewan and he can find there a government, a Liberal government that has accepted the plan and I don't blame them . . .

MR. CHERNIACK: You're a year late . . .

MR. LYON: . . . because they were put into that plan by the former NDP government,

(MR. LYON cont'd.) and why shouldn't they accept the plan? But I say this, that if the Government of Manitoba is wrong in taking a second look at Medicare, then the government of every other province in this country including B. C. at the present moment, is equally wrong because none of them have joined. The government of the great province of Ontario, the richest province in this country, hasn't seen fit to join that plan yet, so my honourable friends can talk all they want about the bill that was passed last year, but as I started out to say, the only constant factor in life is change and considerable change has taken place even in a year. And so I suggest to them -- (Interjections) -- I suggest to them that in the interest of -- and I know that they have this interest of the people in heart. I know that they do. They look at things differently than we do. I tend to think from time to time they go around turning over stones, hoping that they'll find a deprived person in Manitoba, and if they can't find one they'll invent one, and that's all right. It's all right to have this surfeit of compassion, be it real or alleged or whatever, but at the same time I suggest that we have to deal - and I think the Liberal Opposition try to deal and I think my honourable friends try to deal according to their light - with the hard facts and the realities of life as we find them in this country today. I don't know that I have really contributed too much to the debate except to -- I'm sure my honourable friends from the New Democratic Party would agree with that.

MR. CHERNIACK: Would you permit a question?

MR. LYON: When I'm through. I may be inspired to talk for another two or three minutes, you can never tell. But I can only say to my honourable friends that in this scurrying around looking for the real or the imagined deprived person, that they must look not only at the individual - and that's their special . . . , but they must look as well at the totality of this nation, at all of the people in this country, the 22 million, as well as the million people in Manitoba. And from time to time we have to ask ourselves both as a provincial legislature and as a federal parliament: what is in the long-term interests of the people of this country and the people of this province? Times change, circumstances change, and if my honourable friends want to deny change, that's fine; they can do it. But there are those of us who are charged with the conduct of affairs every four years. Those of us who are charged with that conduct have to take account of the facts as we find them, not as we would wish them to be, not as we would hope them to be sometimes, but as we find them. And that is precisely what my friend the Minister of Health is doing when he gives you his explanation about the Hospital Commission, and that is precisely what I suggest that they begin to do if they are going to make a meaningful contribution to the question of health care in this country and in this province in the course of this debate.

MR. CHERNIACK: Mr. Chairman, I'd just like to ask the Honourable Minister if they were responsible last year in promoting and passing the Medicare Act. What exactly did take place in the interval that would make it so necessary for them to back down now in terms of Manitoba's economic growth or decline? And just how would there be a change in the government's budget this year if they put it in, in view of the fact that they planned premium charges last year in any event. If it's that clear to the Honourable Minister, could he help us out in the understanding of it?

MR. LYON: Well my honourable friend, I have . . . within the country during the last eight or nine months, a period when this country has been going through, even though my honourable friend may not be aware of it, a very serious national and international financial situation, when the markets of the world are looking at this country to determine whether or not this country, as a country, . . . country, can afford all of the things that it's trying to do, and this is very important. Now I know this is away beyond the purview of this Legislature, but I suggest that it's beyond the purview of the Legislature but it has its effect on this Legislature, and for the man to stand in this Legislature and say "Well we must do this because we don't care what's happening in the international financial world," that man might as well be blinded at high noon standing on his head at the corner of Portage and Main.

My honourable friend said, "What is the change?" That's one change. I ask him to consider some of the remarks, some of the speeches that were made by the former Minister of Finance, the Honourable Mitchell Sharp, about the projected costs of this plan, not just for the first year but the projected costs into the future, and these were matters - and I'm not trying to pick a fight with my honourable friend in the Official Opposition - these were matters that caused some considerable consternation within the federal Cabinet itself, and it still exists within that Cabinet, and I'm glad that it does because that was responsible thinking on their

(MR. LYON cont'd.) part. For them to say, "We don't care what's happening nationally or internationally with respect to the monetary world," would be to indicate that they are like blind mice. Of course they have to be responsible. So when my honourable friend says, "What things have changed?" I've given him two. I've given him the projection of figures that were given by the former Minister of Finance. I give him the third one which is - I've already given it to him - I give him the third one which is that every province in Canada, with the exception of the Province of Saskatchewan, is out of this plan as of today, as of this moment, for the very same responsible reasons that I've been trying to impregnate into my honourable friend's cranium.

MR. CHERNIACK: Mr. Chairman, may I just say that it seems to me that this government and the Minister who just spoke is now telling us what he thinks is right nationally, and is now entering into the national field where he probably belongs and where I invite him to go if he's going to deal on that basis. This is a province where we have our own problems and, Mr. Chairman, it seems to me it is only right that they should answer on this scale and leave it to Ottawa to make the decisions that are Ottawa's. If the Conservatives in Ottawa have things to say about the national-international scenes they should say it there, but to come down into the provincial level and give excuses on a national basis which are phoney provincially, I don't think satisfies the requirements of a provincial legislator.

MR. ENNS: Mr. Chairman. Mr. Chairman, on another matter. Your member was charging the Minister of Agriculture to deal with national affairs just a little while ago on agricultural matters.

MR. CHAIRMAN: It is 10:00 o'clock. Committee rise. Call in the Speaker. Mr. Speaker, the Committee of Supply has considered a certain resolution, has requested me to report progress and begs leave to sit again.

IN SESSION

MR. J. DOUGLAS WATT (Arthur): Mr. Speaker, I beg to move, seconded by the Honourable Member for Springfield, that the report of the Committee be received.

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

MR. LYON: Mr. Speaker, I beg to move, seconded by the Honourable the Provincial Treasurer, 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 Friday morning.