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VERBATIM REPORT

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SPEAKER: THE HONOURABLE GEORGE W. CLARKE

The House met at 10:30 a.m.

Mr. Speaker in the Chair.

HON. J. R. SMALLWOOD (Premier): Mr. Speaker, I would like to read to the House a letter that I have received from General Carr of the Department of National Defense Training Command. It is addressed to me and it says: "it was most kind of you to take the time to greet me, Major Vardy and my aide-de-camp, Captain Lavoie, in your office on Tuesday, 26 May. It was a real pleasure to see you again so fit and full of energy (we strike out that part). Not in my life will I forget my treatment in the Legislature. To say it was a humbling experience is to understate the case. While your most thoughtful remarks may not have been justified, nonetheless, they were deeply appreciated. The additional remarks from both sides of the House by your colleagues and those in Opposition gave me a renewed sense of pride in my heritage." (His heritage as a Newfoundlander, of course). "Rest assured, however, I will not let the occasion and the kind thoughts expressed give me an inflated ego.

"The thing that strikes a person most on returning to Newfoundland is the genuine warmth and sincerity of all those with whom one comes in contact; regardless, of the status of the individual. It is a characteristic of Newfoundlanders, which, in many ways, is unique. While Newfoundlanders have many other unique characteristics as well this one remains in the forefront.

I thank you, Mr. Premier, most sincerely, for the extreme kindness shown to me and my colleagues. To the members on both sides of the House, I wish formally to acknowledge the honour shown to me. Yours sincerely,

W. K. Carr, Major General, Commanding Training Command!"

I think this should be put on the records of the House, from a great and distinguished Newfoundlander whom we were honoured to have visit us here and whom we tried, in return, to honour because he did visit us.

ANSWERS TO QUESTIONS

HON. W. J. KEOUGH (Minister of Labour): Mr. Speaker, I beg leave to table

Mr. Keough.

the answer to Question 517, in the name of the member for St. John's West on the Order Paper of May 20th.

HON. E. N. DAWE (Minister of Municipal Affairs and Housing): Mr. Speaker, the answer to Question no. 548, asked by the hon. member for St. Barbe South, on the Order Paper of June 4th. The cost of architect fees in connection with the construction and furnishing of Elizabeth Towers? The answer to the question - \$288,956.91.

ORDERS OF THE DAY.

On motion of the hon. Minister of Mines, Agriculture and Resources, a Bill, "An Act To Amend And Consolidate The Law Respecting The Disposal Of Waste Material," read a first time, ordered read a second time on tomorrow.

On motion of the hon. President of the Council, a Bill, "An Act To Amend The Chairman Of The Board Of Commissioners Of Public Utilities Pension Act, 1968," read a first time, ordered read a second time on tomorrow.

On motion of the hon. the Premier, a Bill, "An Act Further To Amend The Rural Electrification Act, 1963," read a first time, ordered read a second time on tomorrow.

On motion of the hon. Minister of Mines, Agriculture and Resources, a Bill, "An Act To Amend The Provincial Parks Act," read a first time, ordered read a second time on tomorrow.

On motion that the House go into Committee of the Whole on Supply, Mr. Speaker left the Chair.

MR. HODDER CHAIRMAN OF COMMITTEE OF THE WHOLE : Item X: Health - 1001-01.

MR. A. J. MURPHY: (Leader of the Opposition): Mr. Chairman, just one question I would like to ask on this heading and this is with reference to the statement issued by the hon. minister on April 17th., with reference to charges made by the hon. member from Placentia West which was with reference to health services in his area on the Burin Peninsula. I was wondering, if anything

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happened since. I think the hon. minister was quite upset and perhaps rightly so, according to his statement on the thing, and I was wondering, if anything has been resolved on this matter.

HON. E. M. ROBERTS (Minister of Health): Mr. Chairman, I have not had, nor to my knowledge none of my officials have had any further communications, with the members concerned, with respect to that matter.

MR. MURPHY: We presume that they were unsound.

MR. H. COLLINS: Mr. Chairman, I would like the Minister of Health to clear up this question that I have. About a couple of weeks ago certain accusations were levelled at the optometrist in Gander. For the information of the committee, there is an ophthalmologist employed by the Department of Health in the James Paton Memorial Hospital. One of the only - I was going to say a rare breed, but I suppose that is a wrong term. Mr. Chairman, I think he is the only ophthalmologist which is employed outside the City of St. John's at the present time. I understand that the ophthalmologist at Grand Falls is about to leave for some point on the Mainland and it is also my understanding that the one ophthalmologist at Corner Brook is about to retire. In view of the allegations and accusations which were made, apparently there is some conflict between the ophthalmologist and the optometrist at Gander. I wonder would the minister indicate the result of the investigation which, I think, he undertook to have done. Perhaps, he might speak on that.

MR. ROBERTS: Mr. Chairman, I would be delighted to do so and might I thank the hon. member for Gander for his courtesy in giving me notice of the point which enabled me to get the precise information. Mr. Chairman, ophthalmologists are very rare animals - very valuable people. We have only seven in Newfoundland and that includes Dr. Gillan who, I am told, is leaving Grand Falls. We were extremely fortunate a year or so ago to be able to recruit an ophthalmologist, Dr. Asgar who is now working for us at the Paton Hospital - James Paton Memorial Hospital in Gander. Some weeks ago I had

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a letter from the Chamber of Commerce of Gander relaying a complaint which had been made to that Chamber by one of the Chamber's members, an optometrist at Gander named Mr. Paxman. The Chamber's concern, in their letter, in very short form was that Mr. Paxman had complained that Dr. Asgar was unfairly competing with them in that Dr. Asgar, according to the Chamber, was using Government facilities for private business. My officials, at my direction, looked into this and there is no substance whatsoever to those charges. Dr. Asgar is a highly skilled and highly qualified ophthalmologist which means, among other things, that he can measure a person for glasses, it is called a refraction technique and that he can prescribe for glasses. Ophthalmologists, of course, can do many other surgical and medical procedures.

Mr. Paxman is a qualified optometrist registered with the board in Newfoundland. As an optometrist, basically, all that he can do is measure for glasses. Mr. Paxman feels, apparently, that Dr. Asgar should be prohibited from doing one of the functions for which he is qualified and suited; namely, prescribing glasses. Mr. Paxman also feels that Dr. Asgar should not, apparently, in anyway deal with people unless Mr. Paxman is not able to deal with them. Neither of those are acceptable - neither of them are correct, Mr. Chairman.

Dr. Asgar has the right to prescribe for glasses. He has the ability to and the need is very real in the Central Newfoundland Area, therefore, I hope he will continue.

Mr. Paxman is qualified to prescribe glasses, and as far as I am concerned he can continue. Dr. Asgar has received numerous complaints of the work being done by Mr. Paxman - that fittings were wrong, that lenses had been produced with their axes in the wrong direction. From the medical point of view the work being done was not satisfactory. That difference of opinion might be the real reason underlying the complaints.

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In any event, Dr. Asgar has now been directed no longer to take prescriptions and forward them to an optical company but instead to ask a person who comes to him for patient services to have his glasses made where he will, pointing out that there are a number of places he can have them made.

There was also a rumor being spread that Dr. Asgar was receiving some form of kickback from the optical company to whom he was referring these glasses. I am delighted to say that there is no truth whatsoever in this rumor. It is completely a baseless statement as the hon. member and I have discussed and that the doctor is practising perfectly ethically, perfectly properly and I am told a very good brand of medicine. Now I hope, Mr. Chairman, that these statements will be given wide publicity. In the Gander area itself the charges made by Mr. Paxman have received wide publicity. This is unfortunate. It is not unfortunate that the charges were advanced. That is fair enough, but I would not ^{want} anyone to think they were based on anything other than, apparently; no substance.

I can add only that the administrator of the hospital at Gander, has told me that he, Mr. Howell, together with Dr. Coxon, the senior medical officer at Gander and Dr. Asgar have asked Mr. Paxman to meet with them to discuss the problem. Mr. Paxman informed Mr. Howell, so I am told, that he would take "alternate action to champion his cause." The next action my officials heard of was through the Chamber of Commerce and through the news media. So, I do think that there is nothing at all to it. I am delighted that Dr. Asgar is in Gander, Mr. Chairman, and I could only wish we could attract more ophthalmologists. I do hope that this unfortunate misunderstanding between the ophthalmologists and the optometrists will not in any way inconvenience or harass Dr. Asgar. I think Dr. Asgar has been under unfair criticism, and I would be extremely upset if he were to leave

Gander because of this unfair criticism, and it is the people of Gander and of the area served by that hospital who would suffer Mr. Chairman. There is no unfair competition, there is no evidence at all, the evidence is that what is being done by all sides is perfectly proper.

MR. COLLINS: Mr. Chairman, I thank the minister for his statement and, while we do not usually appeal to the press to cover things which we say in this House, I would second the minister's appeal to the press to make sure that that statement is quoted by the various media, particularly in the Gander area where the complaint was given coverage about two weeks ago.

MR. CROSBIE: Mr. Chairman, I have a few questions here that I would like to ask the minister, if he would just note them, then he could deal with them now and I think we will be much quicker going through the estimates then. Having spent nine months in the Department of Health myself, I realize some of the problems the minister has to grapple with. There are just four or five broad questions I would like to ask him. One is if he can tell the House what stage, or where the minister now is in his negotiations with the laboratory and x-ray technicians or technologists in connection with the salaries position. We understand that the non-professional hospital workers are - have accepted the offers that were made by the Government. I believe the minister said yesterday that the hospitals that are run by the boards or non-Government hospitals have had budgets approved that give them sufficient money to pay the increases, and that it is between them and the C.U.P.E. if they have a branch of the union at that hospital to pass on the increases, which presumably they will be doing.

The minister, I think, is still negotiating with the laboratory and x-ray technologists and with the nurses as to whether or not, or just what their position is, whether they are going to accept the general increase that everybody has been offered or whether because they are a special group there is going to be some special arrangement made with them. I believe Mr. Chairman, that when you are dealing with x-ray and laboratory

technicians, they are special groups. Because of their skills hospitals cannot operate without them and, we have to be competitive here with the other Provinces the same as we do with doctors. Doubtless, the minister has that in mind. If the minister would sooner one question at a time, then answer it?

MR. ROBERTS: It is up to you

MR. CROSBIE: Well, okay

MR. ROBERTS: Mr. Chairman, with respect to that question, we are negotiation, we being a committee of the Treasury Board, my colleague the Minister of Supply and Services, my colleague the Minister of Labour and myself with three separate (well actually there are more than three) but the hon. gentleman mentioned three groups, the nurses, the laboratory technologists and the x-ray technologists. We are also negotiating with two other groups in particular, that pharmacists and the physiotherapists. The physiotherapists are rather a small group, there are I think four or five in Newfoundland at present.

The present status of the laboratory negotiations is that the Government have - the Government and the negotiating team for the laboratory people have arrived at a set of proposals which all consider to be satisfactory and these are now I am told being submitted to their membership and they vote. That action was authorized by the laboratory technologists at a meeting here at St. John's on Saturday evening past.

With respect to the nurses, I have been in touch with Miss Laracy within the past few days, and we expect, as soon as my colleagues and I can be free, to have meetings with them to discuss the matters affecting nurses. X-ray technologists' meetings have been held within the past few days. Indeed, although the committee would, be aware of it, a meeting was held last night. At one point, one of my own officials - one of the x-ray technologist officials happen to be sitting in the gallery. I cannot give details. Indeed, it would be most inappropriate

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at this stage to reveal any details of what is going on. Basically, we are at no point looking beyond the \$45 a month across the board increase that the Government have authorized. We are looking at the areas that are unique to the various paramedical groups - the various professional groups involved in trying to work out acceptable positions. I think that negotiations to date have been most fruitful, and I am quite hopeful of a satisfactory settlement.

Perhaps, I could add a word. Yesterday the hon. gentleman asked me a question on orders, and I made an answer with respect to the non-professional groups. I made an answer - I do not think my answer was completely correct, Mr. Chairman, so I would like to make it as correct as I can.

The Government have approved the extra money for the \$45 a month allotments for the salaries, for the non-professional categories. That money has not been paid to the boards, sir, basically for the reason that the interim supply authorized by the House is not sufficient. We do not have enough money authorized to do it. We have been in touch, on a continuous basis, indeed before the hon. gentleman's question with CUPE, I think, they are aware of the position. Within a few days, we hope to be able to say at what time the cheques will be paid to the various employees. In any event, they will be as of the 1st. April. But the point is and I was in error yesterday, Mr. Chairman. The non-Government operated hospitals do not have, at present, the money to pay these extra increases. It has been approved, but I did not realize that the interim supply is not enough to allow us, because \$45 or \$90, say, for two months for 5,000 or 6,000 employees, Mr. Chairman, is just money we do not have in the interim supply authorized by the House.

MR. CROSBIE: Thank you, Mr. Chairman.

MR. CROSBIE: Thank you, Mr. Chairman. I believe at the beginning of the session the Minister said that he hoped that he would be in a position to table a White Paper on future development of the Health services during this session. Now, I think everybody could excuse the Minister because of the busyness of the House and so on and on other matters, there is no White Paper ready but I would like to know whether the Minister is going to be in a position to table a White Paper on the future development of the Health services and while he is telling us about that, has the Government made any decision on what the next steps are going to be in hospital construction? As the Minister knows there is the great need at the Western Memorial Hospital in Corner Brook for an update in their facilities and an extension to the hospital, I think that is agreed on all sides. There is Carbonear where the sod was turned by the Premier and myself in September 1967 to replace the present hospital at Carbonear, which is too small now and inadequate, with a new hospital. The plans are all completed, I know that. There is Twillingate where the Notre Dame Memorial Hospital is also an antiquated hospital and needs to be replaced which is agreed and architects were appointed to do plans for that hospital, I remember.

There is the fact that construction of a new wing and new facilities are needed at the General Hospital particularly, now some of this work may have been done since, particularly with respect to outpatient and emergency services. And architects, I believe, were appointed, in fact it was L.L. Davies, I think. His architectural firm was appointed. I maybe wrong there now as it might not be that firm, but someone was appointed to do plans for what work should be done to the General. So there are all those areas apart from, well there is the Bay Roberts area which also has been promised a hospital but I do not know what the position is on that now. I know that the Minister of Municipal Affairs, I will take that up with him when we get to his estimates as to what he has been saying over and around Bay Roberts but I will wait for his estimates.

So there are all those areas where the Minister knows new construction is needed and, of course, St. Clares is under way now. Now we know, it is very obvious that tight money or no tight money interest rates can go up or down next year but the fact is that the Province can only borrow certain amounts of money

MR. CROSBIE:

each year. So, has the Government decided on what the priorities are going to be with reference to these various areas and, if so, could the Minister tell us what they are? Now in addition, of course, there is the medical school and the Government is committed to the medical school, the university is certainly committed to it, there are students there now and there is going to be an expansion of students next year, there is the problem of the medical school buildings themselves and the university hospital. Now I believe myself and I would be interested to find out from the Minister, I see no way in which the Province would be able to finance a medical school and university hospital in the next few years but it maybe possible with what help is available from Ottawa to construct a physical plant for a medical school.

Not only that, in my view, although it is very desirable today and all the authorities will tell you that if you are going to have a medical school it must have its own university hospital right along side of it, this is the only way to do it, although that is the optimum, although that certainly is the best, that is the ideal, you can certainly have a medical school using the present hospitals in St. John's without constructing a very expensive university hospital. My own view is that unless Ottawa is putting up all the money for the medical school and university hospital that the medical school should use the hospitals they now have in St. John's particularly, Mr. Chairman, because, as I recall the figures, we have enough hospital beds in St. John's now or certainly will have when the construction at St. Clares is finish. We have ample hospital beds in St. John's for this whole area and also for patients who are referred in from other areas.

That being the situation, to my mind to build a four hundred bed university hospital here in St. John's when there are other areas of the Province that are crying out for adequate hospital bed accommodations such as the West Coast, Port aux Basques, any number of areas you can mention, Carbonear, Twillingate, that it would be criminal in those circumstances to build a separate university hospital. Perhaps, Mr. Chairman, in ten years or twenty years when all our other basic needs are overcome the university hospital should be constructed. So I would be very interested in hearing from the Minister on

MR. CROSBIE:

what the position is on that and, if possible, when he envisages construction starting on the actual medical school buildings?

MR. ROBERTS: Well, Mr. Chairman, let me begin at the point of the medical school. We have a medical school in Newfoundland now, Sir, and later the Committee will come across the vote of \$1.3 million or a little over that is the major part of the operating cost of the medical school for this year. We have a first rate medical school with a faculty that, I am told by a number of sources, most recently for example the President of the Canadian Medical Association with whom I met earlier this week mentioned it. but I have had this from a number of sources, we have a medical school with a faculty that has a world standard. The school now has, I believe, twenty-one or twenty-two students in its first year and that is going to be increased to twenty-five or twenty-six in its second year and at the same time they will be taking, I believe, thirty-two students into their first year beginning next fall.

The school has buildings, they are now housed in the buildings built to the North of the Thompson Student Centre in the Arts Administration Building on the campus, those are the wooden buildings immediately to the South of the parkway. Additionally the medical school has working agreements with the St. John's General Hospital, the St. John's Grace General, St. Clares and we are now working towards an agreement with the Hospital for Mental and Nervous Diseases. I believe there are also working arrangements with the hospital at Carbonear and I know they are negotiating with the IGA for their hospitals.

It is perhaps not known and perhaps it should be that the University Medical School is now completely integrated with the General Hospital, the basic facility in this Province. The chief of each medical service at the General Hospital is the professor or head of the corresponding medical department at the University. This is similarly true, I believe, of the Janeway. The chief of staff of the Janeway, a man who has done superb work is Dr. John Darte. Dr. Darte is also professor of pediatrics at the university.

The medical school has physical space, I am told, for the next twelve months, it maybe a little cramped but it is adequate. The longer range question of the medical school falls into two parts: the buildings for the

MR. ROBERTS:

teaching themselves including some clinical facilities and on the other part the university hospital.

The hon. gentleman who just spoke is quite right when he says that by large we have enough active hospital beds in this Province, enough acute hospital beds. We do have beds that need to be replaced, we do have beds that are in the wrong locations but compared to the national averages, Mr. Chairman, we are not too far off. We are a little below, speaking from memory but I think the figure is 6.1 per thousand and the national average is of the order of 6.5 or 6.9. We are however seriously deficient in psychiatric beds where our per capita number is around half the national average and although we Newfoundlanders are perhaps saner than the rest of Canada we do need more psychiatric beds in this Province.

Now, Mr. Chairman, those are the facts which determine our priorities and while we at this time are not in a position to announce the details because I am still working on them and they have yet to come to Cabinet, our priorities will be dictated by the two facts of improving and replacing outdated beds and improving our basic hospital services and then secondly new psychiatric beds. That will mean that the hospitals which must be done first in Newfoundland and I do not list them in any particular order, I will start on the West Coast and work to the East. The first is the Western Memorial Hospital at Corner Brook which will be the regional facility for a large area of Western Newfoundland embracing about 100,000 people. There is now a planning committee representing my officials, the officials of my colleague, the Minister of Public Works and the board of that hospital. I saw in the newspaper the other day where the board is getting after me because the Committee have not met for sometime. I have not heard from them yet but I am sure I will. Perhaps the Committee have not met because its chairman, my Deputy Minister, has been absent for more than two months on sick leave.

MR. CROSBIE: How is the Deputy Minister?

MR. ROBERTS: Dr. Miller is fine. I have not seen him since he was in hospital but my officials do see him and I gather that he is doing very, very well indeed.

MR. CROSBIE: He is back home now, is he?

MR. ROBERTS: He is in St. John's and perhaps he maybe back to work within the two or three weeks or a month.

The next one coming East from Corner Brook would be in the Twillingate area, the Notre Dame Bay Memorial Hospital. Some improved facilities are needed there. I think no less than two sets of architects were appointed for that hospital and I am not able because I do not have the information to say just what has been decided as to how many beds are needed or what sort. Coming East from Twillingate we come into an area which in my view badly needs attention and that is the Come By Chance, Clarenville area. The Come By Chance Cottage Hospital is one of the first built in Newfoundland, I think it probably was the first, about 1934 or 35. It really desperately needs attention and I think the attention it needs is a new facility. I do not know whether the new facility should be at Come By Chance or Clarenville, in an area to serve a large region.

From there, Mr. Chairman, we come into St. John's where I think we need work done at the General Hospital and work done above all at the Hospital for Mental and Nervous Diseases. At the General Hospital plans have not been prepared. The firm of L.L. Davies or whatever they are called are authorized to prepare a conceptual plan that has been prepared and I have received it, some of it is very useful but other parts of it will not be so useful but there are no plans as such. This past year we did spend \$400,000. to \$500,000., in round figures, improving and extending the outpatient and emergency facilities at the General Hospital. I think they are now very adequate and they are the basic emergency facilities for this city, for Eastern Newfoundland, and the General is the basic Hospital facility for this Province. I am told that it is a first rate emergency service that they are offering.

MR. CROSBIE: The Minister did not mention Carbonear.

MR. ROBERTS: No, that is because I forgot to mention it. There is a need for new hospital services on the North side or in Conception Bay. There are plans in existence for the community hospital at Carbonear. Carbonear has a first rate medical group, like so many of the first-rate medical groups in this Province. Mr. Chairman, it is run by a cousin of mine. The Chief of the Medical Staff at the Western Memorial, as my friend from St. Barbe South would

MR. ROBERTS:

confirm is also a cousin of mine as is the chief of staff of the Grace General Hospital who medically is very competent, politically, Sir, does have his weak moments.

MR. CROSBIE: He has his aberrations, has he?

MR. ROBERTS: He does have his political aberrations, Mr. Chairman, I would concur. However, the basic point and this brings me back to where the hon. gentleman - Oh, before I do that let me mention that we have significantly improved cottage hospitals within the past three or four years. We have done a great deal of work at Burin, Grand Bank, Norris Point up in Bonne Bay, the Bonavista Cottage Hospital, we have a project well underway at Channel, at Springdale we have completed an addition and this year if the Committee approves we hope to do some work at Harbour Breton and to finish some work at Burgeo.

The Cottage Hospitals, I think, Mr. Chairman, are probably in the best shape they have ever been in. The final point brings me back to where the hon. gentleman started and that is my White Paper that I had hoped to be able to table to open the estimates. I did not because I could not, a combination of a much longer House session than any of us anticipated, the somewhat special circumstances which have acquired my attention is a member of the Government who is Minister of Health and I should add the absence of my Chief Medical Adviser, Dr. Miller, a man who really has been with the Department of Health for thirty-five years. Dr. Miller has not been able to sit with me in policy formulations and I am not prepared to go to my colleagues in Cabinet until I have had the benefit of his advice as well as that of my other officials. We still intend to produce the White Paper but it will probably be late summer or of that order, Mr. Chairman. At that time an essential part of it will be the capital construction programs, these are basic to the development of Health facilities in the Province and they are probably the largest single questions unresolved. What I have attempted to do is just outline the problems as we see them. The costs are within our means, the Government of Canada will put up a minimum of about twenty odd millions, I gave the information in reply to a question but I forget the details, in addition there is a large

MR. ROBERTS:

chunk of -

MR. CROSBIE: That is for the medical school.

MR. ROBERTS: It is for teaching and research facilities. Now the General Hospital can qualify and possibly the Mental Hospital. It may interest the Committee to know that I have arranged to have the Deputy Minister of Health from Ottawa, Dr. LeClair, come to St. John's. I do not have a firm date but I think he is due next week and he and I will be talking in nitty, gritty details about health resources fund monies for Newfoundland. I think that answers the hon. gentleman's questions but if not I can go on.

MR. COLLINS: Mr. Chairman, the Minister traversed Newfoundland - he left out a substantial section, in my opinion. I would like the Minister to tell the Committee what the government's yields are, what their plans are in terms of the cottage hospital at Botwood. Hon. members will remember, last year, in the Throne Speech, where the government proposed to close the hospital at Botwood and the cottage hospital at Markland.

MR ROBERTS: In the Budget Speech.

MR COLLINS: That is right, Mr. Chairman, in the Budget Speech, last year. Subsequently the Government decided against that after considerable pressures being applied from local authorities especially in the Botwood area. I have been amazed, I was amazed then and still amazed at this. Government even contemplating closing such a valuable institution as the Cottage Hospital at Botwood especially in view of the fact that Dr. Twomey and the other doctors stationed at that hospital have a record of providing a very, very good service to the people of that area stretching all the way from Fortune Harbour, Leading Tickles back toward Botwood. Indeed, Sir, the reputation of that doctor and that hospital has been such that we find that many people from other hospital areas such as Grand Falls and Lewisporte and indeed people from the West Coast have gone to Botwood Hospital for surgery at various times.

Now last year the Government reversed its decision to close the hospital and during this past summer there was a rumor spread around again that the Government was thinking of closing the hospital this year. They do not know where the rumor came from but it was generally believe that possibly the

MR. COLLINS:

rumor was planted by officials in the Department of Health just to test the reaction of the people.

MR. ROBERTS: It was not.

MR. COLLINS: Well, Mr. Chairman, this was the thinking around Central Newfoundland at the time that the rumor was planted to test the reaction of the people again and, of course, we were more than pleased to hear the Minister's release during the summer months that the Government had no intention of closing that particular hospital. I would like for the Minister to once again give the Committee the assurance that this hospital will not be closed and I would also like for him to indicate what plans the Government might have for improving that particular facility? I notice also, Mr. Chairman, that there is no reference made to the Cottage Hospital at Fogo and at Brookfield. Both of these hospitals come under the administrative arm and direction of the James Paton Memorial Hospital at Gander. I would like for the Minister also to indicate what Government plans are for these two and also he might indicate to the Committee how successful the Department has been in obtaining the services of a nurse for the town of LaScie and how successful he has been in coming up with nursing facilities for some of the schools particularly the school in the Gander Bay area and the school in the Lethbridge -

MR. COLLINS: Lethbridge, Bloomfield area. Petitions concerning the need, and both of those areas were presented to this hon. House about a month ago, perhaps the minister might indicate what success he has in providing this very necessary service to those particular areas.

While I am on my feet, Mr. Chairman, perhaps the minister might also tell the committee, if there is any difference in fees paid to dentists in St. John's as opposed to fees paid to dentists working outside of St. John's?

MR. ROBERTS: Mr. Chairman, on the question of nurses, I wonder if we could let that stand until we come to the vote for nurses, which is a little further down in the estimates.

My failure to mention Central Newfoundland area, of which I have just been chided by the voice of Central Newfoundland sitting on my immediate right,

MR. COLLINS: That is just a murmur over there.

MR. ROWE, F.W. Inaudible.

MR. ROBERTS: Mr. Chairman, "People who live in glass huts, should not throw stones."

I can add nothing to what I said about the Botwood Hospital in behalf of the Government within the passed month or so, it was a month or two, it is not that long ago, except to reject categorically any suggestion that officials of my department or of any department of the Government were spreading rumors as trial balloons. I am aware of the rumors that were in existence, but I can tell you, Mr. Chairman, as far as I know, and I am quite certain I am informed on this point, any fear that these rumors are being spread by my officials is just completely baseless and is completely unfounded. And I would reject it categorically.

The question of the future of the Botwood Cottage Hospital, Mr. Chairman, falls to be considered with the question of the future of all hospital facilities in this Province, and I am not going at this stage to go into it, this is a sort of matter we hope to deal with in the White Paper, and the White Paper will be an outline of our thinking and our suggested policies, and in that stage we will invite comments, and reactions and criticisms and improvements and so forth.

I would not want the member to get the impression I am talking specifically of Botwood, I am not. The cottage hospitals were built, Sir, thirty years ago

MR. ROBERTS: and they were a brilliant innovation at the time. But a great deal has happened in thirty years the whole pattern of medicine has changed completely, the whole pattern of health has changed completely. And one of the things we must do is to see if our facilities should be changed.

I can say, however, for the benefit of the member who has a legitimate concern, Botwood is in his constituency, that there will always be doctors and clinics in Botwood, and I would think there will always be some facilities. The question of how much work? What level of work? What type of work is to be done there, that is another question, Mr. Chairman, and a much broader one.

The matter of the Fogo Cottage Hospital, let me say that we have succeed in recruiting two nurses on an interim basis, we had a very bad situation there last week. The reason why the two young ladies are on an interim basis, is that each of them is married and each of them is about to become within a period of months an item in the births part of the vital statistics division.

AN HON. MEMBER: Inaudible.

MR. ROBERTS: They should not be doing what? As a bachelor I do not know, doctor.

AN HON. MEMBER: Inaudible.

MR. ROBERTS: They will be able to serve the hospital for a period of months, mean while we have recruited two young ladies in India, who are qualified nurses, with the specific purpose of coming to Fogo. We are negotiating with the Canada Immigration and Manpower people to see if we can expedite them. It turns out getting through the Canada Immigration, we Newfoundlanders, Mr. Chairman, came into Canada very easily, a lot of people cannot come through that quickly.

The hon. gentleman mentiond La Scie, that is under the Baie Verte Hospital, under the Boylen Hospital at Baie Verte. My colleague the member for White Bay South is needling me daily on the question, we as the Government are not trying to recruit a nurse. What I would like to see if we could do is to see if we can improve medical services in a number of areas by trying to find doctors.

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MR. ROBERTS: With reference to the fees for the dentists there was an anomaly in years passed, several months ago I met with the Dental Association and I agreed to eliminate the anomaly, only fees in question of course, Mr. Chairman, are for extractions by dentists in behalf of indigent patients, who are eligible for assistance under the Social Assistance Programs, for some reason it costs less to have a tooth pulled in an outharbour than it did in St. John's, in the past. That is no longer true, no matter where the tooth is pulled now, Mr. Chairman, the people of Newfoundland will pay the same to the person who pulls it.

MR. MURPHY: Did we lower the price in St. John's or raise them -

MR. ROBERTS: No, I fear, Mr. Chairman, that it is the other way around, it was always thus, we have increased the price elsewhere. Perhaps, if ever the hon. gentleman -

MR. COLLINS: Was this an oversight or was it the opinion that the tooth was not worth so much.

MR. ROBERTS: I do not think that is correct, Mr. Chairman, but I do not why it happened, it is like a lot of things, it has gone on for twenty years, perhaps before that. Why is it that the Government have provided ambulance facilities to the General Hospital in St. John's, but up until two or three days ago did not provide them in Corner Brook?

I cannot answer it, Mr. Chairman, I can say it was that way, will not be that way, why it was, I cannot say.

MR. COLLINS: Who provides ambulance service in Grand Falls and Corner Brook?

MR. ROBERTS: In Corner Brook now it is the Government, and in Grand Falls, I suggest it will be the Government in Cander, it is the Government. "People who live in glass huts, should not throw stones, Mr. Chairman."

MR. G. MYRDEN: Mr. Chairman, while we are still on this vote, may I have something to say about the medical facilities on the St. Barbe Coast. As the minister is well aware, it is very atrocious actually, not because they have not tried to help, but because of the shortage, I guess, both of nurses and doctors.

MR. MYRDEN: Many years ago, as the minister will remember, there was and used ⁱⁿ to be a building at Port Saunders, which I think, a doctor and a few nurses carried on a small cottage hospital.

MR. ROBERTS: No, no, a nursing station, not a cottage hospital.

MR. MYRDEN: But there was a doctor there.

MR. ROBERTS: There was.

MR. MYRDEN: There is between Norris Point and St. Anthony a distance of approximately 265 miles, and in this area at the present time there are only, I think, two nurses at Port Saunders, which is a hundred miles from Norris Point, I think, there are another two nurses at the Cottage Hospital in Flower's Cove.

AN HON. MEMBER: Three.

MR. MYRDEN: Two or three sometimes, and along that whole stretch of coast, which my hon. friend from St. Barbe North agrees, is quite desperate, he himself needed medical attention one night, and I guess he will remember that for a long, long while, he was stranded in a storm there. He ended up in the General Hospital here for a month, but what happened to him that night?

Well, he does not mind telling the story, actually what happened he was attending a very special meeting in Flower's Cove, and he came out of the Flower's Cove school and he went flying in the air, that is the last I remember seeing him for a few minutes, and he landed down at the bottom of the steps -

MR. ROBERTS: Did he intent to fly or -

MR. MYRDEN: Well, I do not know whether he intended to fly, but he went flying, and he landed up at the bottom of the steps there in a very bad shape. That night we, both him and I, both stayed in a shack we call it down there Castle River which is another forty or fifty miles away, and he was in great pain. The next morning we started out, and we started to come up this way, we got about ten miles from the cabin, we were stranded right in the middle of a snow drift, but for the good graces of the Highways Department who came along a couple of hours later and took us out, we would be there yet.

MR. MYRDEN: Anyway, the gentleman in question ended up in the General Hospital, it was quite a long while before we saw him again.

But getting back to the medical facilities, Mr. Chairman, I would like the minister to indicate if he can, I know we can get it later on, but there has been a great shortage of nurses, both in Trout River, Woody Point which is on the opposite side of bay, at Bonne Bay. There has been a shortage of nurses right along the coast, at Cow Head which I think they have a nursing clinic and at Daniel's Harbour. And since now the Hawkes Bay area has become industrialized, many of the people down there including the groups from NARDA have requested and have asked, if some facilities could be put in there through Government assistance or the present operating company, and to bring in a doctor to help the whole area there. Actually, they will be running into quite a few industrial accidents, because it will be a highly mechanized sawmill industry, and I am afraid they are going to need medical facilities there.

If the minister would indicate, Mr. Chairman, a few of these things, I think, it will clear up the matter of nurses and doctors along the St. Barbe Coast.

MR. ROBERTS: Mr. Chairman, the problems of the St. Barbe Coast are extremely well known to me, although the hon. gentleman did not mention it, my own district, of course, is in the same position and the same geographic area. The basic problem is that we have very large distances and we have relevently speaking very few people, the 300 miles from Deer Lake down to Cape Bauld only has a population of about 35,000 on both sides of the peninsula, about a third of them are on my side in one district, and two-thirds are on the west side, the Straits, the Gulf, which are of course two electoral districts.

We have at St. Anthony one of the best hospital facilities in this Province, perhaps a model hospital, a sort of regional hospital, we should try and develop, Sir, We have at Norris Point a cottage hospital staffed by two doctors, a number of nurses and so forth, which does excellent work, which is only a cottage hospital. We have at Corner Brook the nucleus of a regional hospital, but we do not have the full facilities yet.

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MR. ROBERTS: The problem is one to which I have been giving a great deal of attention and I am coming to the conclusion the best way in which we can proceed is to have doctors stationed at a number of points. And I am thinking of the Port Saunders area, the Roddickton, Englee, Main Brook, Conche area. And my colleague from St. Barbe North feels, with some considerable merit, I believe, that we should have a doctor in the Flower's Cove area, which is about seventy miles from St. Anthony.

Mr. Chairman, each of those areas now has an nursing station, which is rather an unique kind of nursing station, They are I.G.A. stations, and they are staffed by midwife nurses, these are the International Grenfell Association, and these nurses are English, Scottish girls, The I.G.A. seems to be able to recruit them, and we never succeed. I am sure my hon. friend has had many pleasant evenings, as of all of us in the area.

MR. MURPHY: The nurses.

MR. ROBERTS: The nurses, I think, have pleasant evenings too, Mr. Chairman, perhaps the hon. the member for St. John's Centre; just to disabuse him of that.

MR. MURPHY: I am very doubtful about my unmarried hon. friend -

MR. ROBERTS: Well, the hon. gentleman, his profession and theirs, these nurses give amazingly good service, but it is a limited service, they are not doctors, they can diagnose an illness in certain ways. They can give medical treatment in certain ways, and also maternity cases can be handled at the nursing stations.

The whole pattern of practice is changing, Mr. Chairman, The I.G.A. are building a superb medical service in the north. More and more maternity cases are being referred to St. Anthony, more and more cases are going into the hospital;

So, I think, the lines along which we should proceed are the station medical officers with small clinics, no beds, and provide ground ambulance services, We now have air ambulance services, but to provide ground ambulance services.

MR. MYRDEN: When the road is paved.

MR. ROBERTS: Well, that is one of the reasons why I am so keen about the White Paper and the belief we have that the road from Deer Lake to St. Anthony

MR. ROBERTS: will be paved, if for no other reason than to provide good medical services.

I do not want to go into too much more detail, it is a matter I am deep in the midst of with my own officials. I can assure the hon. gentleman my constituents are at least as demanding as his, and at least as deserving no more so, no less.

A word about the doctor at Port Saunders, about ten years ago Port Saunders was a Government medical station, there was a doctor there. Through a series of unfortunate events the doctor was driven out, quite literally. It is history, and I do not want to go into it. The doctor is still in the Province, he has done amazingly good work.

MR. CROSBIE: Yes, he is doing a good job, as I understand it.

MR. ROBERTS: He is now in Marystown, he served for the passed two years at Bay L'Argent. A very superior doctor and providing very valuable service for us.

After that history occurred, we turned the station over to the I.G.A. and they have provided, I think, two nurses ever since, together with a number of aids and what have you. I think, the station probably has six or seven beds. But that is basically the history, so we have between Norris -

MR. MYRDEN: As the hon. minister knows it is becoming industrialized, it is a type of industry that is going to create a lot of accidents, as you know.

MR. ROBERTS: Even without that, Mr. Chairman, the whole pattern of medicine is changing, the supply of doctors is easing, it is not to say that I have extremely grave problems in finding doctors at present, but over a period we can see it easing, and I think the time is come that we can now look to stationing doctors much more analogous to our distric medical practice than we now have them.

I think that answers the hon. gentleman's question, but if not -

MR. MYRDEN: I asked about the nurses of Trout River and Woody Point -

MR. ROBERTS: Well, perhaps when we come to that subhead. Now the member for Bonaville South.

MR. R. BARBOUR: Mr. Chairman, I wonder would the minister tell the committee what are the chances of getting a doctor for this prosperous area, the Musgravetown area, where the people are certainly independent and making a very good living.

I do know that the minister's department has been trying quite hard over the year, and I know there is a committee working with the minister. I am just wondering, Mr. Chairman, if the minister can tell the committee, if the hopes are favourable, that we may have a doctor in the Musgravetown area to serve anywhere from one to fourteen communities within, let us say, the next three months.

MR. ROBERTS: Mr. Chairman, I wish I could answer that specifically for the hon. gentleman, I regret that I cannot. We have had, shall we say, an unexpected shortage arise which has cost us the services of five doctors. And that is a matter I do not want to go into now, there might be an appropriate time later. But shall we say that five doctors, that we understood would be available for services outside the St. John's, Grand Falls, Corner Brook, the larger centres.

MR. CROSBIE: They have broken their agreement.

MR. ROBERTS: That is a legal conclusion, but I think we are going to test it in court. And there are other steps, shall we say they have not honoured their agreements at this stage. But whether or not they have broken them, is a legal question.

We have been working with the committee in Musgravetown, there is a very great need for a doctor there, all we can say is that we are going to keep on until we do succeed in finding one. It is a funny business, Mr. Chairman, we have just succeed in recruiting a doctor for Trepassey, an area that was a hundred miles from St. John's, an area that was badly undoctored. This I think was about the thirty-third time attempt to recruit a doctor for Trepassey. And I gather we still have the doctor. Dr. Collingwood, who is the man who does this work for us, he had been close on a number of occasions, and each time the deal fell through. But, we now have a doctor for Trepassey, perhaps tomorrow we will have one for Musgravetown, it depends we will keep

MR. ROBERTS: advertising, we will keep looking, we can just hope.

MR. MURPHY: Mr. Chairman, is that the first time that there has been a doctor in Trepassey for a great number of years? There used to be one at Ferryland.

MR. ROBERTS: It is certainly the first for a number of years, there is now a doctor in Ferryland and one in Trepassey. I think, the Southern Shore is probably better served medically than it has been for fifty years.

MR. CROSBIE: Mr. Chairman, I would like to come back now to something now on a broader scale, broader canvas for a moment. I got the implication of the minister's remarks earlier that he agreed that it was not essential to construct the University Hospital within the next four or five years, that the existing hospitals around St. John's can fill in for that purpose, but he never said it specifically. The minister said, that the General Hospital is being used, and there is an agreement with the Grace and so on, and the Mental.

I would like the minister to be specific, if he will or can, on that position because if the University Hospital, if the University takes the adamant position as it has in the past that the University Hospital must be constructed in conjunction with the Medical School, then I consider the whole project to be most impractical, unless the Government of Canada is going to increase its aid under the Health Resources Fund from the present, approximately \$20 million or \$21 million, I think, it would have to increase itself, so that it pays at least ninety percent of it. The whole thing would cost \$40 million or \$50 million. But, if the Government takes a position, which it should, and the University agrees, which it should, and although

MR. CROSBIE: desirable - it is not essential that the University Hospital go ahead in the next few years, that the other hospitals can be used and that makes the whole thing much more sensible, economically and financially. So I would like the minister to give us some more information on that. And also in connection with construction of hospitals, I have been told the other day, and I do not know whether it is correct or not, but I think it is correct, that the contribution of the Government of Canada now toward hospital construction is ended. That is the old formula of so much a bed. Now it was never anything really all that substantial - on an eight or nine million dollar hospital, you might have gotten eight or nine hundred thousand from the Government of Canada, or a million.

Can the minister tell us now whether those contributions from the Government of Canada toward the construction of hospitals is ended, which I think it has. And the minister when he outlined some of the needs of the Island with respect to hospitals, said that there was need of a hospital in Conception Bay north area, which I agree with - there is need of one hospital in that area - but does the minister agree that there is a need for two there? About twenty or thirty miles apart from one another. The minister might answer that. And finally, we do not want to get too scattered - I have always felt, and certainly since I became minister of Health, and had to think about it, that one of our great weaknesses here in Newfoundland in the field of hospitals, is that we have no custodial care institution. All our hospital beds Mr. Chairman, are acute treatment beds, and they are very expensive beds to operate as the minister knows. And if you can increase your turn-around, or whatever the expression is in a hospital bed - if your average length of stay of a patient in a bed is ten days, you need twice as many hospital beds as if you can turn them around in five days. It is very important to have a rapid turnover in hospital-beds are so expensive. Now one of the problems the Government has is that we have nowhere, for example, to take patients from the General Hospital - a patient comes up from St. Mary's Bay - he goes in the General Hospital and has an operation. Now he might be

able to leave that General Hospital in five days, if he or she had somewhere to go where they could be looked after just on a custodial basis. Kind of a convalescent home. He cannot go back to St. Mary's Bay because they are not in fit condition to go down over the road. There is nobody down there probably to look after them when they get there. So they are occupying an expensive bed at the General costing perhaps a couple of hundred of dollars a day, when they could be out in a custodial care home, which might cost thirty or forty dollars a day, recuperating. And does the minister agree that one of the great - one of the most important priorities would be, and certainly very, very much cheaper than building acute hospital bed - the provision of some custodial care institution in the St. John's area, and probably also in the West Coast area. Certainly on the West Coast area also. If the minister could just touch on those points.

MR. ROBERTS: Mr. Chairman, may I congratulate the hon. gentleman on the close attention which he has obviously been paying to speeches that I have made, because of course

MR. CROSBIE: The minister is going on my old ones probably -

MR. ROBERTS: No Mr. Chairman - I am going by the problems the hon. gentleman bequeathed to me, some of which in turn were bequeathed to him. But I congratulate him on reading my speeches with care. Of course I agree with one of the great needs of this Province is for non-acute beds. My colleague the Hon. Minister of Public Welfare and I are deep with discussions that we hope will lead to some solutions. We need convalescent beds - we need nursing care beds. We need beds to look after people who are mentally defective, or who are senile. It is not fair to say we do not have any facilities. It is correct to say we have extremely limited facilities - about thirty beds at the General Hospital are now being used for these purposes - that I think, is a misuse of those beds, but we must do it under present conditions. We have I believe, thirty beds in a ward at the Sanatorium being used for those

purposes, and in addition of course we have a whole wing, the old San on Topsail Road is being used and I believe about two hundred people - about two hundred and fifteen senile people in that Institution at the present. There are fifty-five at the Hoyles Home, and in addition, a certain proportion of the people who are patients at the Hospital for Mental and Nervous Diseases, are of course, really are not susceptible to psychiatric treatment, but are receiving what amounts to custodial care. They are incurable.

So Mr. Chairman, that is one of the areas we have to go into - again that is one of - the hon-gentleman is taking the topic headings for the White Paper. Perhaps I should mail him a copy of it, and we could^{go} through it in order. But of course that has to be a solution. Now the North Shore Conception Bay - I am not going to^{go} beyond what I said. There is a need for a new facility, and the facility would serve the area that runs, shall we say, all of the Southside of Trinity Bay, and all of the Northside of Conception from Marysvale or Brigus on up. I am not saying that will be the only hospital in the area. I am saying it will be the basic facility. We have now hospitals at Markland and Old Perlican.

As regards to the University - again I am not going to go much further. I am in the midst, rather involved in delicate negotiations which have been carried on intermittently for months - intermittently in between sessions of the House - a crisis of one sort or another. And to say anything at this stage Mr. Chairman, might jeopardize it. Shall we say that I think it is agreed on, two points are agreed by all concerned. First that to have a medical school at some point we must have a University hospital. And the second point which is agreed is that a University hospital does not have to be built immediately. Now in between that obviously, Mr. Chairman, there is a considerable area for negotiation - it is the area in which I now find myself, but I do not want to go into it. I welcome the hon. gentleman's support for our feeling that the Government of Canada should pick up all of the cost, capital cost of the University hospital. It is one that we have advanced in other places than this. We are looking in particular to \$175 million

chunk of the Health resources fund, which has been set aside for special projects of national importance. We have been lobbying for some time that we have a special project of national importance and the twenty-five or thirty million dollars that a University hospital would cost, that would qualify under that, in our eyes. I may add, Sir, we are not receiving immense support from other Provinces. They think it should be divided on a per capita basis, which give Newfoundland a matter of several million dollars only. The other question the hon. gentleman asked had to do with the old grant of \$2,000 a bed - that program has ended. The Government of Canada unilaterally ended it. They might say we were consulted Mr. Chairman - we were advised. I was not Minister of Health at the time. It might have been during the hon. gentleman's tenure, if not, the absent member, for Burin, might have been the minister who had that particular piece of news. We have drawn the last payment - it is about \$900,000 - the cheque came several weeks ago, and has been deposited. I was a little amused - at one date I had one of my officials come in and pass me a cheque for \$900,000 which had come in the ordinary unregistered mail. It seemed a little unusual to me, and I said, "Why would it come unregistered. What happened if it got lost?" The official concerned was a very intelligent young man. He looked at me and said, "have you ever tried to cash a cheque for \$900,000?" Apparently there is no danger.

We have drawn the last payment. Now Ottawa are not out of the capital field, except if they come in under the Health Resources Fund, and I believe the Hospital Insurance, under certain limited conditions, will include amortization payments. Very limited.

MR. CROSBIE: I realize, Mr. Chairman, that the minister is skating on thin ice on some of these negotiations, so I would not press him any further. I appreciate the subtle task that he has in dealing with all these complex matters. And of course we all appreciate his great skill and endurance in his negotiations several weeks ago for which we congratulated him, in negotiating on two sides, in front and in back - twisting - we are all a great admirer of his in certain respects. Now just one last general question Mr. Chairman, from the minister - what is happening with the Provincial Health Council

when did they last meet? Has it made any recommendations to the Minister, and can the minister tell us whether he thinks it is being useful at all or not? And also the St. John's Advisory - the Hospital Advisory Council - how often is that being meeting - have they made recommendations to the minister? Does he think that this is a useful - helping the health services in the St. John's area. And would the minister advise us whether it is the government policy to continue with ^{the} concept - when the General Hospital Corporation was established, the General was put under its own Board, which I think has been very successful. I said at the time that they should extend it to the hospital at Gander and the Mental Hospital as soon as time permitted. The hospital at Gander is a large one, and I think should be operated by a Board - would be better operated by a Board, better decentralization. And I believe the same is true of the Hospital for Mental and Nervous Diseases. Would the minister tell us whether it is still contemplated that these large hospitals, like these, would be put under their own hospital corporations, as has happened with the General and others?

MR. ROBERTS: The hon. gentleman could just check copies of 37A and B and 38 in the White Paper Sir. Let me deal first with the question of Operations of Hospitals. I made a statement on behalf of the Government several weeks ago at the meeting of the Newfoundland Hospital Association, which set forth our views in detail. And I will be happy to send the hon. gentleman a copy of it.

MR. CROSBIE: I am not on the hon. gentleman's mailing list.

MR. ROBERTS: Well I will remedy that directly Mr. Chairman, and the hon. gentleman will then be well-informed -

MR. CROSBIE: John Monroe is much better. I get one from him every two days.

MR. ROBERTS: I do not mind getting them at work Mr. Chairman, but I do resent them when they come addressed to the Hon. Philip Forsey, Minister of Health. I also keep getting mail addressed to Dr. James McGrath, Assistant Deputy Minister of Public Health. The hon. gentleman from St. Mary's has

not been assistant Deputy Minister of Public Health since 1955, I think. Some people's mailing list is right up to the minute. Well I will gladly send the hon. gentleman my speeches. He will have good information and good views. We as a Government, Sir, do not see our role primarily to be in the operation of hospitals. It is rather in the supervision of hospital services, their development, their planning, and their co-ordination. I am not going to say, because we are not in a position now to say just when we will be moving further. I think we are assessing the results of the decision to hand over the General to a Board, to a Corporation. I think it has worked well. There have been some areas where there are questions. We are working towards a new Hospital Act, which will replace all of the present Hospital Acts with one, a standard, master, piece of legislation. Hospitals would then be incorporated by a virtual Order-in-Council, under the Companies Act. This will not be done in this session, Sir.

With respect to the Health Councils, the St. John's Hospital Advisory Council meet quite regularly, and indeed I have met with them, I think it was in February - I spent a morning with them. Their role seems to be changing, indeed one of the questions I asked them, was to let me have their views on what their roles should be - and they subsequently sent me that information. And if I can ever get the chance to settle down, Mr. Chairman, to be Minister of Health, this is one of the areas I want to look at. Similarly, with the Provincial Advisory Council, which has not met, to my knowledge, since I became minister - I met with their executive - their co-ordinating Committee, and I have had a number of very useful talks with Mr. Stephen French, who is chairman of the Council. There we are looking at revised terms of reference. I am most unhappy with the membership - not with individuals, but I am most unhappy with the way in which the membership is put together. I think that has to be changed. And finally, on the St. John's area, I think more and more what we will see - the direction in which we are going to move, Mr. Chairman, will be towards a co-ordinating body I suppose from your Advisory body. The need in St. John's Sir, is

for co-ordination. We still have some duplications

MR. CROSBIE: Enforced co-ordinations.

MR. ROBERTS: Well Mr. Chairman, we shall try to operate on the adage that honey catches more flies than vinegar. If the honey does not catch flies Sir, we shall have to try other methods to trap them. But certainly - anybody who looks at the health services in St. John's, would agree that the first thing that has to be done is a much greater degree of co-ordination. We have empire building. We have duplication. We have inefficiencies caused by those actions. I think they are being cleared up - I think we are making a lot of progress. We have a long way to go yet, and I look to the St. John's Hospital Committee, whatever it is called, whatever its form, to be the body that does that. If they do not do it Sir, somebody else will have to.

MR. CROSBIE: Before we leave Salaries, I think we should ask - within the Speech from the Throne, or somebody has said - I know the minister said also, that the present hospital legislation that prohibits strikes in hospitals passed in 1967, is going to be repealed and replaced by new collective bargaining legislation for hospital workers. Could the minister say if that is still to be done in this Session? Will it be part of the whole Government collective bargaining legislation? What is his position now in repealing the 1967 legislation, replacing it?

MR. ROBERTS: Mr. Chairman, our policy was announced in the Budget Speech. The hospital workers will be dealt with either under the Labour Relations Act, as they now are, or under Public Service Collective Bargaining Legislation, and I am not the one to announce whether or not or what we are going to be doing at this Session. Our policy is clear, and I can assure you we are working towards implementing it - the actual steps I am not in a position to announce at this time.

MR. CROSBIE: Can the minister say that admittedly whether he can act under the Labour Relations Act, or under new legislation - but can the minister say

whether the hospital employees or whatever the name of that Act is, 1967, is going to be repealed, because that certainly is the first step.

MR. ROBERTS: Mr. Chairman, we have said it will be repealed, or we will ask the House to repeal it. I cannot say. I just do not know what the Government's legislative business will be. I suppose it depends upon whether we will ever get the Estimates done. If we are really going to be here until Christmas as I am beginning to believe, then I think we will get it done this Session. But I cannot say Mr. Chairman. I am not the minister who is responsible for the co-ordination of the Government's legislative program.

MR. CROSBIE: In connection with that last remark Mr. Chairman. I for one, do not think that there is any unnecessary delay on these Estimates at all. On the Estimates is the time when you can legitimately ask for information from the Government as we have been doing this morning. As far as I am concerned, there has not been one second wasted here this morning. We are entitled to ask for information. Now if the Government wants to make speeches to obscure the fact and not give information, or we want to make speeches, that is something entirely different. There is no filibustering going on here. The Estimates up in Ottawa take months to go through the House, well wherever they go through, they take months. And in every other Province they go through the Estimates, and we are doing the same here. There is no time being wasted. If there is any time being wasted, it is speeches from the other side trying to confuse the issue, when information is asked for. But we do not accept that.

MR. ROBERTS: Mr. Chairman, I did not say time was being wasted. The hon. gentleman seems to have a tender conscience. What I did say Mr. Chairman, was that I am beginning to have doubts as to whether the Session will adjourn before Christmas or not. I am not saying time is being wasted. I am just saying, I am beginning to have doubts.

MR. CROSBIE: Well, do not have any doubts.

MR. BURGESS: I agree with the hon. member from St. John's West, that the hon. Minister of Health has impressed everybody in this Province in that Portfolio, but with reference to the anti-strike legislation in the hospitals

which was passed in 1967. This legislation was passed amidst an extreme crisis where the workers in the hospitals had decided that they were going to go on strike and deprive the hospitals and the people in the hospitals, the patients, of the essential services that are so vital, particularly in times of sickness.

Now I can remember quite vividly Mr. Chairman, at that time that the absolute amount of concern that existed in the minds and the hearts of all of the caucus - in the Liberal caucus at that time, where they did not necessarily want to deprive these people of their bargaining rights by taking this right away from them. But they also had to think in terms of protecting the interests of the patients in the hospitals. At that time also, it was stated that some other method of insuring at least that there would be, every six months, or once a year, that consideration of the wage standards of these workers would be taken into consideration, and they would have periodic increases in order to bring them up to a reasonable standard, which they are not getting now.

I listened on radio this morning to the discussion on the merits, or on the pay scale of nurses and people generally in hospitals. And I heard one well-known commentator state that the nursing profession, or the hospital workers were about the worst treated people in Newfoundland. I say that he is right, but also they are the worst treated group of people in the world, essentially. I do not know what it is that attracts this low scale of pay or way they have to exist with it. It must be because of the fact of the Florence Nightingale attitude which they have adopted over the past hundred or two hundred years or so. But there is no question in anybody's mind that these people are underpaid to a great degree.

Now if there is going to be some repeal of this legislation, I feel that the faster it can come about - or else some other method that will insure fair treatment of these people be instituted and implemented with as little delay as possible.

MR. MURPHY: Mr. Chairman, there is just one word I would like to say. And I do not want to make a political football out of this hospital legislation,

or workers. But my mind goes back a few years, when this matter was brought in this House. And there was one small group that thought this very cruel legislation at the time.

AN HON. MEMBER: What small group was that?

MR. MURPHY: That was the small group of Conservatives that were sat here. And it rather grieves me now quite frankly to hear this used as political propaganda by people

MR. MURPHY: who were in favour of this thing two or three years ago voted for it. Now I do not want to make a political football out of it, but as I say, at this time we were the ones that stood against it, and we would like to urge and are quite happy to see this statement that some revision will be made in this thing. And any further discussion on it, we will not take part in it, but just pray that hospital workers will be given the same advantage, the same benefits that any other worker in this Province receives. And that is as far as I care to go with this.

MR. SMALLWOOD. Mr. Chairman, I would like to collaborate what the hon. gentleman has said, I do not remember the eloquence with which he argued then against the anti-hospital strike legislation. He was really very ardent in his argument. I remember looking across the floor at him and saying, the fact that they work in hospitals, does not effect his thinking, to which his answer was, "no". And then I pursued the matter by asking, "Do you think that this right to strike is a right that ought to be enjoyed by everyone?" And he said, "yes", he said, it ought to be enjoyed by everyone." And I ask, "if he thought, that policemen should have a right to strike?" He said, "yes, he thought they did, they ought to have that right." Then I asked him, "if he thought that in the Army, the boys should have a right to form a union and go on strike?" And he said, "yes, he did not see why they should not have the right to go on strike." I said, "would the same thing apply to the Navy." And he said, "yes, the Navy should have a right, men in the Navy should have a right to form a union, and go on strike." "What about the Air Force?" The same thing. But I gave up at that point. I still give up, the idea of forming unions in the nations' Armed Forces, form unions and do collective bargaining and go on strike, and setup picket lines. In the Army, Navy and Air Force and the Police Force strikes me as being just about the last word. I think whatever case there might be made for allowing a strike in a hospital, I do not see any case for allowing it in the forces a society creates to protect it. I would assume that when any citizen joins the Army voluntarily or involuntarily he forfeits all kinds of rights,

MR. MURPHY: Not the rights of a human being?

MR. SMALLWOOD: Not the rights of a human being, not the rights of a human being obviously. No, obviously not the rights of a human being, only some of the rights of human beings, some of the rights of citizenship a man gives up when he joins the Armed Forces of his nation. I did not pursue the question at that time, and asked did the hon. gentleman think that in time of war those rights ought to exist for soldiers, airmen and navy men to form unions and go on strike, if he would insist on their having it in time of war, when a nation's back was to the wall, I did not ask him, and I am sorry I did not. Because at that time he might have, I do not know what answer he would give.

MR. MURPHY: Well my answer would be that, as a patriot and in an emergency, he should not have any right to let down his rights, first of all, for defending his own country.

MR. SMALLWOOD: That is what the hon. gentleman says today, I wonder what he would said then?

MR. MURPHY: I would have said the same thing. I still maintain that every human being has the right, if he has got to strike to maintain his rights, he has a perfect right to do so, and it is injustice on the part of those who force these people to strike.

MR. SMALLWOOD: Well, of course, all life, as the hon. gentleman will recognize, all life is a case of posing rights against rights, weighting one right against another. I remember going to New York many years ago to see a play by John Galsworthy, the author of the play that is now being shown Sunday nights, The Forsyte Saga. I remember reading The Forsyte Saga and going to a famous play of John Galsworthy called "Loyalities", the play posed one loyalty against another. And there come times when a man must make a choice between his loyalty to his country, his loyalty, as he sees it, to God, his loyalty, as he sees it, to his deepest convictions in any matter. And so you get conscientious objectors, even in war, who say "no, no, I will not go and fight." You had the man who became Prime Minister of England, Ramsey MacDonald, who was a conscientious objector.

MR. ROBERTS: He was put in jail for it.

MR. SMALLWOOD: No,

MR. ROBERTS: Bertrum Russell went to jail.

MR. SMALLWOOD: Bertrum Russell went to jail, he was put in jail by his own cousin. Winston Churchill put Bertrum Russell, his cousin, in jail for being a conscientious objector. There come times when men must be willing to die, not to save their country, but to save their souls. There come times when a man stacks up his deepest convictions against his loyalty to his country and he decides that his loyalty to his deepest convictions must be paramount. Similarly life is full of that, choices, men making choices, full of it, full of it, it is not as simple as it sounds. Abraham Lincoln said one time, "the time that truth needs its staunchest defense is in war." If you think a war is unjust, the defense of your point of view is most urgently needed while that very war, that unjust war, that you think is unjust, is being fought. That is the time to defend your point of view, you see. You do not just abandoned your point of view, because there is a war on, if your point of view is that the war is unjust. This is why it is that, today in the United States, millions of deeply patriotic Americans people, deeply patriotic, you cannot call into question the patriotism the love of land, the native land, adopted land of tens of millions of American people, you cannot call that into question, because they are against the Viet Nam War. They are out campaigning actively against it, and you have others so deeply and profoundly convinced that rather than serve they leave their country.

SOME HON. MEMBER: Draft dodgers?

MR. SMALLWOOD: Draft dodgers, that is not cowardice, that is bravery, that is real bravery. That is really fighting up stream against all the sentiment that surrounds them throughout the entire nation. Some forfeited the love and affection even of their own families, to stand up for what they believe in. So this thing is not as simple as it sounds, and the right of the human being to go on strike, is a right. But, that right has to ^{be} posed against the right of a human being to live, if he is a patient in a hospital. If an ambulance arrives at a hospital, and there is a picket line that prevents that ambulance from going in with that sick patient, and that ambulance has to turn around and go back, and stops by the picket line, the pickets are exercising their right to picket the hospital. But what are they doing to the rights of that patient in that ambulance? It is some woman being rushed into a maternity hospital, and

MR. SMALLWOOD: she is sent back, the ambulance is turned back. Now there you have two rights, the right of a baby to be well born, the right of a mother to be well cared for. These are two pretty important rights. The right of pickets to prevent the hospital from operating, now which right ought to prevail?

Life is not quite as simply, you know. To say that everybody should have the right to strike, regardless of what may happen, is wrong. It is just wrong, it is just wrong. It is not true, Everybody ought not to have the right to exercise his own rights, if in so doing, he is damaging and hurting other people by preventing their getting medical attention. If you can have a strike against a hospital, why not a strike against every medical doctor? Suppose a strike were called against all the medical doctors in this Province, and picket lines were thrown around the home of every medical doctor, and nobody was allowed to get in to see that doctor, he was not allowed to go and practice his medicine, it might be argued that it is the right of people to conduct that strike, and to throw up that picket line or those picket lines, but it is not also the right of the ordinary person to get medical attention, now whether it is in a hospital or otherwise? It is not quite so simple.

Now on the other hand, that is a purely negative point of view. That is purely negative. The problem is still there of workers in a hospital, that problem, they are still there in that hospital. They still think they are not getting enough pay, or their conditions are not good enough, and they want to improve them. And the right of every man to improve his lot is a very important right, it is not the final right, but it is a pretty important right. And what do you do? Do you say well, he shall not be allowed to exercise that right, because, in so doing, he is going to hurt the rights of other people to get help, to save life, to prevent death. You know, that is why you say a strike against the sick and the dying, they have rights too.

MR. MURPHY: The point is being stretched in this particular instance, the point was being stretched where these poor domestics and everything else were almost accused of being the death of dying patients and everything else, and here they were the very low strata -

MR. SMALLWOOD: That is just in passing, the point was just made in passing that that is how it was described at the time, a strike against a hospital is a strike against the sick and the dying. It is perhaps a too colourful a way to describe it, although in fact that is what it is. Now it is not a strike against the employers, the owners of the hospital, it is a strike against the patients. You are not hurting the well directors of the hospital, the owners of it, the managers of it, you are not hurting them particularly, a strike against a hospital, is a strike against the patients who are in and who want to get in, it is a strike really against them. Technically it is not, technically it is a strike against the Government, if the Government owns the hospital, or the hospital board, or against a church, against whoever happens to own the hospital or manage it, technically it is a strike against them. Actually, it is a strike against the sick and the dying. All right. Now nevertheless the right to live is a pretty important right, so you have the two rights side by side. Now how do you handle it? You have to provide the employees with something, some means, some machinery, some formula, and this is what the Government have been struggling in their own minds and in our meetings in Cabinet, we have been struggling to try to find some formula that will be fair, and fair and not unfair. Not fair to the hospital workers and unfair to others. How do you allow one run of people to get fair play without doling out unfair play to someone else, you see? It is not easy is it?

MR. MURPHY: It is possible.

MR. SMALLWOOD: It is possible.

MR. MURPHY: Because you treat the hospital workers fairly, and with injustices to somebody else.

MR. SMALLWOOD: It is possible with good will, if you are acting in passion.

MR. MURPHY: Good will, charity and morality, this is my opinion, it is very simple to say, but these people have a moral right to live as anybody else.

MR. SMALLWOOD: Right. But, has anyone got sufficient right to a decent living, as to go so far as to kill somebody else?

MR. MURPHY: Ah, that is stretching it -

MR. SMALLWOOD: Look, look, now supposing in stretching it, in Quebec when the strike took place against the hospitals in Quebec, they closed the hospitals, they ran up picket lines, and these picket lines stopped the ambulances from going into the hospital.

MR. MURPHY: I say I could not agree with stopping an ambulance.

MR. SMALLWOOD: Well, they did. They stopped the ambulance and made them turn around and go back again. Now mind you, that was illegal picketing, lawful picketing would not have stopped, lawful picketing. Peaceful picketing means that you have enough people there, and only enough, to notify everybody that there is a strike on. The purpose of picketing is not to use physical violence, not to use physical force, not to assemble in such numbers as to intimidate anyone with threat of physical force or violence, The whole purpose of picketing, which is quite lawful, it is all set out in the Criminal Code, the purpose of picketing is merely to notify everybody concerned, whoever may be or become concerned, to notify all such people that there is indeed a strike on. Now when you have been notified, you can cross the picket line, you have a legal right to do that, either way in or out, you can cross the picket line, but you cannot cross the picket line, if they are there in unnecessary numbers, numbers unnecessary from the point of view of notifying everybody that there is a strike on, that is the only legal purpose of the picket line, to give notification. Therefore, you cannot assemble in such numbers that a man cannot go in or come out. They should be a certain distance apart each picket on the line, should be a sufficient distance apart to allow peaceful egress and ingress, or whatever it is, people passing in and out, including cars, including anyone to exercise your right as a citizen to go in or out of a hospital, or in or out of a factory, or in or out of a Government building, or in or out of anything, whatever right you have, you should not lose, because there is a strike on. The right of the public to go in and out should be maintained, should it not? Well, a picket line must not stop that. But what picket lines have degenerated into in many cases, is a mob, a mob, 200 or 500 people, and even larger picket lines than that. They are not allowed to shout and roar and bawl. They are not allowed to shake their fists.

MR. SMALLWOOD: They are not allowed to use violence or threaten to use it.

A picket line is legal only for one purpose to notify everybody concerned that there is in fact a strike on. Now when you know there is a strike on, and the union has that right to notify you by means of picket lines, when you know there is a strike on, you make your own choice, whether you will cross the line or not, it is legal to cross it. It might be immoral, but it is lawful to cross it, and the picket line is there to let you know, that there is a strike on, you see. And in Quebec what they did

MR. SMALLWOOD:

in fact was have unlawful picket lines which is always the risk, it is always the danger. When men are on strike, men or women, for a better life, that is what most men go on strike for, for a better life, for a better means of a decent life for themselves, their wives, their children. They are on strike, it is a tense moment, it is an emotional moment and it can become a hysterical moment and in that mood they are likely to go down in large numbers in the picket - "Boy, we will beat the bastards, we will bash their brains out, we will do this, we will do that, we will do the other" and in the hospital strike in the Province of Quebec they turned the ambulances back. Now to me if grave diggers went on strike, that is not very nice but it is not serious, others can go and dig the graves.

AN HON. MEMBER: If they were permitted.

MR. SMALLWOOD: If they are permitted. Well, they should be permitted, they ought to be permitted.

AN HON. MEMBER: (Inaudible).

MR. SMALLWOOD: The army went in and dug the graves. Well, look I cannot think of anything on this earth except army, navy, air force and police where a strike ought not to be allowed except in hospitals. But if you stop a strike in hospitals, which we did, this House did here and the hon. gentleman voted against it and argued eloquently against it, now we are going to ask the House to repeal it. Okay, but in repealing it whether we like it or not we have to find some way to prevent strikes. Even if you do not prohibit them you have to try to prevent them by having some administration, some system that will work, that will be practical, that will allow the employees in hospitals to improve their lives without going on strike, some kind of arbitration or some kind of collective bargaining system or other. This is what we are racking our brains about and I tell you, Mr. Chairman, that some of the brightest minds we have in the Cabinet, some of the brightest minds have been wrestling with this because they too, like me, like anyone do not want to see a strike in a hospital. That is the one place you should not have a strike and that is in a hospital, that is the one place on this earth.

MR. MURPHY: If you follow any arguments we made in the debate we felt the same

MR. MURPHY:

way but to force you or me to jump over a wharf it is suicide, you know.

MR. SMALLWOOD: But it is perhaps not quite enough just to prohibit the strike. You have to set up an alternative that will work and yet will prevent strikes from taking place. What we did was say, "There shall not be a strike", that was all. We passed that law, "There shall not be a strike" and if there is there will be these heavy penalties.

What we need to do now is to set up an alternative system and this is what we are trying to do. I am sorry I took up so much time, Mr. Chairman.

MR. ROBERTS: Mr. Chairman, just before - hopefully I will get my salary out of it. If I may have one word?

MR. MURPHY: Is the Bank Manager still after the hon. Minister?

MR. ROBERTS: Yes, my Bank Manager has a very deep interest in me and in Hogan's Pond, Sir. The estimates this year for the Department of Health have been revised. We think we will provide a more accurate picture by programing what we do. Accordingly if any hon. member, Mr. Chairman, in the Committee wants to refer sub-head to sub-head he will find last years estimates most confusing. I hoped to have copies but I was not able to, that little key which relates one to the other, and let me add also that the revised figures, I have actuals in most cases, are accurate in that they bring the sub-heads together. But sub-head 10(002) now was called 10(006) last year and so forth and so on. So if any hon. member wants to refer perhaps he will get the key from me and I will let him into the secrets.

MR. CHAIRMAN: Carried. Shall (01) carry? Carried. Shall (02)(01) carry? Carried. Shall (02) carry? Carried. Shall (03) carry? Carried. Shall 1002(01) carry? Shall (02)(01) carry? Carried. Shall (02) carry? Carried. Shall (03) carry?

MR. MURPHY: Computer services, is this the charge to the Department for the use of their computers or is this the -?

MR. ROBERTS: No, Sir, that is the amount allocated to us by Supply and Services or Finance. It does not include the Medica Care or the MCP charges. They are several hundred thousand and they are shown separately.

MR. CHAIRMAN: Shall the Item carry? Carried. Shall (09)(01) carry? Carried. Shall (02) carry? Carried. Shall (06) carry? Carried. Shall 1003(01) carry?

MR. MURPHY: Transport Services, on this one, Mr. Minister, would you mind just giving us a run-down on what this would cover here?

MR. ROBERTS: Mr. Chairman, this is the vote out of which we pay our senior management personnel. The top people in this, the chiefs of this division are Dr. Douglas Sheddan and Mr. Robin Burnell and each of them is among the most competent and capable public servants this Province has. Generally speaking these people are responsible for all of our detailed day to day relations with the hospitals other than those operated by Governments, which means that these people are responsible for the expenditures above \$40. million. There are also in the salaries three consultants: the housekeeping, nursing and hospital consultants. These are people who go around to the various hospitals and make suggestions for improvements. It is very knowledgeable and we hope to get more in the years to come.

MR. MURPHY: I see there is a decrease in the number of staff and there is 25,000 due to late recruiting. Would this 25,000, would that be some key personnel.

MR. ROBERTS: We have not been able to recruit all of the people we wanted and we are authorized to hire twenty-six people but we doubt if we will get all of them in the year. Now I am not sure but does that deal with the question?

MR. MURPHY: Yes, I was just wondering as there is a decrease in 1003, I am looking at, from twenty-nine down to twenty-six but then I was wondering as they say it was due to late recruiting, would it be key people or would it be just - ?

MR. ROBERTS: No, I think these are probably lower grade officers. There are about thirty people in the division and the chief ones, Robin Burnell and Dr. Sheddan, are recruited to be with us for years.

MR. MURPHY: Yes, but you say two or three people but why do we not have them there? There are plenty people looking for jobs, this I am wondering about if it is not a doctor or something and a vote is there and many hundreds of people looking for jobs why are they not filled?

MR. ROBERTS: Because they might not be the qualified special people we need. Generally speaking these are not all clerks these are consultants and what have you.

MR. CROSBIE: Mr. Chairman, on page (114) of the salaries, Planning - two commission chairman \$8,600. and a vice-chairman \$3,600. Is this in the Provincial Health Council, who are these?

MR. ROBERTS: Now what is the sub-head again?

MR. CROSBIE: It is page (114) under planning, just above hospital services.

MR. ROBERTS: Yes, these are Mr. Stephen French and Mr. Red Ainsworth of V.A. Ainsworth. Mr. French is chairman of the Provincial Council and Mr. Ainsworth is chairman of the St. John's Council and each of them is paid an allowance. In addition Mr. William T. Keeping is vice-chairman of the Provincial Council and he is paid an allowance and it is covered under the amounts that are shown here, it is covered under this vote. The director grade (3) is the secretary, a full-time public servant who, I forget the gentleman's name but he is secretary to the Provincial Council and also does other work for us. I should add that we hope to expand substantially the whole planning and research functions of the Department of Health. Hopefully next year when we come back to the House this vote will be a great deal larger or the requested vote will be a great deal larger than it is now.

MR. MURPHY: Have this group got a permanent office, Mr. Chairman, or do they just operate with the secretary, who is a full-time employee?

MR. ROBERTS: Yes, we keep their records in the Department and they have met in our Board room but we also provide support facilities, mimeographing or if things need to be mailed, this is just done under our general administration.

MR. MURPHY: Maybe periodically, say weekly or something like this.

MR. ROBERTS: Not weekly. The St. John's group tends to meet outside because they have access to board rooms and hospitals and so forth. The Provincial group have met here in the building on occasions when they have met.

MR. CHAIRMAN: Shall (01) carry? Carried. Shall (02)(01) carry? Carried. Shall (02)(02) carry? Carried. Shall 1004(01) carry?

MR. MURPHY: Mr. Chairman, on 04(01), I would like to ask this question of the Minister. Vital Statistic Returns.

MR. ROBERTS: The hon. gentleman is wondering what this is.

MR. MURPHY: Yes.

MR. ROBERTS: It is a completely antiquated system. We pay a clergyman ten cents for every name he records and that has gone on, I guess, since the year one. One of the things I hope to get at, it is not very high on the list, but I hope to get at it, is revamping the whole system of vital statistics and improving the registry. I guess when it was started perhaps the clergyman was the only person in many of our outharbour districts who would be a convenient point of contact but we have come a long way since then.

MR. MURPHY: Yes, that is the point I had in mind, Mr. Chairman. If I may, can we say that the vital statistics are truly accurate at this time with the system we are operating under? For example, sometimes you have the occasion when people write in to go to the Department to get a birth certificate and what not or so forth and you find perhaps he was born in 1896 or 1906 - old age pensions and they discover perhaps the church had burned down or the registry or something like this. I was just wondering how accurate today is this system?

MR. ROBERTS: I think since about 1940, for instance, the modern era, they are completely accurate. That was when registration, I do not know the precise time, it was about that time, became mandatory, births, deaths and marriages. I do not know if we recorded but births and deaths are the two vital ones. Before that I think it was often on a catch as catch can basis but now our vital statistic system is comparable to any Province. I think the only problems we run into are with older people. I gather the Federal Old Age Pension have a whole set of rules whereby you can prove how old you are. For example, if you have a sister who is two years older than you and a sister who is two years younger they will take your age.

MR. MURPHY: They put it on an affidavit, Sir.

MR. ROBERTS: Yes, they have worked it out over the years.

MR. MURPHY: Yes. I was just saying the problem actually where you come across so many instances where there is no record of -

MR. ROBERTS: That is just the older people, I think. Certainly the last thirty or forty years have been quite good.

MR. CHAIRMAN: Shall (04)(01) carry? Carried. Shall (02) carry? Carried.

Shall 1011(04)(01) carry?

MR. MURPHY: Is that Professional and Technical Education we are on, Mr. Chairman?

MR. ROBERTS: Yes, yes.

MR. MURPHY: I was just wondering, Mr. Chairman, if the Minister would inform the Committee with reference to the class in pharmacy. I know there was a change there some two or three years ago for the apprenticeship aspect but I think it is washed out now where the pharmacists or druggists of today must have some, I do not know how many years but I think it is something like three years university. I maybe wrong on this, and I think originally we had a small class at Memorial. But since that time, and I stand to be corrected on this, that this has gone out and there is quite some concern. As a matter of fact I think it was Mr. Curtis, I believe, of the Pharmaceutical Association here in St. John's held meetings, I believe, with the Minister, sometime during last year, on this particular aspect of pharmacy. Would the Minister kindly -?

MR. ROBERTS: Mr. Chairman, the most recent meeting, that was yesterday morning.

MR. MURPHY: Oh, good. I am right on the ball.

MR. ROBERTS: With Mr. Neil Curtis and Mr. Frank Janes and Mr. Thompson, I believe, of the Pharmacy Association. We have a very serious problem. We have not had a pharmacist graduate or be called, not called to the bar, maybe called to the Mortar and Pestle, this is now the third year. The difficulty is that the association had negotiated with university to replace the apprenticeship articulated system under which all or most, I am sure almost all of the pharmacy system in this Province is qualified with a professional course leading to a degree in Bachelor of Pharmacy. I think they started a couple of years here and then intended to go to Dalhousie which has a faculty of pharmacy. The University cut that out but whether they were right or wrong is beside the point, as they did cut it out. The University said that it was an austerity measure and one of the gentlemen in yesterday's meeting said to me, "The two things that were cut out were reduced maintenance and the pharmacy school."

Yesterday we went through it again and it was one of the series of meetings. I think the Pharmacy Association will now be approaching the University to get a firm commitment from them, one way or the other, a yes or no. Of

MR. ROBERTS:

course, we have no role anymore, Mr. Chairman, because now we pay \$2,000. a head at the University for everybody except medical students and we no longer would even consider a grant with strings on it. Give the University \$2,000., they decide, unless they want it developed, you know -

If that does not work, we have also been proceeding, my specialists have been talking with the officials of the Department of Education, with a view to having a course set up at the College of Trades and Technology, a three year diploma course, which would not be as ideal as having a Bachelor of Pharmacy but it would certainly give Newfoundland people well qualified to operate retail drug stores and dispense prescriptions and what have you.

So that is where it stands. It will certainly not solve it but we are still at it.

MR MURPHY: Thank you, Mr. Chairman. I was just wondering what qualifications would a professor or a teacher in this have to have to teach apprentices? Could a graduate pharmacist, as such, say the whole Pharmaceutical Association decided that they would take perhaps a night a week, would they be qualified and recognized to do this for apprentices? It does not require a medical doctor, I presume. I am just wondering just what type of instructor it would take?

MR. ROBERTS: I cannot answer that in detail, Sir, because it would be up to the University but I would think the basic requirements would probably be a bachelor's degree in pharmacy and maybe some graduate work for some courses perhaps such as pharmacology, the relation of drugs to a person, to a human, and a doctor might be needed. In the past the system was, I think, two nights a week pharmacists-to-be went to school and, I believe, they were taught by, among others, pharmacists in practice in this Province.

MR. MURPHY: Jack Harris used to do a fair amount of it.

MR. ROBERTS: Yes, I think he did most of the work but it was quite a good system and it worked. Maybe now we are coming to a stage where - it is only this past two or three years that the lawyers came to the magical fifty per-cent mark with law degrees - and of our four judges now, Sir, I think, only one has a degree in law, the other three articulated and were then called to the Bar and practised from there.

MR CROSBIE: Mr. Chairman, this is the vote for Memorial University School of Medicine, \$1.25 million. The Minister can confirm, I am sure, it is right, there is no contribution from the Government of Canada for the operating cost of the Medical School, so the whole \$1.25 million has to be found by the tax payers of this Province or by the Government of the Province. Is there any suggestion at all from Ottawa or is there any hope for any possible agreement from the Government of Canada that it is going to share in the operating expenses of medical schools?

Now the Minister, I know, can say that some of the professors will receive fees through Medicare, which reduces their salaries and various things like that but there is not now, I am pretty sure, any agreement between Ottawa and the Provinces that they are going to share in the actual operating cost of medical schools. Is the Minister negotiating with a view to having Ottawa accept some responsibility? You see Ottawa gets the Provinces in trouble time after time, Mr. Chairman, by agreeing to make grants to the capital cost of facilities in Provinces. With the medical schools and teaching facilities they are putting up this Health Resources fund where the Province has to find the major share of the money even for the capital cost and we are going to be left with the operating cost and pay the whole operating cost ourselves which in my view is not a burden that the less well off Provinces can carry. The tax payers of the Province of Newfoundland should not be expected to meet the total operating cost of a medical school that is going to produce doctors half of whom at least, at least half of them will never practice in Newfoundland, half the doctors, the minimum, that go through the Memorial University School of Medicine will not stay to practice in Newfoundland, in fact we will be lucky if we get half of them to stay, there is about fifty a year that will graduate.

So the Medical School operates in the national interest and even international interest, there will be students there from outside of Canada, not just even from Canada, and why should the tax payers of this Province have to find, under the present arrangement, well over half the capital cost, unless no University Hospital goes ahead, and all the operating cost of the Medical School? It does not make sense. If these are worthwhile projects in the national interest then the Government of Canada should at least share in their operating cost. Now this year there is \$1.25^{million} that the tax payers of this Province can ill-afford to be spent to operate the Medical School. Last year -

Mr. Crosbie.

The revised estimates show \$850,000. There are other costs that are not shown under this heading, because you had to attract staff to the medical school - people who were advanced in heart surgery or whatever, this involves getting expensive equipment for the General or for somewhere else. So, there are many other costs in connection with medical schools, not shown by that vote, which the Province has to bear because we have a medical school, and we have to attract, to the staff of that school, doctors who have to have expensive equipment, etc. and so on in their specialty. So, could the minister tell us whether any representations are being made to the Government of Canada in connection with the operating costs of this medical school?

MR. ROBERTS: Mr. Chairman, when next I go to Ottawa to see the hon. Mr. Monroe, I must bring the member for St. John's West with me as an assistant..

MR. CROSBIE: I would be delighted.

MR. ROBERTS: Assistant to the Leader of the Opposition or the leader of the other opposition, he could surely come as an assistant to me. There is a lot of merit in what the hon. gentleman says and so why get into an argument with him. The cost of the medical school is one which is borne by the people of this Province with the Ottawa Government contributing only on the education side of it - the vote which was carried in the Department of Education's head - Head VI. That is true, also, of any other educational effort. The ministers of health in various provinces have made representations, so far on a relatively informal level, to Ottawa to give us some money to help us with the cost of medical schools. Ottawa comes back and says that through a process known as "geographic appointments" they are helping. You can get an argument on that point. I do not think we should be carried away by the other outside costs. They really are relatively small, Mr. Chairman, and Newfoundland gets full value for them. The hon. gentleman mentioned

Mr. Roberts;

cardiac treatments at the General. That is true. We have put some equipment in there. We put some in Corner Brook also. We put some in the General. That, to me, is an advantage and that is the type of reason that leads me to conclude that the biggest benefit from the medical school is not the numbers of doctors that it will turn out - we could probably buy them cheaper elsewhere. The biggest improvement is what it does for the quality of medicine and health services in this Province. I think, Mr. Chairman, we are seeing that already. I think we are seeing significant improvements in a number of hospitals. The hospitals, themselves, gladly, freely and willingly admit this, and they are working very closely.

Just very recently, i.e., one of the major services in one of our major non-Government hospitals is the chief of that service or the deputy chairman of a division at the University's Medical School was made chief of it. The hospitals are integrating. They are taking advantage. We have managed to attract some men to this medical school. We do not recruit them. We just pay the shots. They really are outstanding in their field, sir, and I think this is a very great benefit.

To come back to what the hon. gentleman said, the \$1.2 millions which is up from \$850,000 actual last year - that comes out of the pockets of taxpayers of this Province. It certainly is one of the things that we are after Ottawa about, one of the number of areas, is to share in the cost both of this and when there is a University hospital, to pick up a larger share of the cost of the University hospital.

So far Ottawa has been managing to resist our entreaties, Mr. Chairman, but we will just keep on. I guess like the Chinese water torture, we will eventually win.

MR. CHAIRMAN: Carried. Shall 02 carry?

MR. ROBERTS: There is no 02, Mr. Chairman.

MR. CHAIRMAN: Shall 03 carry?

MR. CROSBIE: 03, Mr. Chairman. These are the - this is the scheme where dental and medical students can be assisted by the Government in going through dental or medical schools. Now that assistance applies if they go to Memorial University School of Medicine, presumably.

MR. ROBERTS: Yes it does, Mr. Chairman. On a slightly lesser amount, I think, we give \$2,500 for outside the Province and \$1,250 for Memorial.

MR. CROSBIE: Is the agreement still that the student who is assisted through medical or dental school must agree to practise in Newfoundland - in an area where the Department of Health wants them to practise for three years or something like that after he graduates. Is that still..?

MR. ROBERTS: No, that is not quite it, Mr. Chairman. We require a year of service in the Province for each year in which the student is assisted. If he is assisted for four years, he owes Newfoundland four years service. One half that time - one half the time, Mr. Chairman, is spent at the discretion of the Minister of Health which by and large is district medical practises. Sometimes we allow students under indenture to us to take residencies in their second year. We have ended the premedical program this year. We no longer ~~are~~ accepting any students for aid under premedical. In their premedical and pre dental years the student aid program is generally, in our view, adequate for that.

It might interest the committee to know that we know have 114 students under indenture. I think seventeen plus two - nineteen graduated this year. As far as I know fourteen of them will be going in practice around the Province. The other five are of a different opinion. It is year for year with half the time being at the minister's discretion and that means cottage hospital or district medical practice as a rule.

MR. CROSBIE: Was there ever a case tried up on the Mainland. I remember there was one..?

MR. ROBERTS: Yes the case which the hon. gentleman initiated as minister did not come to trial. It went through the discovery process

Mr. Roberts,

and we have now settled out of court on the advice of our counsel. We have got fifty per cent of our claim - a little over \$3,000 . It was an unusual case. It is the Attorney General of Newfoundland versus J. Christ. - a very unusual thing, when one comes across it in a document, sir.

MR. WORNELL: Mr. Chairman, before we get out of this head, I wonder would the hon. Minister of Health tell the House how many dental students will be coming out fully qualified this year..

MR. ROBERTS: Next year.

MR. WORNELL: No, this year and where they may be stationed, because a dentist is badly needed in Bay d'Espoir - in Hermitage District as a whole.

MR. ROBERTS: Mr. Chairman, dentists are desperately needed everywhere in Newfoundland. We have, only, I think forty-nine dentists in the whole Province. I happen to have a figure here somewhere, if I can find it. I do not know where it is. We have only two graduating this year, sir, and we do not have the right to say where they go, because they do not work for us full time. They owe us a certain number of years in the Province, and they work under the Children's Dental Health Plan. We pay them, I think, \$6,000 a year. A vote will subsequently be for that. But since the Government, at this stage, do not provide dental services to people, we do not hire them. So, they go where they want provided it is outside the St. John's, Corner Brook area. One of the gentlemen, Dr. O'Brien, I think his name has chosen to go to Placentia. Another gentleman, Dr. Camp, who was badly injured in an automobile accident is now well on the road to recovery. I believe he has elected to go to Port aux Basques. This leaves Deer Lake, Bonavista, St. Barbe Coast, the Bay d'Espoir- Hermitage area, the Grand Bank area. We are desperately short. We only have in the Province now, fifty-nine dentists, Sir. We have had one death during the year. Dr. Ray Downton died, but Dr. O'Brien has come in. We have a net gain of "zero"

Mr. Roberts.

this year. When Dr. Camp comes into practice in a few months, we will have sixty. We could use about 200 dentists in Newfoundland. It is one of the great weaknesses. We do not have enough and people will not use them. People in Newfoundland will only go to a dentist by and large to have a tooth pulled or to have a toothache fixed. They will not go. They will not send their children for regular care and that, of course, is the real pay-off in dental.

MR. MURPHY: Did you ever try.

MR. ROBERTS: Well, Mr. Chairman...

MR. MURPHY: Did you ever try to get an appointment.

MR. ROBERTS: Well, Mr. Chairman, I guess my own experiences are not comparable because I grew up in a medical family, and you know, we always..

MR. MURPHY: It is not next week or next month now.

MR. ROBERTS: It may help the hon. gentleman to know that recently I had to see a specialist in Toronto - not a dentist - this was in April - booking up to the end of August. So, it is not unique to Newfoundland.

MR. WORNELL: Mr. Chairman, before the hon. minister gets off that subject again, I thank him for the answers. Would he indicate to the House what the position might be for next year?

MR. ROBERTS: I cannot answer that specifically sir. There are eleven students now in the - under our dental indenture program. I would guess that we will ^{have} two, three or four of them next year. Not a great number because there is no immediate prospect of any real breakthrough. Dentistry, Mr. Chairman, does not seem to be as attractive to people inclined in the medical world as medicine. I do not know why. May be the money is less ^{does} or may be the work is different. It just not seem to be as attractive. We have no limit, really, on the number of students that we can take in- to this program. If there is any young Newfoundlander who wants to go to dental school, we will gladly give him \$2,500 to help him on his way through.

MR. COLLINS: Mr. Chairman, there are at least three municipalities in Newfoundland and Labrador who have introduced fluorides in their drinking

Mr. Collins.

water system. I remember asking a question last year of the minister whether or not the Government did have a policy with regard to fluoridating. I am not sure of the answer at that time, but would the minister indicate to the committee, if there has been a policy formulated by the department? What are the views of the department as to the merits or otherwise of fluoridation of water supplies?

MR. ROBERTS: Mr. Chairman, there is no stated policy. We are working on a policy which may, perhaps, induce municipalities to fluoridate their water and we might help them with the fluoridation equipment. Fluoridation is a funny thing. I gather..

MR. COLLINS: Fluoridation equipment - that is not ...

MR. ROBERTS: The utmost - we might be willing to help. The fact that it is negligible, just makes it that much easier to find the money.

Fluoridation is a funny thing, sir, the vast preponderance of medical, dental and scientific evidence is solidly in favour, as far as I can find out of the fluoridation, you know, fluoridating water. It is one in which people become, whether rightly or not, unreasonably emotionally. You get ordinarily sensible and logical people thinking fluoridation is rat poison or that it softens your brain. It is just literally incredible.

MR. CROSBIE: There is no evidence in that in the member for Gander.

MR. ROBERTS: No, none at all. The hon. member from Gander has probably evidence the contrary. Gander has had fluoridation for a number of years and the member from Gander, I think, is truth positive it does not soften one's brain or does not turn one's hair. I am sorry.

MR. COLLINS: Hair was grey before.

MR. MURPHY: Ask to open his mouth and show his gums.

MR. ROBERTS: Yes. But, Mr. Chairman, it is one of the most unique in the whole Public Health field. Nobody gets upset over the fact that we

Mr. Roberts.

immunize children against, you know, either the quad shots or the triple shots. As a matter of fact, the problem is that we do not do enough. But on fluoridation everybody gets uptight and you get screams in the letters - the letters to the editor of the newspapers and so on and so forth. But I am told, and I have done a little research on it, there is absolutely no doubt, on the preponderance of evidence, that fluoridation is an awfully good thing from dental health. Despite that, you know, there will doubtless be six letters to the editor in the next week in the newspapers in St. John's saying that I am encouraging rat poison to be distributed to our children.

MR. MURPHY: Mr. Chairman, there is just one thought, and I know that this has been thought about by the department with reference to dental care, particularly, you know, there is such a scarcity and I realize that every doctor available, no matter where he is, is under a terrific strain in trying to keep up. But, I am just thinking of travelling clinics, you know, perhaps if an arrangement were worked out where they might visit, perhaps the Bay d'Espoir area and if you are going to have a toothache, look you will have it next week, because they are going to be there, you know. But basically, just on this - with teams of doctors - I am just wondering, and as I say, I do not think it is my idea. It possibly has been talked about, but where you get certain specialists, perhaps, that would do a circuit, perhaps, the doctors on the West coast would do, perhaps, in the St. Barbe area. We would do the Southern Shore, Cape Shore so on and so forth. I am just wondering, and you know, when we realize - like the hon. member for Bay d'Espoir area, what he has to contend with that we are not aware of it at all. We complain, because we cannot get in to see a doctor for two or three weeks. But these people down there, possibly, might have to come to St. John's or Grand Falls. I do not know. I am just wondering about this travelling clinic idea for this type of thing.

MR. ROBERTS. Mr. Chairman, we can either go into now, I think there ^{this} are a number of points or there is a vote for dental services. Let us go into ^{it} then, Mr. Chairman, because I think there are one or two other problems in the dental field; particularly, geographic lines and if you live in them, you get the children's health program and if you live out of them, tough break. Let me just say that the hon. gentleman's suggestion is not a new idea. He did not claim it, as such, of course. I think the member for St. Barbe South was about to stand up and say the same thing. We have had talks about it. It is an idea that we have looked at - are looking at. The basic problem now is the fact that there are no dentists. The idea of travelling specialists - the IGA are the people that have taken this to the highest level in Newfoundland. The hon. gentleman's constituents and mine get far better specialist services than anywhere else outside Corner Brook, St. John's, Grand Falls. It is far more affective.

It does not work for emergencies. You cannot schedule a toothache.

MR. MURPHY: No, no, no.

MR. ROBERTS: But ophthalmologists, a pediatrician and so forth travel on the IGA circuit and, you know, it is far better than anything else we have been able to work out. On the dental one, perhaps, we should save it all and go into it on the dental services vote.

MR. CROSBIE: We will get our teeth into ^{it} later.

MR. CHAIRMAN: Carried. Shall 05 carry? Carried. Shall 09-05 carry? Carried. Shall 1012-01 carry? Carried. Shall 02-01 carry? Carried. Shall 02-02 carry? Carried. Shall 02-03 carry? Carried.

MR. CROSBIE: 03, Mr. Chairman, we were told during the session that there had been, I think, thirty-nine or forty homes bought from Atlantic Design Homes of Stephenville - forty-nine altogether, I believe, at a cost of \$848,000 - \$20,877 per home erected, I presume it was. Some of these were for the Department of Health for the use of doctors, as doctors' residences - would the minister tell us how many of these were for the Department of Health and where they have been erected or where they are going to be erected

Mr. Crosbie.

and what he expects the total cost for a home to be?

MR. ROBERTS: Mr. Chairman, I do not have the detailed information, but I will get it and have it for when the committee meets this afternoon. I think it is about fifteen for the Department of Health. The reason this vote is here is that we are only renting them from the Newfoundland and Labrador Housing Corporation. The Government decided that all the housing is through them. The committee will notice down below that there is a rental recovery which is considerably less. In other words, we are subsidizing the doctors involved to that extent. That is another question we are looking at in the Government what if any should be the level of subsidy - not just for doctors but for welfare officers, magistrates, people who are required by their duties to live in outside areas.

MR. MURPHY: Isolation.

MR. ROBERTS: Well in isolation or whether only on a short-term basis. Come-by-Chance is not isolated, yet, we have three or four houses at the cottage hospital there. Without them, you do not get medical staff. If the hon. gentleman could write, you know, precisely what he wants, I will undertake to have my official get it for him.

MR. CROSBIE: Well, I have not got the time. How many of those Atlantic Design Homes are going to be for doctors and where is the location and are there any now erected that doctors are living in? If so, how did they find these homes compared to a house that would be constructed?

MR. ROBERTS: And the cost?

MR. CROSBIE: Yes. I think the cost is \$20,000 odd.

MR. ROBERTS: Okay, in other words, the hon. gentleman, has the cost figures. The one in Burin is over \$50,000 and that is not an Atlantic Design Home.

MR. CROSBIE: I mean, usually, to build a house for a doctor - one these places, it turns out to be \$35,000 or \$40,000.

MR. ROBERTS: The one in Burin, I think, has gone over \$50,000.

MR. CROSBIE: Well that would be a special one. If there is a doctor living in one of these that has experience, I am interested to know how he finds it?

MR. ROBERTS: Well I will see what I can find out, Mr. Chairman, and get ..

MR. WORNELL: Would the hon. minister advise what the situation is with regards to the doctor's residence at St. Alban's. The last word I had was that a medical committee was appointed by the residents of St. Alban's and that committee raised money from time to time to provide furnishings for the doctor's residence, repaired the residence now and then, when required. Of course, the doctor's residence must be kept in good repair and that to me, Sir, seems to me to be quite an imposition on the residents of a place like St. Alban's where there is so much unemployment. I think that it is terrible to see an appropriation here for rental - doctors' residences \$15,000. What is wrong with the doctors? Can they not afford to pay rent. I have to pay rent, and I think everybody else has to pay rent. Surely, the Government is getting a little bit to - what shall I say - generous in this respect. Anyway that is beside the point. The answer I want, Mr. Chairman, is : what is happening to the doctor's residence at St. Alban's?

MR. ROBERTS: Mr. Chairman, on the question of rents. First, let me say with all deference to the hon. member that if he had a skill as valuable and there was a short supply of doctors, perhaps, the Government would be willing to subsidize his rent.

I am not happy about subsidizing the rents.

MR. WORNELL: They are getting a lot of money now. Oh, no, I am not going to accept that.

MR. ROBERTS: I will answer his question in a minute. But we pay doctors, as a start, \$20,000 a year. We still have to subsidize them to get them. The proof of that is in the fact that we still cannot get enough, Mr. Chairman. We are still desperately short of doctors. We, also, subsidize magistrates. Magistrates pay \$25 a month, and there is a case where we are subsidizing a magistrate about \$300 a month. Now on the specific question of St. Alban's, I have heard nothing in the past couple of weeks. The hon. gentleman

MR. ROBERTS.

and I discussed it recently. The last I heard, and I am speaking from memory is that there was a dispute in title and that the moment that ~~that~~ can be resolved, we will take over the house and we will look after it. The people in that part of Bay d'Espoir have gone out of their way and have been generous to a fault in looking after this. You know, I acknowledge it, and we will do something about it as the hon. gentleman knows. But it is perfectly in order to bring it out. It is a good thing to bring it out. Let it be said. But on the question of rentals, I am not happy about subsidizing rentals, but we have got to do it. We are going to go on doing it and if that is the only way we can get doctors, Mr. Chairman, we will go on and we will increase the subsidy. We have to have the doctors. They are in short supply. We are half the national average in this Province. They all want to be in Grand Falls, St. John's or Corner Brook; mainly, ^{If} for other reasons than medical. We have to pay them more money, we will do it and do it gladly and if rentals are a part of it or study leave or vacations with pay or relief officers, we do that too. Without it, there are no medical services.

MR. CHAIRMAN: Shall 1012-03 carry? Carried. Shall 08-03 carry? I am sorry. Shall 09-03 carry? Carried. Shall 04 carry?

MR. ROBERTS: Mr. Chairman, you might be interested to know that on that point that for a total salary expenditure of \$666,000 estimates, we will recover from medicare \$780,000. That is because medicare pays us a salary plus an allowance for overheading including rental and office accommodations. Now all these appropriations-in-aid are gathered together at a later point. Medicare is not entirely from Ottawa. A large chunk of it comes from us, but we do get - these doctors do qualify under medicare.

MR. MURPHY: It is now 1 p.m. so I thought, perhaps, we might - doctors concerned about medicare - it is late now. It is 1 p.m. and perhaps this afternoon we might or there might....

MR. CHAIRMAN: I do now leave the Chair until 3 p.m.



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SPEAKER: THE HONOURABLE GEORGE W. CLARKE

The House resumed at 3:00 P.M.

MR. A. J. MURPHY (Leader of the Opposition): Appearing in today's Telegram, is a comment, reported by the Evening Telegram, as I say, a comment made by Dr. Shapter, at the Medical Convention, that some doctors are perhaps abusing Medicare, as such, and I feel sure that the hon. minister would like to make a statement at this time, on this matter.

MR. ROBERTS: Well Mr. Chairman, again may I thank my hon. friend for notice of it. When I leave here at 6 o'clock, I have to go to Paddy's Pond to get an aircraft to go to Rushy Pond in Grand Falls to attend the Medical Convention where I am to speak tomorrow. And in my spontaneous remarks for tomorrow, there will be a section dealing, in some considerable detail, with the problem that apparently Dr. Shapter and Dr. James Wickwire, and one or two others raised in Grand Falls today. So unless the Committee - I shall not go into it in detail. Basically, there are a number of doctors, whose patterns of practice are significantly different than the average patterns of practice, both by geographical area and by speciality area. The Newfoundland Medical Association, which represents most of the doctors in this Province, not all, but close enough - eighty-five or ninety percent - has set up a Committee and our Medicare Commission are working with that Committee. Each of these doctors has been written to and asked if he will supply information as to why his pattern of practice is different. There may be a good reason. And the Telegram report says there are, in a number of cases, good reasons have been discovered. But basically that is what that is about. There is nothing terribly serious. It is not a question of impropriety. It is a question of the computer spews out a profile of practice. The average doctor does so many office visits a day, and the average doctor does so many consultations a day. And then some doctors differ significantly - the number is rather limited. If there are 420 doctors in this Province, the number is less than five percent, whose patterns of practice are significantly different. We are working with the doctors themselves to try to find out why, and if there are inequities or

anything improper or wrong, they will be eliminated -

MR. MURPHY: One particular thing, prescribing by telephone.

MR. ROBERTS: Well there are a number of areas in the fee schedule that need some attention, and I am not going to scoop, but I will say tomorrow that this again a point on which I will touch.

MR. CROSBIE: This is District Medical Care is it not? The Appropriations-in-Aid show that Medical Care Plan is paying \$780,000 towards District Medical Care. And the Salaries under this District Medical Care are only \$666,000. So what accounts for that?

MR. ROBERTS: Mr. Chairman, under the Medicare regulations, we are entitled to charge and we do charge one hundred percent in respect of the portions that of the time of the District Medical Officers, is spent on insured services, plus a figure of thirty percent for Overhead. And that is why we actually get more back than we are paying in salaries. We do not get more back than we pay in all Mr. Chairman. That is the explanation - there is a thirty percent overhead factor, doctors on fee for services, of course, get that built into the fee schedule.

MR. CROSBIE: Well this is what is considered to be a fair charge. If these were doctors in practice, they would get a fee schedule, which covers their office expenditures of course.

MR. ROBERTS: Yes, that is so, Sir.

Carried.

MR. MURPHY: Special Programs Mr. Chairman - I wonder if the minister would give us just a brief outline under this heading Special Programs.

MR. ROBERTS: Well Mr. Chairman, that is a sub-head that is used to describe the programs under which we mainly - the main vote here of the Committee are the drugs, for drugs and other supplies and appliances for people who qualify for assistance under the Canada Assistance Plan - our own Social Assistance Program. The amounts, administered by the Department of Public Welfare, but of course they are charged against the Health votes.

MR. MURPHY: I thought that was 1021 Drugs and Other Medical Supplies for

indigents.

MR. ROBERTS: 1021 Mr. Chairman, is a collection from a number of sub-heads. This is the main one, but there are a number of Items - 1021 is a Program Sub-head gathered together to show the true amounts we will recover from Ottawa under Canada Assistance Plan.

MR. CROSBIE: On the Drugs, Supplies and Appliances - These are paid for by the Department of Welfare, for people on Welfare assistance. Is there any attempt being made to lessen drug costs by using generic drugs - or does the department already use generic drugs? Or is there anything in particular being done in that connection at the moment?

MR. ROBERTS: Yes Sir, there is Mr. Chairman. We, to a very large extent now, buy drugs generically, where possible. In addition, my colleague, the Minister of Supply and Services, is working to improve purchasing procedures with the hospitals concerned. And in addition, we are deep in meetings or consultations with the Newfoundland Pharmaceutical Association. We are looking in particular to plans similar to the ones they have in Ontario, which seems to be the most hopeful way to control. I would just add that the costs under this sub-head have gone completely haywire. Five years ago, we were running about \$360,000 to \$400,000. The actual for last year was \$1.6 million. We have just really gone, not crazy, but the cost has skyrocketed - my colleague the Minister of Public Welfare and I are putting our heads together. We think we have found some way to control it and that is why the request next year, is for considerably less. We really think we can live within this.

MR. MURPHY: Mr. Chairman, does this include drugs at Central Pharmacy too? Or is special for that?

MR. ROBERTS: Mr. Chairman, it does not include the cost of operating the Central Pharmacy which is shown below. It does include where a drug is supplied to a person on assistance. Central Pharmacy are paid for it, and it is this money that is used to pay them for it.

MR. MURPHY: What I was thinking of actually, is the actual stocking or inventory of drugs at Central Pharmacy. Now while I am on this - it may be

covered somewhere else, if so I will wait. But I had the impression a few years back that Central Pharmacy was operating under a sense of false economy, if you like - were buying terrific amounts of drugs and getting a very fine price on them. But in conversation with a lot of the pharmacists, they say with the appearance of so many new drugs today on the market - and they buy - possibly - I am referring to perhaps the druggists around town who buy from MacDonald's or McMurdo's, or whatever the case may be. That once they open these, say there are one hundred capsules in a tube - and there are forty or fifty used - that these are inclined - perhaps the doctors today say with so many children, would go to some other drug. And these are returnable. And I am just wondering from the druggist's point of view - we know we all criticize the price of drugs. But has the department ever made an investigation into ^{this} _{be} and figure out just how many drugs - what quantity had to _{be} more or less dumped as obsolete - and I began to talk about the Central Pharmacy, where I was told, and never verified, at one time that there were thousands upon thousands of dollars worth of drugs just flushed down the drain at the end of any given year. Would this be a true statement of fact, or absolutely distorted? I was just wondering.

MR. ROBERTS: Well Mr. Chairman, there is a subhead - 1064, but just to answer the hon. gentleman's question - I have never heard this, and furthermore, under Government procedure through the Revenue and Audit Act, any write-off of any amount is required to be approved by Treasury Board, and in my two years on the Treasury Board, I never heard of it. You know there is a certain element of planned obsolescence in the drug field, but I do not think it is a major problem. The drugs that we purchase are mainly used in our own hospitals, because of course we operate directly about a third of the ^{our} hospital beds in the Province. A very minor part of _{our} operation, relatively speaking, is supplying drugs for people - so-called indigents, that is mainly we get into supplying drugs for people who are on long treatments for diabetes, or long treatments for some of the tranquillizer drugs and so forth. I will check Mr. Chairman, but I have never heard of it. If it is true it will be

stopped, but I must say I have never heard of it, and so I can rather discount it.

MR. MURPHY: Another question on that with regard to drugs that are in constant uses, like diabetes and so forth. There was a case I believe, last year or the year before on the West Coast, where a person was taking a certain drug - but she was being supplied, perhaps a five or six months - still Is that prevalent? - and I understand that this older lady had access to the - you know an overdose. Just what is the actual prescription when it is sent out? Now there is no doctor in this particular area. But you know he has been treating her and prescribed this drug. What quantities can people receive at one time - six months, twelve months, eight months supply?

MR. ROBERTS: Mr. Chairman, that depends upon the drug, but by and large we look to a one month supply or less and this is one of the Items that my colleague and I are going into. We have run into cases for argument sake where people with prescriptions for psychiatric drugs, tranquilizers and barbituates or something along those lines, have gone to three or four separate drug stores and gotten and then sold them or resold them. But we now have an administrative device which we think will eliminate that. It is a very simple one. We are going to provide, on the back of the welfare card (you still need a card, do you not?) a place where the druggist can list the prescriptions, so we will know. So we think we have caught that one administratively. By and large we look to a one month supply, depending on the type of drug. If one is taken every week, we might send a six months supply. But I have heard of very few problems on that. If there is one in particular, the hon. gentleman knows about, if he will let me know I will check it out.

MR. CROSBIE: I am just wondering why a professional consultation used to be - the Department of Health or Welfare paid doctors who operated on welfare patients and so on, which now comes under Medicare. Why would there still be \$55,000 needed?

MR. ROBERTS: Mr. Chairman, there are some services that are not insured

services within M.C.P. that we are liable to provide the people. This includes such things as professional consultations, medical assessment on account of our own staff when we hired them, or what have you. But that is why the vote is so much more than last year. The actual was \$777,280 as of the end of April. That was collecting past bills - some of these bills were five and six years old, but we have now stopped. We have cut off any bills we do not have by a certain date last December we would not pay. \$55,000 was just in house and things not covered by NCP insurance, third party. While I am at it, I am told that loss in turn over in obsolescent in Central Supply is less than one per cent of the turnover, which is really very minimal.

08-03; carried:

MR ROBERTS:

Mr. Chairman, we do not have to vote those.

MR CROSBIE: They are Appropriations-in Aid.

MR HICKEY: MR. Chairman, may I revert to 08-03.

MR CHAIRMAN: Is it the wish of the Committee we revert to 08-03?

MR ROBERTS: There is no 08-03.

MR HICKEY: 04-01, I am sorry.

MR ROBERTS: Go ahead, sure.

MR HICKEY: Just a question I have, Mr. Chairman. I raised it each year when going through the estimates. I wonder, MR.Chairman, are there any complaints with regards to the drugs that are dispensed from Central Pharmacy to welfare recipients, in as much as they are on a certain medication and the supply is automatic from Central Pharmacy and when the doctor changes that medication or when the person is cured and is no longer on medication, there have been cases where the supply continues to go out, and there is a danger expressed by some doctors that there have been supplies of drugs possibly endangering the health of the patient.

MR. ROBERTS: Mr. Chairman, the hon. gentleman was absent from the Committee

a few minutes ago when the hon. member for St. John's Center asked what I think is the same question, and I dealt with it then.

Carried.

MR. CROSBIE: There are various programs under this which the Federal Government pays for like research and training -

MR. ROBERTS: Well the list of them present is; professional training mental health, tuberculosis control, general public welfare, cancer control, child and maternal care, medical rehabilitation and public health research. About forty full-time employees presently paid under this head. Most of them at the Hospital for Mental and Nervous Diseases. The Committee will notice that the amount we have been receiving from Ottawa is decreasing quite rapidly. Ottawa is phasing out this program with the result that we are having to absorb the programs elsewhere. It is another case where Ottawa brought us in the programs and now they are pulling out, and we are left to pick up the tab.

MR. CROSBIE: I would like to say a word on Newfoundland Medical Commission before it carries, Mr. Chairman. I think it has been one of the great successes of the present administration, particularly in its early stages - well even since. Well I am saying it is one of the successes. Well whoever's victory it is, anyway it has been a success - and I do not think there would be any provinces, Mr. Chairman, where the Medicare has been instituted with less trouble and with more inefficiency than has been the case in Newfoundland. And while there are a few things to be straightened out, such as the matters that were raised by Dr. Shapter, and others today. As long as the program is properly administered, these things will be straightened out eventually. And the minister is going to have a few things to say tomorrow about the situation, presumably about the fee schedule, because the next great advance in Medicare has to be a revision of the basis upon which doctors are paid - or a revision of the Medical Association Fee schedule. So that the fee schedule which was based on private practice which was based on conditions obtaining years ago, and up until a year ago - the basis of all that now has

been changed, and the fee schedule itself needs to reflect the fact that the public is now paying for all medical services by doctors. Well I think that the Medical Care Commission - that it was a very wise move to set up a separate Medical Care Commission with its own directors, several of whom represent the N.M.A. Executive director - and it has worked very well, and everyone concerned with the Medical Commission should be congratulated for having so far, done a very excellent job. And I am sure we look forward with interest to hearing the minister's comments tomorrow on such topics as fee schedule - what abuses the system has revealed so far on the part of patients or doctors. I presume the minister is going to talk tomorrow about some of these cases, or is going to describe some of the abuses that have been found and how they are found out, and give a report tomorrow on just how the scheme is going. But to all appearances it is proceeding very well.

MR. ROBERTS: Mr. Chairman, let me say simply we have done a good job. We are going to do a better one.

MR. HICKEY: Mr. Chairman, I wonder if the minister briefly tell us without taking too much time of the House, if there has been an increase in patients, and if there has been any fatalities during the past year?

MR. ROBERTS: An increase in?

MR. HICKEY: Patients.

MR. ROBERTS: And what was the second question?

MR. HICKEY: Has there been any fatalities? Any deaths due to T.B?

MR. ROBERTS: Well Mr. Chairman, can we not pass this. There is a vote later for the hospital for chest diseases. That is the San.

MR. CROSBIE: Who is getting the extra help there? \$4,000 more dollars?

MR. ROBERTS: Mr. Chairman, that is going to Corner Brook, where it is well known we have - you know we have had a very difficult matter of keeping the V.O.N. going. It is about \$3,300 or something is going to Corner Brook.

MR. MURPHY: Is this a provincial body - Corner Brook and St. John's?

MR. ROBERTS: No, these grants go to Grand Bank, Fortune - a tribute to

the former minister. Grand Falls, Winsor in homage to my friend. St. John's in homage to my friend from St. John's Center, and in Corner Brook in deference to the hon. the Premier.

MR. MURPHY: It is not a provincial body that we give this money to and then they administer -

MR. ROBERTS: I do not know to whom the cheque is made payable. There is a provincial V.O.N. and then there are four V.O.N. branches.

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unallocated, this is an emergency for something or other Sir.

MR.ROBERTS: Well, Mr. Chairman, that includes such things as \$200 for the National Safety League. \$2500 which for some reason we give to the Multiple Sclerosis Society of Canada and \$1800 to the Newfoundland Branch of the Canadian Diabetic Association. There are two or three thousand dollars in case we want to try to help somebody else of that type during the year.

MR.MURPHY: Transport Service, this would not include ambulance service as such I presume Mr. Chairman.

MR.ROBERTS: The ambulances are run by the General Hospital and the other transport services will be moved to the department of Supply and Services. I am not sure but I think we are carrying the vote here. No we cannot be, Mr. Chairman because the actual this year was \$86,000 next year it is only \$4400. So I assume it is actual supply and services.

MR.MURPHY: Chartered aircraft is down below.

MR.ROBERTS: That was a health aircraft.

MR.CROSBIE: The transport service. The minister has arranged, or has sent an ambulance out to Corner Brook to provide the service there on a temporary basis. I remember the problem when I was in the Department of Health. There has not up to now been any provincial scheme for assistance for the operation of ambulances in the Province as I remember it. But St. John's is served by the General Hospital which has an ambulance service. What is the minister planning to do, institute some form of grants to wherever they need an ambulance service? For example, Grand Falls area, say the patients have the same assistance at Corner Brook or St. John's etc. Could the minister just expand on that.

MR.ROBERTS: Mr. Chairman, quite frankly I do not know what we are going to do. This is a programme or problem that was bequeathed to me by the hon. gentleman who has just said we have taken some emergency action ⁱⁿ respect of Corner Brook and as soon as we can we are going to try to work out a firm program. There are a number of problems throughout the Province in ambulance services and quite frankly I have no easy answers, whatever it is, is going to cost us money.

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MR.MURPHY: Mr. Chairman, I was rather surprised. I thought that the larger centres, Grand Falls hospital and Corner Brook there would be an ambulance actually a part of the hospital, Corner Brook is done on a private -

MR.ROBERTS: This is one of these historic anomalies Mr. Chairman I cannot explain it. As it is - For years St. John's has enjoyed the benefits of an ambulance service, for which people pay, you know you do not get a free ride. But there is a subsidy element involved. I think it is about thirty-five cents a head, \$3500 for the whole metro area. It is a public service, for some reason only St. John's had it. Well this we are changing, we made a change for Corner Brook and we propose to extend it.

MR.CROSBIE: Where will you get the money from for the -

MR.ROBERTS: Hospital Insurance.

MR.MURPHY: On this charter Mr. Chairman, may I ask, would this be charter of individual, from individuals or would it be using our own ambulance aircraft service that will now be under the department of Supply and Services?

MR.ROBERTS: Mr. Chairman, this vote includes provision for the Beaver JAT, I think it is at North West River, which is eighty odd thousand a year and for the UKK, which is the turbo Beaver based at St. Anthony. We share that cost with Ottawa. They have put in about \$25,000, IGA put in about \$25,000 the balance which is about \$75,000 is paid from this. The remainder of it, the remaining amount in the sum of \$225,000 is air emergency flights. Last year there were 701 of them carrying 5400 people. Seven hundred and one flights, 224,000 miles. The actual was considerably under this, a hundred and eighty seven thousand. It is completely unpredictable expense.

MR.CROSBIE: The aircraft that the minister mentions, whose aircraft are these? Are these aircraft operated by Atlantic Aviation or government owned aircraft or whose aircraft?

MR.ROBERTS: Mr. Chairman, I believe we have now bought them from the EPA who owned them up until now and they are being operated by Atlantic Aviation with the general contract that covers all of the government aircraft.

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MR.HICKEY: Mr. Chairman, this is the first opportunity I have had since the dentist has set up in Torbay, to say a word publicly, by way of thanks to the government and Sir I do not hesitate in doing so. We have a dentist located there now, providing free dental care to certain school children and providing a very necessary service to the public. From what I can understand his services are being accepted in a very great way and I would like at this time on behalf to of my constituents, express my thanks to the government for agreeing to this dentist being set up in that area.

MR.CROSBIE: Mr. Chairman, 401, this must be a new programme at least vastly expanded, \$290,000 compared to \$38,000 would the minister outline what the program is now?

MR.ROBERTS: Mr. Chairman, the program has not changed. Most of that increase I understand the actual this year was \$270,000 not \$38,000 to show in the revised. Most of that increase from the revised to the actual is because of federal health grants being phased out from under us. So we have had to provide here. This is the program under which we provide free dental care to, in theory to all children but there is no area in the entire health service of this province that is more vexing that this one. Basically we provide free dental care for children five, six and seven s well as children who are attending special schools such as the School for the Deaf, and the School For Retarded Children. We also provide dental care for children in orphanages and this also covers the extractions of indigents, the member for Gander asked about before. That is why there are some recoveries in aid and what have you, or transferred out. We also provide orthodontic care for children with cleft palates. We have this extremely good program there with Dr. Brett Williams, who is an extremely competent dental professor or dental person. Dr. Brett Williams here in St. John's.

MR.CROSBIE: Orthodontist

MR.ROBERTS: An orthodontist yes, works at cleft palates, and does awfully good work and awfully valuable. The reason it is vexing and I do not want to

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delay the committee but it has come up 147 times is that any dentist will only take a certain number of children, he only wants to do out I am sure in Torbay a certain proportion of his practise for which we pay him. We pay them \$6000 a year and that is a certain number of hours; if they go above that it is a fee for service. If they work less we reduce that \$6000 amount. But you have to draw a geographic line and there is no way, Mr. Chairman, to explain to people,

to a mother who lives on, I do not know where the line is up in, let us say, in Pouch Cove for argument sake. There is no way to explain to a mother in Pouch Cove why her child cannot get free dental care, while a mother in Torbay or in Shoe Cove, the other side of our imaginary line, does get free dental care. So I think we may have to change the program, and that will be a retrograde step if we do it. But it may be a necessary step because it is a public program. It will be retrograde because it will mean that the quality of care does drop. This happens all over the Province.

The member from Humber East is not here, but earlier he was concerned about a man named Judge, in Deer Lake, who gets quite irate over this. And as Mr. Judge when he carries his children down to Corner Brook has to pay where as a child living in Pasadena or Steady Brook somewhere does not have to pay. The answer is you have to draw a line somewhere. We may have to change it but it will not be a step forward if we do.

MR. CROSBIE: The thing is there are not enough dentists, that is the only reason -

MR. ROBERTS: Not enough dentists sure.

MR. WERNELL: Mr. Chairman, this morning we were on a point raised by the hon. Leader of the Opposition on travelling clinics. And it was to be held over until we came to this particular appropriation. I was wondering if the hon. minister and his colleagues had given, I know I am sure he must have given some consideration to the travelling clinics, but is it possible to separate the practise of dentistry as relating to say the extractions which I would say is probably the primary part of the course and fillings or the other surgical work.

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MR.ROBERTS: Mr. Chairman, this is a matter which is not a new one. We have been looking at it for years. We have never been able to make it work. Although the IGA do have travelling dentists particularly on their boat the "Strathcona." The captain of the "Strathcona" was killed the other day driving down the St. Barbe Coast. I have had Captain Small tell me of the, I remember once being in Williamsport or in Hooping Harbour with an IGA dentist on the "Strathcona" a gentleman from Haiti, Felix. Felix was as black as the ace of spades and the children of Hooping Harbour had never seen this before. they all went off clutching their tooth brushes and marvelling over - they had never seen a black person before - and Felix was black. An extremely good dentist. We have never had enough dentists in Newfoundland to make it work. We are looking at that as a possibility. We are also looking at training a lesser level of dentists. Perhaps a dental aid. This works particularly in New Zealand, and I am thinking of going to New Zealand when the Premier sends my colleague the minister of Supply and Services to Russia and Italy. I think I will go to New Zealand and look at their dental assistants programme, which is the best that anybody knows of. There are a number of areas we have got to look at. Try to do something about dental service.

MR.MURPHY: That would cover so you would be able to extract teeth, and other work he may not be able to do.

MR.ROBERTS: A lot of the functions which a dentist does could be done by a dental assistant working with a dentist. Perhaps school dental work or you could have a dentist with three or four assistants, the assistants could do teeth cleaning, prophylactic procedures, could identify a cavity when you came to a cavity, they would call in the dentist and he would do the filling or what have you. Perhaps like optometrists and ophthalmologists.

MR.MYRDEN: Did you say that someone was killed in St Barbe the other day, not Felix was it?

MR.ROBERTS: No, Felix married a girl from Norway and is now living in Montreal I think. No, but Captain Norman Small from Morten's Harbour was killed a week or so ago driving down, I thought it was around Port Saunders, somewhere on

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Mr. MYRDEN: Daniels Harbour, that bridge there, yes.

MR.ROBERTS: Anyway Norman Small was a very fine man. I can tell you a lot of people on the coast of Labrador and the coast of White Bay will miss him very much.

MR.MURPHY: 1018-01. Mental Health. This is the mental health association rather than the actual mental, at the Mental Hospital.

MR.ROBERTS: Well, no the Mental Hospital -

MR.MURPHY: I was just wondering what the difference is because there will be a vote -

MR.ROBERTS: We do not run the Mental Hospital for \$50,000. This is the vote under which Dr. Pottle our director of Mental Health draws his salary and he had one or two people with him. He should have more but we have not been able to find them at this stage. So that is, this is if you wish the office of the director of Mental Health Services Dr. Clarence Pottle.

MR.MURPHY: 1019-01 Is this the department of Rehabilitation that used to be in -

MR.ROBERTS: Mr. Collins, Mrs.Chafe, Mr. Winsor. They are down in the King George V..

MR.CROSBIE: It is quite a low amount this year, it is just the economy I suppose -

MR.ROBERTS: No Mr. Chairman, the actuals last year on 01 were \$33,170 we are estimating \$33,100 this year. On the other votes, it revised was \$82,000 but the actual was \$49,977, so you know it is not an economy move it is substantially in line with the actual last year I think we may have overestimated a year ago.

MR.CROBBIE: Is there a doctor for this now, physical medicine is Dr. Ku Hau Lee still here?

MR.ROBERTS: He is gone, there were two, Dr. K.H.Lee and Dr. T. S. Chung but I think Dr. Ku Hau Lee has found work elsewhere in fact I know he has. I have seen a letter of resignation from him, he is going with a University in the States. These are perhaps the rarest of all medical types these are physiotherapists. I

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cannot go beyond that Mr. Chairman. I know they are hard to come by they are extremely valuable people. They are as scarce as hen's teeth and they operate in connection with hospitals doing what is called physical medicine. I do not know what is so different about - there is no spiritual medicine - but we really have people called physiotherapists and they are oriental gentlemen who are highly trained. There is nobody in Canada apparently does this work.

MR.CROSBIE: There is only one of them here now.

MR.ROBERTS: I think so. We are trying to find another, but -
01 carried.

MR.ROBERTS: 1021- 03. Mr. Chairman, this is one where we have had two programs; subheads, one is this drugs and the other will come later, hospital insurance. We have gathered - This is really recoupage under the Canada Assistance Plan. We have gathered together all of the various - on a number of separate programs, Sir, we collect from the Canada Assistance Plan. So we have gathered them all together and these are the totals. These are some of the lesses, that the committee are not required to vote elsewhere. This is where they are required to vote or not as the committee decide.

MR.CROSBIE: About half of it comes back -

MR.ROBERTS: Yes, exactly fifty per cent comes from Ottawa actually we are estimating we will get 907 - 800 and we will only pay 907 - 700. The federal auditors may disagree with that, it is fifty-fifty.

MR.MURPHY: 1031 - 01: Medical Services.

MR.ROBERTS: This is Dr. Severs our chief medical health officer here. Dr. Joshua, who is doing such a splendid job at Corner Brook for us and we have a job at Grand Falls we hope to fill. We had a man but he has now gone to Twillingate because we needed a senior surgeon at Twillingate to replace one that went to Bell Island.

MR.MURPHY: Would this deal with contagious diseases?

MR.ROBERTS: Yes, this is Dr. Severs, the gentleman who issues every week a report showing the number of contagious diseases and generally worries about Public Health programs. We are delighted to have him, this is an area that I think is more than worthwhile. They also supervise our immunization programmes,

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that will be seen in the next vote.

MR. MURPHY: What is the basic thing in immunization now, still -

MR. ROBERTS: We give the full set, last year we gave 105,649, there were 34,975 of them so-called quad shot, which is diphtheria, tetanus, whooping cough and poliomyelitis, 22,000 diphtheria, tetanus and poliomyelitis, 8,000 salk, an anti-polio, 10,600 measles, 2200 smallpox, 28,000 sabin.

MR. MURPHY: I just wondered; what is the availability of these shots to people outside? Is this done in conjunction with the travelling - what is the name of our boat?

MR. ROBERTS: Mr. Chairman, I think the services are available throughout the Province. These are administered by our Public Health Nurses, usually referred to inaccurately as "School Nurses". I do not think there are very many children here in Newfoundland now who do not get full immunization shots. Our program is probably one of the best in Canada, and it has cut the diseases right to nothing, relevantly speaking. We had no diphtheria last year, a mere sixty-one gastro-enteritis, a lot of infectious hepatitis, but that is down substantially, and no polio. The programs have really worked, and as long as we can keep immunizing people I think we will be okay, I hope.

MR. MYRDEN: Mr. Chairman, in connection with nursing services, I believe the Minister is well aware of most of the problems we have on the St Barbe Coast. It seems that there are four nursing stations that are badly in need of nursing care that has been not neglected all together, because there is a shortage of nurses, but they are unable to get anybody. Would the Minister mind letting me know or letting the Committee know if there is any hope of getting nurses for such places as Trout River, Woody Point, Daniels Harbour, Cow Head? I think Cow Head is filled now.

MR. ROBERTS: Mr. Chairman, we have vacancies. Cow Head has been filled? It is news to me, as of half an hour ago.

MR. MYRDEN: Part time, is it?

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MR ROBERTS: But I think the lady is going to retire. Is that Mrs. Jane Hutchings now, is it not?

MR MYRDEN: Yes.

MR ROBERTS: We have advertised for a number of nurses, Sir, and got no where locally, so I authorized advertisements in the United Kingdom. We have received several applications. Our Director of Nursing, Miss Jean Lewis, will be in the United Kingdom later this month and she will be interviewing these seventeen people we hope to be able to recruit. If so, one is destined for Cow Head, one for Trout River, but particularly Trout River, where we have had a terrible problem ever since Mrs. F. Howard Rose, as she now is, left. That is one thing the Tory Party did for us. It took a nurse out of Trout River. Also we are particularly anxious; in Fogo and Badger's Quay, in the Public Health Programs, there is desperate need there. We cannot interest people in going to these areas. We can only look for married women. I just authorized one the other day, for Harbour Breton, on the South Coast. Possibly we might see a doctor at Woody Point to serve the South Side of Bonne Bay and Trout River, but finding people is the hard part.

MR CROSBIE: This is nurses, is it? Head 1036:

MR ROBERTS: No, Mr. Chairman, these are doctors. We have two doctors paid out of this vote, Dr. Clare Neville Smith and Dr. Sheila Mangan. They have a stenographer. Last year they made 691 visits to schools and saw 43,000 children. It is a program

MR. ROBERTS: a program to try and improve the medical care being available to children on the premise, that if we can correct some of these problems while people are young it will give them not only a much better life, but it will keep them out of our hospitals.

MR. CROSBIE: Well is Dr. Mangan still doing refraction, she is doing eye testing is she not of school children, and doing refractions? If so, I mean I certainly hope she is still doing it.

MR. ROBERTS: As far as I know she is, Mr. Chairman, I must confess my detailed knowledge of Dr. Mangan's activities is limited, but I gather she is doing refractions, as long as the optometrists do not protest as they did with Dr. Asgar in Gander.

MR. CROSBIE: Now this was the ophthalmologist protest. You know it was the ophthalmologists were protesting about this.

MR. CHAIRMAN: Shall 04 carry? Carried. Shall 1037-01 carry?

MR. MURPHY: I presume this is being setup to work in conjunction with the water -

MR. ROBERTS: Yes, Mr. Chairman, this is an area where we hope very much to be able to move in. We have what we think may be some serious, not problems, but areas we have some serious questions about. These are token votes, we have been working with the Government of Canada to develop both standards and personnel, and we will be working with the new water authority whatever it will be when it is done. We have to worry about industry here.

MR. CHAIRMAN: Shall 1037-01 carry? Carried. Shall 02 carry? Carried.
Shall 1038-04 carry?

MR. MURPHY: Which Laboratory does this refer to, Mr. Chairman?

MR. ROBERTS: Pardon, Sir?

MR. MURPHY: Laboratory - Operating Costs?

MR. ROBERTS: The Central laboratory is now run by the General Hospital for us, and so its costs are carried in the General, but there are some items that amount to a total of about \$2,000 that are not covered by the General Hospital. If the Director, Dr. Josephson travels on our business, as opposed to laboratory business, we have to pay for it, and that is why the vote is here.

MR. ROBERTS: We do not know, if we are really going to need it or not.

MR. MURPHY: It is for the testing of well water and things like that:

MR. ROBERTS: No, no that is done by the Environmental Sanitation people, or if you wish the Public Health people. This is the Central Lab. that serves the whole Province.

MR.-CHAIRMAN: Shall the item carry? Carried. Shall 1039-01 carry?

MR. MURPHY: Nutrition, possibly, Mr. Chairman, is this dieticians in schools, or things like this ?

MR. ROBERTS: No.

MR. MURPHY: Is it groups?

MR. ROBERTS: Now, the hon. gentleman is on it. We produce a weekly television program which is on the C.B.C. each Friday, in the morning, and I miss it. Mainly the division provides information and consultation services to schools on nutrition programs and education.

MR. MURPHY: Is it Edna Baird?

MR. ROBERTS: No, it is Miss Olga Anderson.

MR. MURPHY: Oh, I see.

MR. ROBERTS: Interestingly enough we are still giving out some cod liver oil. barking back to my own school days when the vile stuff was forced on us. Last year we distributed 654 bottles, all of it in Northern Labrador to Indian and Eskimo people there.

MR. NEARY: It is very helpful, according to my book.

MR. ROBERTS: My colleague says that Miss Anderson drafted large parts of "How To Stretch Your Dollar Farther" or whatever it is called.

MR. CROSBIE: Why does not the minister give the Minister of Welfare some cod oil? That might help him.

MR. MURPHY: He takes castor oil, baby's stuff.

MR. CHAIRMAN: Shall 1040-01 carry?

MR. CROSBIE: Audiology, Mr. Chairman, I notice that there is just one audiologist. And an audiologist is a person, I believe, who tested hearing. Tests a person's

MR. CROSBIE: hearing, I think, he works particularly with school children.

Is the minister hoping to get any other audiologists for the Province?

MR. ROBERTS: Mr. Chairman, if we can find them, we will hire them, with or without the money, because again they are one of the rare specialties. This salary here is for Mr. Edmund Wall whom we were lucky to get about three years ago. He works at the Janeway, and they cover all of his costs. Last year in addition to all his weekly visits, he saw 451 children, and looked at another 452 the second time or more. It is a very valuable service.

MR. MURPHY: How does he operate in conjunction with the School for the Deaf?

MR. ROBERTS: He visits the School for the Deaf once a week, and really he is the person who, now there is Doctor Yap, and some of the other doctors in the field work with him, but Mr. Wall is the fellow we look to, to run the services.

MR. CHAIRMAN: Shall 01 carry? Carried. Shall 04 carry? Carried.

Shall 1041 carry?

MR. MURPHY: Speech Therapy - who is on this, is this something like -

MR. ROBERTS: We have two trained Speech Therapists, a Mr. Hann, and a Mrs. Finkle. And they provide a consultative and a general service to, as well as a therapeutic one to really anyone they can but, as too often, that is limited to St. John's. We are trying to get them out around the Province. They saw 2700 people last year. It is a pretty busy work. Again, if we can get more, we would grab them just like that.

MR. MURPHY: This may sound a little corny question, Sir, but I notice today in going around, you do not get so many people stuttering as they did years ago. I am just wondering if there is any scientific reason for it? Is it the school training actually -

MR. ROBERTS: I cannot answer it, Mr. Chairman, it is an interesting point. We are getting, for example, far fewer blind children than ever before.

MR. MURPHY: Nutrition, perhaps?

MR. ROBERTS: Possibly and perhaps better training all around, certainly better assessment, we get them at an earlier age, and help them with programs.

MR. CHAIRMAN: Shall 04 carry? Carried. Shall 1051-01 carry?

MR. MURPHY: This is our Sanatorium?

MR. ROBERTS: Which barely goes far beyond tuberculosis there.

MR. MURPHY: Could the minister give us an idea how many staff are in there now; the number of patients?

MR. ROBERTS: All right, sure, of course. Mr. Chairman, we have only 220 beds in use in there. This is one of the great success stories, we have been only averaging 135 in the past few years. And of course, we closed all the Sanatoriums around the Province. We took in 721 people last year, as a matter of fact today, the figures I gave of admissions were orthoptics as well as T.B., the T.B. ones are even better. We took in only 332 T.B. patients last year. There are only eighty-eight T.B. patients in the Sanatorium today. It is really quite a success story.

The gentleman from St. John's East Extern asked about deaths? We had eleven deaths in the Province from tuberculosis last year.

MR. MURPHY: Would they be older people? Would this be an advanced thing or what we used to call, the galloping, you know the -

MR. ROBERTS: It can vary, my deputy minister issues, each month, the vital statistics, and included in that is a list of all deaths from T.B. specifically. And sometimes you do find a twenty-eight or a twenty-nine year old person, but by and large they are older people, often people who had treatment years ago, and it is just carried on.

MR. MURPHY: But there is a tremendous improvement generally every year.

MR. ROBERTS: We are still double the national average, but T.B. used to kill 400 or 500 people a year in Newfoundland, and it was the major scourge twenty years ago, but today it is, you know, livable anyway.

MR. CHAIRMAN: Shall 01 carry? Carried

On motion 1051 - 02-01 to 02 carried. Shall 1051 - 03 carry? Carried.

Shall 05 carry?

MR. MURPHY: 05-Transfer from Central Laundry, is this the department's share of operation of the Central Laundries?

MR. ROBERTS: That is correct, Mr. Chairman, the Central Laundry is a self-liquidating service, we sell the central laundry services to the various hospitals, including non-Government hospitals. It is so much a pound.

MR. MURPHY: That is at Pepperrell now?

MR. ROBERTS: Yes, the Central Laundry is down at Pepperrell.

On motion 1051-09-03 to 05 carried.

Shall 1052-01 carry?

MR. CROSBIE: Mr. Chairman, in connection with the hospital for Mental and Nervous Diseases, the minister has already said of course that one of our great needs here in Newfoundland is more beds for the mentally ill. And I would like to point out an answer to a question, the minister is already familiar with it. But, I think, it is very significant in connection with the Mental Hospital. That was the answer to Question No. 340 - On April 1st. 1970 there are 740 inpatients at the hospital for Mental and Nervous Diseases; 485 men and 255 women.

MR. ROBERTS: For one year?

MR. CROSBIE: There were 740 there then as inpatients at the Mental Hospital. Now of that 740, there are 219 in the Topsail Road Wing of the hospital, and the rest were down on Waterford Bridge. Well those 219, I believe, would be people who are suffering from the effects of old age, senility, and not acute mental cases. There were 490 at the Mental Hospital being treated as out patients. And on April 1st. 1970, of all of the inpatients at the Mental Hospital, 300 of them are gross defectives, in other words they have no chance of recovering, they are just gross defectives. And 200 required care because of senility. So 500 out of the 740, I gather from that are really custodial cases, who are never going to improve, or who will never be able to look after themselves. And 240 are mental patients, in the sense that they are suffering from some mental disorders -

MR. ROBERTS: Some curable mental disorders. There is a big difference there.

MR. CROSBIE: It could be schizophrenic.

MR. ROBERTS: Some curable mental disorder.

MR. CROSBIE: Some curable mental disorder, yes.

MR. ROBERTS: There is a big difference there.

MR. CROSBIE: It might be schizophrenic or paranoia, megalomania.

MR. SMALLWOOD: Or Torism?

MR. CROSBIE: Well megalomania would be something that the other side of the House is quite familiar with, the ravages of megalomania.

MR. ROBERTS: Come now, come now, delusions of grandeur.

MR. MURPHY: That is not fair, and we going along so nicely with this, and then there is - the Premier cannot add anything constructive, I think he could continue to read his papers over there.

MR. CROSBIE: When they are finished, Mr. Chairman, I would like to discuss the problem of the Mental Hospital.

MR. MURPHY: I am sorry, Sir.

MR. CROSBIE: Out of 740 patients in the Mental Hospital, 500 are not patients that should be in a mental hospital at all. Three hundred are gross defectives, 200 are people suffering from senility, 500 out of 740, which shows that the Mental Hospital is not being used properly as a hospital for the cure of people suffering from mental diseases.

Now what this points out, Mr. Chairman, is that what is needed is an institution for custodial care of gross defectives, and people suffering from senility, which is much cheaper to operate, and a much different kind of institution than the Mental Hospital. You do not have to worry about security, just care and custody of people who cannot look after themselves. And in addition to that institution a hospital for treating mental and nervous diseases.

Some of the hospitals in St. John's now, and presumably other parts of the Island, now have psychiatric beds in the hospitals. I think, this is the modern thrend of thinking in this problem that psychiatric units should be included in general hospitals, so as people suffering from a mental disease can be treated, if it ^{is} treatable over not too long a period of time, at a general hospital.

So one of the saddest things you could do, as the Minister of Health, Mr. Chairman, is visit the Mental Hospital. I would imagine the present minister has done that. And to see the facility they had to operate with out there, would convince anyone after they visited it, that one of the first priorities

MR. CROSBIE: should be the improvement of the Mental Hospital facilities of the Province. Now a great deal has been accomplished there, but the physical plant, it is certainly time for addition, extensions and replacements of the physical plant.

The Justice Board, Mr. Chairman, Ward 3C, I believe it is, the minister said had sixteen occupants at the time the question was asked in April. Now Ward 3C, I believe, is the Justice Ward. This is a ward that has stone floors, it may have gotten heating facilities recently, but it did not have any heating facilities, and it is used for dangerous patients.

MR. MURPHY: Inaudible.

MR. CROSBIE: Well some of them have been convicted criminals, who have been transferred to the Mental.

MR. ROBERTS: Some of them are there under Governor's Warrants, and others by certification.

MR. CROSBIE: They did not go to trial, because they did not have the mental capacity.

MR. ROBERTS: Some of them were there by state certificate too.

MR. CROSBIE: Right. Some are there because they are dangerous, or patients who are dangerous, not criminal. But found to be dangerous at the hospital.

Now the minister said that there is a short range plan and a long range plan in connection with renovation of those facilities. I assume that some of the \$100,000 to be voted for construction this year is going to be spend in that ward.

But the main point is this, that the hospital for Mental and Nervous Diseases is being used for a wrong purpose. And what is the long range plan for change in this? I know the minister has got to wait for months, but what is the long range plan for changing the situation out there, I would like for him to answer that.

And while I am on my feet, I would like to say that Dr. Fraser Walsh and the staff at the Hospital for Mental and Nervous Diseases deserve every kind of praise for doing an extremely good job under very, very difficult

MR. CROSBIE: conditions.

So, if the minister could tell us something about the future plans in this area.

MR. ROBERTS: Well, Mr. Chairman, I would be delighted to do so, because I think the Hospital for Mental and Nervous Diseases is one of the area of which Newfoundland could be proud, but of which we should be prouder when we do more. There is no doubt that Doctor Walsh and his staff have done a first rate job under very difficult circumstances, and in their behalf since they cannot speak in the House, may I thank the hon. gentleman for his tribute.

The short range plans in respect of the Justice Ward, so called, 3C at the Mental, I am told have been completed. For years we had people in unheated areas, and we had people without proper beds. I am told those either have been or are being eliminated. It has been a scandal going on for untold years, nobody ever did anything about it. It is difficult. The people who are confined in these areas mentally are extremely deranged.

We had a case recently where a man, literally one person could not go near him, it took four attendants to even go near him, it is no fault of the individual concerned, it is just his mind has gone. Along the range we have to provide a proper maximum security institution at the Mental Hospital. We need improved facilities in the custodial end, toward both of those, I am working together with my colleagues and officials.

The only other comment I might add is that the modern practice for psychiatric illness is to say that a psychiatric illness is like any other kind of illness. There is no real difference, except it happens to effects one's mind, instead of one's foot, or one's stomach, or one's arm or eye or what. Unfortunately people as a whole do not accept that yet. But, I think, it is coming. We now have psychiatric units in Corner Brook, at St. Anthony, I think the three general hospitals in St. John's, St. Clare's, the Grace, and the General Hospital itself. And as soon as we can find a psychiatrist to go to Grand Falls, or as soon as one can be induced to set up there, there will be a psychiatric service in Grand Falls. This will be the pattern more and more, the Hospital for Mental and Nervous Diseases will become the institution for

MR. ROBERTS: more difficult psychiatric problems, and also the area where we can look after people who need permanent care, people who are there because of criminal processes or who are there because, in the opinion of the medical advisor, they are not able to be left free. Comment

Mr. Roberts.

On that, our present hospital mental health legislation is hideously outdated. Dr. Walsh has been at work with Dr. Pottle and Newfoundland Psychiatric Association and others for a year, producing a new draft. We will not have it in time for this session, but I hope next year to be able to bring before the House a draft for a new Mental Health Act which would replace a very old and really outdated piece of legislation.

MR. CROSBIE: Did you mention the justice wards?

MR. ROBERTS: I did but to repeat it. We have cleaned up the heating and the no bed problems or if we have not, they are entrain and will be done within days. The longer range problem is to build a - arrangements are to build a special maximum security institution contiguous with the present hospital for Mental and Nervous Diseases - not at the penitentiary.

MR. HICKEY: Mr. Chairman, a couple of questions. Last year I raised a question regarding some of the patients on the justice ward with regards to their visiting their homes and the hon. minister's predecessor indicated that those patients were being permitted to visit their homes with the approval of the doctors that this was considered to be part of the treatment or part of the method of getting them back into society. I recall, sir, pointing out at that time that while this might be the practice used by the doctors and certainly I do not wish to question their talents or their skills or their motives, however, I pointed, out, sir, that if there were a death or a crime committed by one of those unfortunate people who were sick, the hon. minister would be charged with the responsibility and he would be blamed. I mention this again, sir, because there are still rumors to the effect, and I would emphasize that they are rumors, I have no definite information that this is still going on. I raise it because I think that this is a serious matter. I would also mention - I recall shortly after our discussion at that time, there was a patient came out of the Mental institution, and I believe committed a crime. I am not sure if he injured his wife or if he killed his wife. Now,

Mr. Hickey.

I do not know if that patient was a patient of the justice ward or not, but I wonder would the minister tell us something as to whether or not this is still continuing and also I wonder if any consideration has been given or has the minister or his predecessors considered the possibility of setting up a justice ward at the penitentiary rather than the Mental hospital to sort of separate those unfortunate people from the Mental Institution?

MR. ROBERTS: Mr. Chairman, let me deal first with the Jones' case, which I assume is the case to which the hon. gentleman referred. The hon. gentleman referred to this case. It was really most unfortunate. The patient, in question, was not in the maximum security or the so called justice ward. Well, we have 155 dangerous patients, and there are only 40 of whom are under, what we call, Governor's warrants which is a criminal process through the courts or through the legal, you know, that end of it.

The patient in question had received open ward privileges, and he left the hospital grounds and walked to his home. I will not say murdered his wife but has been accused of killing his wife. I am not sure what happened legally, because when he was recaptured, he was immediately recommitted and this time under a legal warrant.

Now that was extremely unfortunate to say the least. Immediately, the case occurred, I sent for the file. It was on a weekend, and I read the file. The gentleman had been seen before that by three psychiatrists and two psychologists, all of them qualified. There reports were done before this incident. Each of them had recommended open ward privileges. Open ward privileges mean, in effect, you know, if you want to walk out the door, you could. The way it was put to me, when I checked with one of the medical officers, it was quite simply that it was no more predictable of that man that he would kill his wife, if indeed he did kill her. But allegedly, he did. It was no more predictable that he would ^{do} whatever he did than one could predict that the hon. member or I would kill anybody. The other question he raised, Lord Brain touched upon it and made a recommendation about

moving a maximum security institution to the penitentiary. I announced the other day in the House that we have rejected that. We think that there should be a separate building but it should be contiguous to the Mental hospital or the Hospital for Mental and Nervous Diseases. By the way, he should change the name of that. We could call it almost anything else, because now it is known as the Mental.

MR. MURPHY: It used to be called the old lunatic asylum.

MR. ROBERTS: Oh, it could be the Parkview..

MR. MURPHY: Rest home or something.

MR. ROBERTS: Yes, or something like that.

But, Mr. Chairman, we feel it should be next to the Hospital for Mental and Nervous Diseases so that psychiatrists and psychologists and trained clinical people are available. Many of the people there under legal processes are curable and if their mental illnesses are cured, then they are returned to the hands of the law. We had a most interesting case the other month of the gentleman in Grand Falls who - I do not know if that has been announced yet - well, - is there any reason why I should not say that. The gentleman in question was charged with murdering a man. He was remanded for psychiatric examination. He was found unfit to stand trial, because the law says, "no man can stand trial unless he is sane."

Under the MacNaughton Rules, four years later the psychiatrist said that he had recovered sufficiently so that he could stand trial. He stood trial. He was found not guilty by reason of insanity at the time of the crime, and he is on his way home today. He is on a form of medical probation. We had a special committee advising His Honour, the Governor - not us, the Criminal Code, because this is all under Ottawa legislation. That committee recommended that the gentleman be allowed to go home on medical probation. Once a month he has to come to St. John's to see a psychiatrist and all that sort of thing. The gentleman is on his way home today to his family. We are most anxious to have him back. I have had a letter from his wife, and I think - I know my friend, the member for that district has. But we do feel that this is a mental

Mr. Roberts.

problem and, therefore, it should be dealt with in a psychiatric institution.

The other question, of, whether a patient should be allowed open ward privileges or not? Really, this depends on the psychiatrist. All we can do, we get the best psychiatrists we can. We are better off now than we have been for many, many years. They differ. Some psychiatrists say, let a fellow go home. You know, it is good for him. Send an aide with him, may be, it improves his treatment. Other psychiatrists say, lock him up. You pay your money and you take your choice. We get the best advice we can. I think it has worked awfully well, and I would not want to change it.

MR. HICKEY: Has there been a tightening of security on the justice ward, say within the past year or..?

MR. ROBERTS: Not any deliberate or noticeable one. I think each case is reviewed by the psychiatric authorities. If there has been any tightening it is not a conscious one. I think there are one or two people there under legal processes that cannot be let out, because in effect, we are jailers in that sense. Where we have some medical option, we look to the medical people. There have been remarkably few. You know, there will always be some. That is an unfortunate fact of life. Just as those people who are killed in car accidents, we should not for that reason ban cars.

MR. CHAIRMAN: Shall 01 carry? Carried. Shall 02-01 carry?

MR. CROSBIE: Hold on now. Before it carries, I would like to have another word there. The minister was asked a question about how many people were employed as cleaners in the Hospital for Mental and Nervous Diseases for floors, windows and so on? The minister answered thirty-six in direct housekeeping functions. He was asked whether trained professional health personnel, such as, psychiatric nursing assistants were required to spend part of their time in the general work of cleaning the hospital rather than full time on the professional work for which they were trained? He answered yes. It had been the custom and now they were going to start using full-time cleaners, professional cleaners to do this work out there. Would the minister tell us

Mr. Crosbie.

now whether psychiatric nursing assistants are no longer required to do such ordinary cleaning work as part of their training, whether this is all now being done by people who are employed as cleaning personnel.

MR. ROBERTS: Mr. Chairman, I cannot answer that in detail. I know we are moving towards that and it is necessary to hire a certain number of additional people, and I do not know if we have been able to do that. It may well be that, as of today, there are still some cases where trained nursing people are performing cleaning functions. If so, it is not something that will last for long. There are areas, particularly, the psychotic and dangerous patients where, I suspect, we will always need trained attendants to do anything. Because anybody other than a trained attendant should not be allowed within any distance of these people who are mentally, really very seriously deranged - not really lunatics - they appear to be as sane as the hon. gentleman and I appear to be, but they really are quite dangerous.

MR. CROSBIE: Very sane to say that.

MR. ROBERTS: Well, there are moments when I have had doubts about the hon. gentleman and perhaps he reciprocates.

MR. CHAIRMAN: 02-01 carried. Shall 02,03, 05, 09-03, 04 carry? Carried. Shall 05 carry? Carry.

MR. CROSBIE: What is the \$100,000 for? Is it for any major thing?

MR. ROBERTS: Nothing significant, sir. A little planning we hope on the longer range problems - the work in the 3C wards, some upgrading and improvement to the existing buildings, \$5,000 or \$10,000 at a crack.

MR. CHAIRMAN: Shall 1061-04-01 carry? Carried.

MR. CROSBIE: Where is that? Hospital Insurance is it?

MR. MURPHY: Yes.

MR. CROSBIE: 1061-04-01 is it?

MR. MURPHY: 1061-04-01, yes.

MR. CROSBIE: This is non-Government hospitals, Mr. Chairman, \$29,566,000.

MR. ROBERTS: That is a lot of money.

MR. CROSBIE: It is a lot of money, yes, but the question is whether this is enough money to properly operate the non-Government hospitals for the present fiscal year - not that it is a lot of money. It is an increase. This is the money voted by the Government of Canada and the Government of Newfoundland and operates all the non-Government hospitals in the Province, I believe. The vote this year, \$29,566,000, which is only \$762,000 more than was voted last year.

MR. ROBERTS: The actual last year, if the hon. gentleman wants it is \$28,688,492.

MR. CROSBIE: Right. Well that would make an increase over the actual of last year of \$900,000. It is an increase of between two and three per cent.

MR. ROBERTS: Right.

MR. CROSBIE: Now the question is. I am sure the hospitals would not agree with the minister. I do not know whether the minister will agree. The question is whether the hospitals are being cut down too much with the amount of money that is being voted for them this year? In answer to the question that I had asked, the minister gave us some of the information on the difference between the number of beds a hospital actually has and the number of beds that are actually in use? There is quite a substantial difference at a lot of the hospitals. The reason for it at a lot of the hospitals is that they are not being given sufficient money to use - to operate the beds they have, i.e., the Janeway Child Health Centre, located at Pleasantville. I remember the Premier making a speech here earlier in the session, a month, two months ago. The Janeway was one of the world's greatest children's health centres. It ranked right up with the top institutions in the world and so on.

The Janeway has a total number of active treatment beds of 280. But in answer to a question, the minister told us that 225 are in use - are actually in use, used as active beds. So, there are fifty-five beds at the Janeway not in use. And certainly a large part of the reason why

Mr. Crosbie.

the other fifty-five are not in use is that the Janeway is not given enough money to utilize them. If they are going to have a bed in use, you have to have nurses, have x-ray laboratory technicians, x-ray technicians. You have to have sufficient staff, doctors, and the rest of it to operate those beds. So, at the Janeway, we have 280 beds, but only 225 are in use.

I forgot what reason the minister gave. Let us see what the reason was that he actually gave. Question 219, March 10th. The reason is that the Government are trying to control costs. That is what the minister said, and they do not have sufficient money to keep the rest of these beds open. Well, we all know that the Government is trying to control costs. The question is: is the Government giving the hospitals of this Province sufficient money to allow them to use the physical facilities that they have been equipped with. I think..

MR. ROBERTS: The John Collins question, so I am straight.

MR. CROSBIE: John Collins, who is he?

MR. ROBERTS: All right, you know what I mean as well as I do.

MR. CROSBIE: This is a knowledgeable question coming from a knowledgeable source; namely, myself.

MR. ROBERTS: It was advice from a knowledgeable - I do not begrudge the hon. gentleman advice. He needs it.

MR. CROSBIE: Well the minister has lots of advisers..

MR. ROBERTS: Of course, he does.

MR. CROSBIE: I will get some advice, if I go down there.

MR. ROBERTS: Of course, he does.

MR. CROSBIE: We will just use this as an illustration. The physical plant is there, but unable to be properly used throughout the Province because of the lack of money to operate the facilities, to hire the trained personnel and so on. Now that is the Janeway, 280 and 225 in use.

Mr. Crosbie.

There are certain services they are supposed to have down there. That is a technical matter and I do not think it is worth going into. That is the Janeway.

The General Hospital at St. John's - 354 beds. They are all in use. Mind you that is a lot less beds than the General used to have

MR. ROBERTS: We closed a great number..

MR. CROSBIE: There were several wards closed, - outdated facilities. At Gander the Paton Memorial Hospital has 153 beds, but only 115 in service. Now..

MR. ROBERTS: That is not financial reasons.

MR. CROSBIE: The minister said in reply to that question that the reason was not financial. There was not a demand in that area for more beds, which may very well be correct. That is the answer the minister gave. Now if that is correct, Mr. Chairman, it points to bad planning in the past, because the hospital at Gander should not - a hospital of that size should not have been built, because obviously..

MR. ROBERTS: Thirty of those beds are the emergency ward.

MR. CROSBIE: Any doctor in the Province will tell you that it was a mistake to build a large hospital at Grand Falls and a large one at Gander also, within such a close area, such a close radius of one another. One or the other of them built are too big. Now the figures show that Gander has 153 bed capacity but according to the minister's answer has 115 beds operating, because there is no demand for the additional beds.

MR. ROBERTS: I will not say that there is no demand.

MR. ROWE (F.W.): Will my hon. friend permit a question on that?

MR. CROSBIE: Sure.

MR. ROWE (F.W.): Perhaps, I should direct it to the minister.

Is my hon. friend familiar with the recent agreement, at least, we were informed at the time that the hospital was opened. I was present at the official opening. I believe my hon. friend's colleague on his right was

Mr. Rowe (F.W.):

present at that time, too, and the information given us then was that this hospital, which had been built partly or wholly or at least largely by the Government of Canada, by DOT specifically, that part of the arrangement was that there were to be kept on hand, free at all times, X number of emergency beds in the event of an air crash. Actually, these beds had to be called into use there a couple of years ago, when that Czechoslovakian airplane crashed there, and I have no doubt from time to time with smaller emergencies. I presume that that arrangement still stands. I have not heard of anything to the contrary.

MR. CROSBIE: But they would be part - they would be part of the 115 beds.

MR. ROBERTS: I do not think so.

MR. ROWE (F.W.): No.

MR. CROSBIE: If they are not, that would help explain. The minister's answer said, Question 370, the reason was that the patient demand does not warrant it and budget restrictions. He mentioned budget restrictions. But if patient demand does not warrant it, the hospital was built there larger than need be. If it is budget restriction, the Governemnt are not providing enough money to have all the beds that we have in the Province in use. St. Clare's has 204 beds. They are all in use. The Grace has 373 beds. By the way that means that the Grace is the largest hospital in the Province, as far as the number of beds in use is concerned. The Grace Hospital in St. John's has 373. They are all in use. The Charles Curtis Memorial Hospital at St. Anthony has 150 beds, but only 130 in use. The minister said there that one ward was closed for staff accommodation and there are also budget restrictions. So, there are 150 beds at St. Anthony and only 130 being used. At Grand Falls, there are 183 beds in the hospital and only 146 being used. There are only 146 in service. That is 37 less - 183 and only 146 used. There are only 146 in service. That is 37 less . Again the answer was patient demand does not warrant opening the other beds. Well that would indicate

Mr. Crosbie.

Mr. Chairman, again a lack of planning. The hospital is larger than need be or hospitals in the area should be closed so that these beds would be used.

That is the Botwood situation. Stephenville has 100 beds, and only eighty-seven in service. Again it is stated that patient demand does not warrant it.

MR. ROBERTS: We did not build the Stephenville Hospital.

MR. CROSBIE: I know, but I am just pointing out the number of beds there are in the Province and how many are in use. So at Stephenville there are 187 in use.

MR. ROBERTS: In Labrador City - you have forgotten Labrador City which is half closed.

MR. CROSBIE: Western Memorial Hospital at Corner Brook - 275 beds, active treatment beds and of the 275, only 215 are in use. The minister's answer

MR. CROSBIE: there to the - for the reason for that was budget restrictions partly, and inadequacy for some supporting services. Well both those reasons are financial reasons. They are not being given enough money to keep 275 beds open -

MR. ROBERTS: If I could interrupt the hon. gentleman just on that one point. The supporting services, and believe me I have been through the Western Memorial a hundred thousand times - the supporting services of Western Memorial is not enough aides or maids or what-have-you. It is the inadequacy of the labs, the X-Ray facilities, and so forth and so on. The only answer really is to build a new facility - the O.R's are hideously inadequate at the Western Memorial. I believe if the hon. gentleman wants to cast his mind back - it may have been during his tenure that the advice tendered by our consultants was not accepted at the time the re-arrangements were made. They predicted disaster and that is what happened. Western Memorial is a classic case of how not to operate a hospital. The staff and administration are doing the best they can, but mere money is not the answer in Corner Brook. Well there are two divisions - the old San, and the Christopher Fisher - the staff are doing a marvellous job but physically it is just impossible.

MR. CROSBIE: Well there are 275 beds and for various reasons 215 in use. I think that was all the hospitals I asked about. In Labrador City they have a larger hospital than they need I think. So I think this points out the fact that it is all well and good to build hospitals and have active treatment beds, but you have to vote the money for operating them. You have to have the supporting services. You have to have the personnel, and with the increase this year - now there is going to be a four or five percent increase in cost every year in any event. That is just the general run of the mill. No matter ^{what} kind of operation you are in, it is going to cost more to operate a service this year than last year, unless we get a depression - and more than the year before. So the hospitals in Newfoundland this year are being asked to operate their facilities with just an increase between two and three percent. And I suggest Mr. Chairman, that it is impossible for the hospitals in Newfoundland to operate their facilities fully and

efficiently on an increase of two to three percent. Now there is a lot to be done of course in improving hospitals - the efficiency of hospitals and hospital management - the right relationships are worked out - and doubtless the minister is working on that. Certainly the Government of Canada is very concerned about it, and that can accomplish something too over the years. But I think the story of the last couple of years is that the hospital plant of this Province can not be properly utilized to its full capacity because the Government or this House is not voting sufficient money to carry on the operations of hospitals fully. And that of course, would apply also to Government hospitals - that is hospitals directly operated by the Government. So I wonder if the minister has any comment on it.

MR. ROBERTS: Yes, I would be delighted to Mr. Chairman. I do not share the hon. member's opinion that hospitals in the Province cannot operate adequately on amounts we propose to give them this year. I think it will be tight. I am sure it will be tight. I do not think it will be too tight. I have had a series of meetings with hospitals, and my officials have gone into some questions in detail. As a result, we have authorized about an extra \$150,000 over and above budgets which is reflected in here. It will take care of Medicare induced increases, but the other point the hon. gentleman made about excess beds is a valid one. And I can only say three things. First of all, it does make sense to build more beds than you will need, because you do not build a hospital every year. The St. Clare's Hospital, a project which passed the point of ultimate decision during the hon. gentleman's tenure of Minister of Health - is going to have more beds than they need, far more beds than they need - the day they open - they will not have too many over the long range. The second point Mr. Chairman,

MR. CROSBIE: I do not think that is right, because they are not going to have many new beds.

MR. ROBERTS: They will have 120 new beds.

MR. CROSBIE: Yes, but that is replacing about 100 beds.

MR. ROBERTS: 120 additional beds. I did not say new beds. I said new not replacements.

MR. CROSBIE: I would like to have the figures on that - that was not the way I understood it when I was there.

MR. ROBERTS: Secondly Mr. Chairman, the point about excess beds should borne in mind carefully when capital programs are discussed because it is one of the points that are basic in my thinking. I said this morning, we do not need very many new hospital beds, active treatment beds, and all the beds to which the member referred, were active treatment. We do not need them in Newfoundland. We do not propose, at this stage, to increase significantly the number. We do intend to replace them, and try to make them a little more effective. We do not intend to build a great number of new ones. Thirdly, and this is my final comment at least, unless there are other points to be made by any member. That is where the crux comes in, the priorities in hospital operations. We have a finite amount of money. We try to make it go around as best we can. It is a constant question whether we should open, for example, the twenty pediatric beds at St. Anthony, or we should authorize some more beds to be opened at the Janeway or elsewhere. And I am not saying our answers are perfect. I am saying Mr. Chairman, it is the best we can do within the money we have. We will just have to keep at it until we can get more money, and that is a question within the whole fiscal means of the Province.

Each bed could be expensive Sir. I do not want to go into detail, but on an average, it costs us thirty to forty dollars a day for each bed. It is another way of saying that if a person is in hospital for a week, it costs between three hundred and four hundred dollars to keep them in that hospital for a week. The highest in the Province last year was around sixty dollars per day. The lowest was around twenty-five dollars per day. There is a variation between hospitals. But I can go into it in any detail the hon. gentleman wants - but basically I think he has made his point. Mine has to be - this is where the crux and priority come - we cannot do much about it. This is the money we have. We spread it around as best we can.

The hospitals have improved their operating efficiency tremendously the past two or three years. We still think they have a way to go yet, and we are working with them, and they are working with us to achieve it. But I do think that hospitals will be able to operate on those amounts this year - if not we will do something about it. We think they can and that is the best advice I can now gather.

MR. CROSBIE: I think the minister has stated his position clearly, and I think I have made my point and he has made his, as he said. Is the use of hospital beds improving? By that I mean - the average length of the patient's stay per day as the minister knows - if you have 100 beds and the average stay in them is five days, you can treat twice as many people in active hospital beds during a year, as you can if their average length of stay is ten days. So that the patient turn-over is very important, and it has not been a strong feature of certain hospitals in this Province. In other words, you would need twice as few hospital beds if you had twice as good an average length of stay in hospital. In other words, doctors need to be on the ball, and the hospitals do, to see that a patient is only in the hospital bed as many days as is absolutely necessary. And not lying around for an extra number of days unnecessarily, because of the cost of hospital beds. Are there any recent figures that show any improvement in Newfoundland in the average length of stay in hospital, as compared to other centers?

MR. ROBERTS: Mr. Chairman, for once the hon. gentleman succeeded in raising a question that I did not anticipate. I do not have detailed information here. I can get it if he wishes. But basically, we are making significant improvement. We are not too far away from national averages now. One hospital in particular, I will not name it, but a major St. John's one, succeeded in cutting the length of stay by twenty percent within the past year, which I think is indicative of what can be done - they have not, in any way, limited the quality of medical work. The difficulty of course, Mr. Chairman, is that we are into an area now where professional judgement reigns supreme -

if a doctor says a patient must stay in hospital, then he must stay in hospital. All we can do is use mechanism such as professional review committees, and again if we can ever get our computers organized properly, we intend to start feeding patient data into them and start getting some patterns there. Along those lines, the Government of Canada has now approved an application from us for a grant to enable us to pioneer a project in Canada, and that is hospitalization usages. We think it is an area that could be very fertile and I gather the Government of Canada agrees with us.

MR. CROSBIE: Before we leave this Item Mr. Chairman, I just want to say that I think it is an important fact the minister mentioned, that we have enough beds in Newfoundland now, active treatment beds in Newfoundland, particularly when you consider those figures. And I agree that the Western Memorial (and this is a case of replacing beds with the proper facilities and proper supporting facilities) the same is true of Twillingate and Carbonear. The General can still stand work done on it. And let me see, am I forgetting any - and St. Clare's is under way. It further points out the fact that a University Hospital is luxury, which we certainly do not need in Newfoundland, and we do not need the extra beds. We do not need the University Hospital, until at least ten or fifteen years time, when we can start to afford it, unless the Federal Government puts it here. And the important thing is not just the active treatment bed but how they are used, and to be properly used - hospitals had to be voted sufficient funds to operate them properly. They have to have enough lab technicians, X-ray technicians and nurses. Nursing assistants and so on - if they are to operate all those facilities properly. I do not think we should forget that when we are just thinking about construction. Not so much construction of new hospitals as using properly the ones we have, and replacing and expanding facilities of the ones we already have. I do not know but this may be the place to ask about Baie Verte. Unless the minister wants it asked later.

MR. ROBERTS: This is appropriate for Baie Verte, sure.

Mr. Chairman, what the hon. gentleman says makes sense, and perhaps after the next election, he can come to work for us in the Department of Health, because we would be able to use experts such as his.

MR. CROSBIE: I might be busy on the eighth floor.

MR. ROBERTS: Well, it could be. They need a messenger there. Mr. Chairman, the hon. gentleman asked about the length of stay in 1968 - the average length of stay was eleven days. In 1969 it dropped to ten point seven. We estimate that throughout the Province it was ten point five in 1970 - the current year.

MR. CROSBIE: How does that compare to some other Province?

MR. ROBERTS: I thought I was doing well to find this Mr. Chairman. I will get the other information. But that is significant when you consider that during the year 1969, we had 81,000 separate patients admitted to hospital. There were 81,241 - we call them separations - that is a terrible cynical phrase. It means people being admitted to hospitals - and for a total of 846,000 days. A lot of days, a lot of people. That is one out of every six Newfoundlanders at some point last year entered the hospital. Now the hon. gentleman wants to ask about Baie Verte -

MR. CROSBIE: This Equipment Mr. Chairman. This is Hospitals not operated by the Government, \$500,000 for equipment. I know there is small equipment and so on, but what major equipment were included in this - for what hospitals?

MR. ROBERTS: As far as I know off-hand Mr. Chairman, we do not plan any significant capital or equipment purchases at this stage, but I do not have a list with me, so I do not necessarily want to be held to that. But unless I interrupt later to say so, let us agree that there is no major capital. We spent about \$249,000. Actually we spent forty dollars under the revised Estimate. This is the on-going replacement of a machine here, a machine there - as the hon. gentleman will recall, it does not take much to run up \$10,000 in equipment. I do not think there is any major piece here.

MR. CROSBIE: This vote is doubled, and it would look to me like some hospital is going to get an X-ray Intensifier or - that there must be some major equipment in here for some hospital or hospitals, with the substantial increase in the vote - It would be interesting to find out what hospitals or what kind of equipment - if the minister could find that out for us?

MR. ROBERTS: Well, I will check, but I do think the hon. gentleman is wrong. My impression is - this is the vote we cut too far last year. There are a lot of little items that have backed up. I will check, but unless I interrupt later Mr. Chairman, it would be - there are a lot of small items and not any big items. I think we have picked up the Image Intensifier problem. I understand we have one in Corner Brook - and I have not heard anybody ask for one lately. Indeed I do not know of any significant requests for new toys of this sort that has been unmet.

MR. ABBOTT: Mr. Chairman, was there a request for a boiler at the Grand Falls Hospital? There was trouble there I think.

MR. ROBERTS: Mr. Chairman, the hon. gentleman is right. There is difficulty at the Grand Falls hospital, but that is covered - I think it is covered out of last year's Estimates. We entered into the contract - we are doing some work - the cost to us is not very large. It is the contractor involved who is responsible and so he is paying the shot, and the contractor involved has agreed quite readily and willingly and eagerly, to make good whatever needed be made good. I think it was around \$100,000.

MR. MURPHY: A few months ago I was informed that at Grand Falls hospital, there is a unit - I do not know if it is a heart unit or not, that has been stored there.

MR. ROBERTS: That is the I.C.U. - Intensive Care Unit.

MR. MURPHY: It has been stored there for a number of years - am I right? Intensive Care is it? That has been there for a number of years? It has not even been uncrated or taken apart or whatever, is that an actual fact?

MR. ROBERTS: I am speaking from memory, but I think there is an intensive care unit. There may be some heart equipment there that has never been used, because they have not found the people, particularly the medical staff, and

for
I think possibly paramedical. But Mr. Chairman, I am told that the equipment votes no major items are envisaged - these are a lot of little things - now little things could easily cost \$5,000, but there are no major projects. But I think there are areas out there that are not in full use yet. My voice from Grand Falls is not with me at present Mr. Chairman, he doubtless knows - he knows more than I do about anything in Grand Falls.

MR. CROSBIE: He should.

MR. ROBERTS: He should? He lives there.

MR. CROSBIE: There is one thing, Mr. Chairman, you will not hear the hon. member for Grand Falls talking about, and that is the intensive care unit in the Grand Falls hospital, because that is prime ^{number} one example of lack of planning. Now it has nothing to do with the present minister, it was before his time. But the Grand Falls hospital contains a splendid intensive care unit which is a unit where anybody in a state nigh onto death who needs intensive care, is kept in a hospital. And it is not just a piece of equipment. It is a room. It is like a large operating room as I remember it. And then the patients are around the sides of the room in their own cubicles, and there is a special battery and nurses on there, and special equipment to keep them alive, and their heart beat is recorded and all that business I think. Anyway, they ^{have} one at the General Hospital here in St. John's.

MR. ROBERTS: There is one at St. Anthony and one in Corner Brook.

MR. CROSBIE: In Grand Falls, this unit was included in the hospital when the plans were done - I do not know how many years ago - without any giving any thought to the fact that you would have to have experienced personnel and doctors and so on to look after it. And the reason it has never been used is that no one has been able to get the highly trained personnel for the Grand Falls hospital or the doctors. In other words, for that kind of unit you probably need a much greater concentration of population and more doctors and more trained personnel. So it is an example of something, certainly that should have never been put in the Grand Falls hospital, or being put there, it may some day be used - but it has now been there - I do not know - the

hospital has been there since '65 or '66 or longer, and yet it has never been used - it is five years ago. But that is not the minister's fault, and perhaps it is no one's fault. It is just over-ambition. But it is a fact that for five years this very expensive unit has never been used.

MR. ROBERTS: Let me say quite simply, I think it is a lesson that has been well learned. The Grand Falls hospital - do not let anybody get the impression it is not a good basic facility - it is. But the story of the Grand Falls intensive care unit - An intensive care unit is just a unit where you are watched night and day. My friend, the Minister of Supply and Services spent a couple of days as my guest at the General Hospital in one last Fall - enjoying himself, wired up for sound - you would think he was back reading the Blue Star News.

MR. MURPHY: Maybe that is what happened to him. He is wired for sound ever since he came back.

MR. ROBERTS: Well he was wired for sound. He did not get his vote in - It would have 10,088 if had got his vote in. I think I know how he would have cast it. But there are stethoscope and one thing and another, and so your heart beats ^{are} monitored, and your pulse is monitored, and there are nurses there night and day.

MR. CROSBIE: Is that where you insert the wired taps?

MR. CROSBIE:

One person on the other side always nods at what everybody else says.

MR. ROBERTS: Oh, well that is just because we look through the holes in the head.

MR. CROSBIE: That is where they put the wires in down in the Intensive Care Unit.

MR. ROBERTS: Mr. Chairman, but what I saw was an awfully interesting and awfully valuable thing and if you are sick it is a frightfully useful thing because it is instant care and if you have a heart collapse they come in and massage it or cut it open and do all the rest. It is expensive, frightfully expensive but awfully valuable. It has saved literally hundreds of lives.

MR. CHAIRMAN: Shall (06)(01) carry? Carried. Shall (06)(02) carry?

MR. CROSBIE: There is no special great equipment going in the Government hospitals, no heart machines -

MR. ROBERTS: No, that is about one-third of the other one.

MR. CROSBIE: No great image intensifiers -

MR. ROBERTS: No, we are not planning any empires in the association.

MR. CROSBIE: That is all in the past.

MR. ROBERTS: Pardon.

MR. CROSBIE: That is all in the past, is it?

MR. ROBERTS: Oh, I think the empires are now duchies.

MR. CROSBIE: Good.

MR. CHAIRMAN: Carried. Shall (03) carry?

MR. MURPHY: What is this? Is this Department reduction or debt reduction?

MR. ROBERTS: No, that is a misprint. It is debt reduction and that is the final payment in some equipment for the Gander Hospital. That was a five year payout and this year we pay it out, this is the end of it and we now own it. We will probably have to replace it now as it is probably worn out.

MR. CROSBIE: Before leaving there, Mr. Chairman, I want to ask about the Appropriations-in-Aid there. The cost is \$36,399,000. and down below the Appropriations-in-Aid of which the Federal contribution is \$21,387,000. which is up almost \$3. million from last year although the - I do not want to interrupt the Premier, Mr. Chairman.

MR. ROBERTS: Why is it up \$3. million?

MR. CROSBIE: The expenditure is only up from, the expenditure under this vote is up \$700,000. but the contributions from the Federal Government are up nearly \$3. million. Why is that?

MR. ROBERTS: Mr. Chairman, that is partially the result of negotiations by my officials and partially the result of a number of trips by me to Ottawa. We have managed to get Ottawa to share a number of costs they did not formerly. For example, pensions in hospitals and so forth. We have had a good hard look at the Hospital Insurance Plan once again and discovered that we are entitled to get more. The actual this year was nearly \$19. million, \$18,926,785, and it is about \$2.5 million more next year but we expect to get it and it really is because, Mr. Chairman, we have good working relationships with Ottawa and we are entitled to more apparently.

MR. CROSBIE: The Minister says you expect to get it. I mean, has it been confirmed that you are going to get it?

MR. ROBERTS: Well, as the hon. gentleman knows, on any shared cost program you have to spend it before you get it but our computations are that we are entitled to receive this and, unless Ottawa refuses to honour the agreement they have, then we will get it.

MR. CROSBIE: What is the major item, you mentioned pensions?

MR. ROBERTS: That is the biggest one and a number of other shareable costs but pensions are our large ones. Up to now they were not sharing in pensions at all but now they do, pension contributions and I do not mean just pensions.

MR. CROSBIE: Contributions, the six per-cent.

MR. ROBERTS: Yes.

MR. CROSBIE: The employers part of the contribution.

MR. ROBERTS: Yes.

MR. CHAIRMAN: Carried. Shall 1062(06)(01) carry?

MR. CROSBIE: We are now on 1062 are we?

MR. MURPHY: Yes. 1062 - Hospitals Not Operated By Government.

MR. CROSBIE: Oh, I am sorry. I want to speak on one of those items. Which one are we on, Mr. Chairman?

MR. CHAIRMAN: 1062(06)(01)

MR. CROSBIE: Oh, other services yes. Well, these are hospitals not operated by the Government and, Mr. Chairman, the Baie Verte Hospital I have asked some questions about, the Baie Verte Hospital and its relationship to La Scie. The people of La Scie as the Minister knows are very disturbed about their medical services in La Scie and in their relationship to the Baie Verte Hospital and the Minister said a month or so ago that the Government was considering, the United Church operates the Baie Verte Hospital under agreement with the Government, and the Minister said that the Government was considering taking the management of the Hospital over from the United Church of Canada, taking it back. I would like to know whether the Government has reached any conclusion on that and what the position is for this year and what progress is being made? The people in La Scie whether justified or not feel they are being treated shabbily in their medical services, they feel the doctors from the Baie Verte Hospital are not giving them the proper service. They come to the clinic at La Scie and they allege that the doctors will not go and visit the homes of people who are too sick to get to the clinic. They want a nurse in La Scie and the relationship with the management of the Baie Verte Hospital is a very strained one. So could the Minister tell us what the situation is now?

MR. ROBERTS: I cannot add very much to what I said earlier, Mr. Chairman. I think it is fair to say, as the hon. gentleman has, that relations between the people at La Scie and the management of the Baie Verte Hospital are, put it mildly, strained. I am not sure the fault is all on one side, as a matter of fact I am quite certain that there is a degree of fault on both sides in this one. We have not yet reached any decisions to whether or not we shall take back the operation of that hospital. I am not so sure that that would solve the problems and in any event it might create further ones. It is not a step we take lightly. There are areas of difficulty but the hon. gentleman is familiar with La Scie because he has a person who quite appropriately briefs him, that is fair enough. But there are many such problems around Newfoundland and I suspect there always has been and always will be. These are not unique to Newfoundland at all. The problems are - but I should add that for every complaint I have

MR. ROBERTS:

had about it I have had representations against it from people in the area. I gather there is not completely unanimity on this point and there is more to it than meets the eye. But basically there is nothing more I can add. We are looking at it and I have not had a chance to get into it in any detail. I may say I ask the hon. gentleman's complainant, who spent three or four hours with me, I ask him for specific details. We had some, we followed them up and I think they were all satisfactorily dealt with one way or another and I have not heard anything of it since. That is not saying the problem is not there it is just that I have not heard of it since.

MR. CHAIRMAN: Shall (06)(01) carry? Carried. Shall (07)(01) carry?

MR. CROSBIE: Would the Minister explain about St. Clare's? There is \$5.5 million this year, now the \$5.5 million will have to pay off - Last year, I think, St. Clare's Hospital arranged loans, there was no vote in the estimates for construction at St. Clare's so they had to arrange loans so some of that \$5.5 million is to pay off construction costs of last year and some, of course, would be for this year. When does the Minister expect the project will be completed and how much money does he consider the House will have to vote to complete this project? Is it another \$7. million or \$8. million, what is the total cost and would he just explain the facility that is going to be there when it is finished? I think it is around 300 beds with all the supporting facilities. Could he just give us some information on that?

MR. ROBERTS: Mr. Chairman, last year under guarantee of the Government St. Clare's obtained from a Commercial Bank a loan of \$1.8 million or a little less than that, I think it is \$1.8 million including interest. We are repaying that, we will be repaying it this year and in addition paying them some other money. The amount of \$5.5 million was worked out and I have a letter here from His Grace the Archbishop which, this was agreed between us and them and the letter from His Grace on behalf, I believe he is Chairman of the Board of the Corporation, and so the \$5.5 million is there. We will have to spend in the next three years another \$8. million for a total of \$13.5 million and in addition we have already put a sum of, I believe, \$1. million into St. Clare's earlier. I should say that the amounts we have to spend in the future will depend, of

MR. ROBERTS:

course, upon the contracts. The bidding has been very good in the last contract and if the prices are lower than that then that is all we will have to pay.

I understand that the new St. Clare's will come into effect sometime in late 71 or maybe early 72. I do not have the precise time but it is about that time, it is another year or so and it will be phased in over a period of time. The project covers extension of the operating room, the X-ray Department, the Laboratory, the boiler room, the dietary department and the physical medicine department. It will produce 220 new beds but replace 100 so we will have a net gain of about 120 and I think St. Clare's now has about 200 beds, I forget again the precise figure, but that will give St. Clare's about 320 and certainly make it a first-rate medical facility which will be doing, as part of the overall plan for St. John's, it will be doing obstetrics work and there is a possibility we may have some other services attached to there. But that is a matter which we are working out with the management of the hospital and I do not want to go into it right now. But the \$5.5 million this year and we are committed to spend an extra \$8. million over the next three years depending on the bids. If the contracts total less than that then that is all we will ask the House for.

MR. CROSBIE: There is no Federal contribution now, is there?

MR. ROBERTS: We drew the last Federal contribution of a little over \$900,000. as I mentioned to the Committee this morning the hospital construction grant, I think we have applied it against this as we had to apply it somewhere. It is not shown in the estimates because at the time the estimates were printed, Sir, we did not know for sure if we would be receiving the revenue. That will reduce our capital requirements by that much.

MR. CHAIRMAN: Carried. Shall (07)(02) carry? Carried. Shall (07)(03) carry?

MR. CROSBIE: On (03), could we find out what is going to be done to Western Memorial as Humber East would never forgive us if we did not ask what that is for that \$250,000.?

MR. ROBERTS: Well, Mr. Chairman, that is to continue, we spent not \$105,000. but \$350,000. last year on Western Memorial and that includes paying off some old bills that we had. The quarter of a million is a guesstimate as to what we will need and we hope by the time the year is finished to have a set of plans

MR. ROBERTS:

ready for tenders, you know to that stage. There is considerable discussion on the concept of the hospital: how large it should be, what it should attempt to do and what it should not attempt to do. As I told the Committee this morning a working planning Committee chaired by my Deputy Minister has been at work on it and they have gone a fair distance, I think, but the sickness of my Deputy Minister has put them back a couple of months and we expect to be back at it shortly. So that is basically what the money is for and it is the best estimate we could be given as to what is needed.

MR. MYRDEN: Mr. Chairman, before the Minister sits down, will that be used on the Western Memorial or the Christopher Division or is it just in the planning stage?

MR. ROBERTS: Well, Mr. Chairman, that is for both the Western Memorial Corporation, most of it will go for planning and there maybe some small renovation projects that we will pay out of that but basically that is a further planning vote. It seems, Mr. Chairman, as if we are spending a lot of time on planning but I think it will be time well spent, for the people in Corner Brook or in areas served, which is Baie Verte to Burgeo, it must be frustrating beyond words, the medical staff and the paramedical people, the administration. But the matter is too important, this is the basic facility for all Western Newfoundland, leaving aside the Northern Peninsula, which is in the St. Anthony area, and it is crucial that whatever we do be well thought out and I would far rather wait even another few months to get a better - and I think the people of Corner Brook would probably agree with that.

MR. MYRDEN: Has there not already plans and everything been drawn up?

MR. ROBERTS: There is a room, Mr. Chairman, filled with plans for the Western Memorial Hospital. There are at least four separate sets that I know of but I do not think either of them is completely acceptable so we are putting them all together and we are now trying to get exactly what should be in the hospital, how many beds and what kind they should be.

MR. CHAIRMAN: Shall (03) carry? Carried. Shall (04) carry?

MR. CROSBIE: (04) is on the General Hospital. What was actually spent on construction of the General Hospital last year and is there not \$500,000. planned

MR. CROSBIE:

to be spent this year and for what facilities?

MR. ROBERTS: We actually spent \$398,665., not the \$400,000. shown here. The half million, I should add, Sir, these are net figures and any revenues that may come from Ottawa and Health Resources Funds will be in addition to that. That provides for the completion of the planning process at the General Hospital and possibly even the start of construction on some facilities, that is a possibility not a certainty, I want to make that clear, but that is what we are up to at the General. The General must have work done on it as it is the basic facility for this Province and it needs substantial capital spent on it.

AN HON. MEMBER: (Inaudible).

MR. ROBERTS: The plans will probably look to removing the older section as an active hospital but many parts of it will still be in use.

MR. CROSBIE: There are plans now ready for these renovations or extensions, are there?

MR. ROBERTS: No, no, we have a conceptual plan.

MR. CROSBIE: So they have to be completed and then you are going to call tenders.

MR. ROBERTS: Oh yes they have to be completed and whether it is us or the board is a matter we have not worked out but no matter who calls the tenders we are the buckoes that pay for it.

MR. CROSBIE: Well, while you are on your feet, the Churchill Falls \$200,000., what is that?

MR. ROBERTS: The Churchill Falls Hospital, Sir, is a unique institution but we do not know what it cost. I have heard the most horrendous figures of what that hospital cost. It was built by Churchill Falls Limited, it is their hospital, they own it. That is our policy - where they create a need they must meet it and that is the same as they provided everything else on site. We agreeded to contribute \$300,000., one in each of three years. We paid the first payment. I think, probably during the hon. gentleman's tenure and last year Hon. McParland and I worked out an arrangement whereby we deferred it a year and so it is in here as \$200,000. and that is the final two-thirds. So we have agreeded to contribute \$300,000. and you will have to ask Brinco, Mr. Chairman,

MR. ROBERTS:

what the rest of it is, But I can assure you from what I hear it is considerably more than \$300,000. We got an awfully good buy for \$300,000. and there are twelve permanent beds in that hospital.

MR. CHAIRMAN: Carried. Shall (06) carry? Carried. Shall (08) carry?

MR. CROSBIE: (08) Notre Dame Memorial. You are not asking for any vote this year for the hospital at Twillingate?

MR. ROBERTS: That is correct, Mr. Chairman.

MR. CHAIRMAN: Carried. Shall (10) carry? Carried. Shall (09)(07) carry? Carried. Shall 1063(01) carry?

MR. ROBERTS: By the way, Mr. Chairman, just before we go, I mentioned that the \$900,000. was not shown but here it does show as an Appropriation-in-Aid on this capital account. That is the final payment from Ottawa under the 2,000 bed formula.

MR. CHAIRMAN: Carried. Shall 1063(04) carry? Carried. Shall (09)(03) carry? Carried. Shall (09)(04) carry? Carried. Shall 1064(01) carry? Carried. Shall 1064(04) carry? Carried. Shall (09)(03) carry? Carried. Shall (09)(04) carry? Carried. Shall 1065 carry? Carried. Shall 1066(01) carry?

MR. MYRDEN: Mr. Chairman, would the Minister please explain to the House if the cottage hospital scheme such, as we know it down on our part of the Coast. Do they intend to - as I understood it, a few years ago they had plans drawn up for a new hospital at Norris Point and possibly one in between Norris Point and St. Anthony, I think it was around Port Saunders area there -

AN HON. MEMBER: (Inaudible).

MR. MYRDEN: Doctors Brook was mentioned, Sir, a long while ago, but I think the people realize, now that it is now an industrial area at St. Barbe South there in Port Saunders, I believe that they expect to have a hospital there. Would the Minister mind explaining if there is any intention of building a new hospital at Norris Point and possibly one at Port Saunders?

MR. ROBERTS: Mr. Chairman, at Norris Point, I think, we put a substantial amount in renovations in within the past two or three years. There are no plans to do anything further in that area at this time and I know of no plans to build a hospital between Norris Point and St. Anthony and indeed I would say, as we were

MR. ROBERTS:

on it this morning, that the number of people do not justify a hospital. It would be bad medical practice to have a hospital because it would be a second or third or fourth class institution. What we hope to do is to have doctors stationed there and not just mid-wife nurses and to provide ambulance services and in addition travel or small clinic type operations but there are no plans to build a hospital. The distance is high, it is 250 miles roughly by road from Norris Point to St. Anthony but the number of people just do not justify a facility. It would be scandalous to build a hospital and I know of no plans to do it, Sir.

MR. ABBOTT: Mr. Chairman, would the Minister turn to page 124 on salaries and medical care? Am I correct, they start at \$20,000. and go to \$40,000, that is the Senior Medical Officer?

MR. ROBERTS: Yes, Sir.

MR. ABBOTT: Could he tell us say how many are in the \$30,000. bracket and how many in the \$35,000. and how many in the \$40,000.?

MR. ROBERTS: Mr. Chairman, I do not feel I should reveal what each individual gets but -

MR. ABBOTT: No, no. No names.

MR. ROBERTS: Let me say that of our senior medical officers, all except one, are \$32,000 per year or greater. There is one under that, he is the most junior of the senior medical officers.

MR. ABBOTT: The graduate in medicine, let us say in May 1970 would go in as an assistant medical officer.

MR. ROBERTS: We start them at \$20,000 a year, plus housing, plus leave, plus study leave. We are paying very well, I would not say we are paying too well, because we have not succeed in getting enough doctors, but we start at \$20,000.

MR. ABBOTT: What rent would you pay?

MR. ROBERTS: It varies, and we may be changing the rents, Mr. Chairman, for these new houses. But, I think, it is \$55.00 or \$60.00 a month from the older ones. It is not a bad deal, Mr. Chairman.

While I am at it, the hon. the member for St. John's West this morning asked me for some information about houses, I did not have it, but I now do. These are houses we have purchased ready made from the -

MR. CHAIRMAN: Order!

MR. ROBERTS: Mr. Chairman, I do not mind trying to out talk members of the House, but really there are limits. I wonder could an attendant or somebody -
Mr. Chairman, the hon. member for St. John's West asked about houses we bought and asked where they were. There are thirteen of them, the two at Gander are in place and they are occupied, and I am told the doctors living in them have found them most satisfactory. We have one in Aguathuma, which is almost finished. At Trepassey we just established a site, and we just recruited a doctor just the other day for Trepassey. The one in Harbour Breton is completed. At Hampden and Hare Bay in Bonavista North, we have not been able to, (when I say 'we', it is the Newfoundland and Labrador Housing Corporation), we have not been able to locate sites yet, but they are working on that. At Old Perlican we have got the site. At Placentia we have acquired the land, and we have been authorized or the Housing Corporation have been authorized to let a contractor to pour in the basement. At Channel we have got the land. At Springdale we are putting one next to the hospital, they have not found a precise site yet.

MR. MYRDEN: Is there not one there now?

MR. ROBERTS: Oh, there are a number at Springdale, but we have three or four medical officers at Springdale. At St. George's we have got the land and the contract is awarded for the foundation. A new one is going into Come-by-Chance, where we have several houses already, we have not found the site yet.

The approximate cost of these houses on site ready to use, is about \$32,000, which is very, very, very reasonable. I think, my colleague the Minister of Public Works will confirm that in calling tenders and going through that route as such - that it would cost \$10,000 to \$15,000 more. These are in remote areas, you know, Mr. Chairman, you are buying the most expensive housing you can. And so we found -

MR. MYRDEN: They are fully equipped.

MR. ROBERTS: I am sorry?

MR. MYRDEN: They are fully equipped too, are they not?

MR. SMALLWOOD: Inaudible.

MR. ROBERTS: Well, the Premier said, we do not try to, but in fact, as he said, we do.

MR. MYRDEN: Are they not equipped?

MR. ROBERTS: Oh, they are basically equipped. I think heavy furniture, stoves and things like this. \$32,000 is an awfully good buy.

AN HON. MEMBER: Are these the houses at Stephenville?

MR. ROBERTS: Yes, these are three and four bedroom houses.

MR. ABBOTT: A four bedroom house \$32,000?

MR. ROBERTS: This is the average,

MR. ABBOTT: The average.

MR. ROBERTS: \$32,000, and these are three and four bedroom houses, very reasonable indeed.

MR. ABBOTT: The average, yes.

MR. CHAIRMAN: Shall the item carry?

MR. ABBOTT: Just one minute, Mr. Chairman, a doctor living in a city working in the hospital, and he paying say, \$125, or \$150 rent, is he reimbursed, the

MR. ABBOTT: difference between, what he would have to pay in the outports than what they are paying in the city?

MR. ROBERTS: No, Sir, he is not. We have some doctors, I believe, on staff at the Mental Hospital who are living in very cheap accommodations, very good, but it is very cheap. And as I say one of the areas we are looking at, is in changing the whole rent structure, and the basic thought is to relate it to salaries. A man making \$35,000 a year can probably afford to pay an economic rent for a house.

On motion Items 1067-03 to 1067-10-07 carried. Shall 1068-01 carry?

MR. MYRDEN: 1068 - Sir Thomas Roddick Hospital. Would the minister explain why that is gone up by over \$60,000 in salaries this year?

MR. ROBERTS: Mr. Chairman, what has happened throughout the Health Department is that we have eliminated jobs that we have not been able to fill. The actual last year was \$722,100, and we hope to recruit some more at Stephenville and that is why in effect we established new posts there.

MR. MYRDEN: Because of the increase there now.

MR. ROBERTS: Well we are very short of particularly nurses, for some reason the Roddick Hospital is having trouble attracting nurses. We have posts we hope to fill.

MR. CHAIRMAN: Shall 1068-01 carry? Carried.

On motion 1068 - 02 to 1068-09-04 carried.

On motion 1069-01 to 1069-09-07 carried.

MR. HICKEY: Mr. Chairman, 1069-09-07, could the minister tell us what this amount is for?

MR. ROBERTS: Oh, sure, Mr. Chairman, I do not have it specifically, but that hospital was bought on a buy-back, was it not? A lease-back, and that is the annual payment. Actually last year, it was estimated at \$100,500, and it was only \$100,190. so we saved \$310 last year.

MR. CHAIRMAN: Shall the item carry? Carried. Shall the Block Provision: Canada Pension Plan carry.

MR. ROBERTS: That is okay. You do not need to increase that. Now there is an Amendment to the next Block Provision, Mr. Chairman.

MR. Chairman: Block Provision: Salary Increases and New Posts.

MR. G. A. FRECKER: Mr. Chairman, I move that Block Provision: Salary Increases and New Posts be changed from \$2,074,400 to \$3,728,700. And that the total be changed accordingly to \$41,780,700.

MR. CHAIRMAN: Shall the Amendment carry?

MR. MYRDEN: Mr. Chairman, before we amend that, the Department of Health one, would the minister mind, maybe it is not his department, but I understand that there was a delegation from Corner Brook in here yesterday to talk to one of the minister's, either it was the Minister of Social Services or Health, concerning the Old Age Home at Corner Brook.

MR. ROBERTS: Mr. Chairman, my colleague the Minister of Social Services and Rehabilitation or the Minister of Public Welfare, which ever he now is, is the minister responsible and as I would gather we are about to conclude the estimates of my department in a couple of minutes. It is his responsibility, and we work closely and we hope to even work more closely in coordinating our needs.

I met with the committee,

MR. MYRDEN: Yes.

MR. ROBERTS: Rev. Mr. Fowlow, the Rev. Mr. Baker, they met with the Premier and I was present for apart of the meeting, but I think my colleague would be the one to go into it in detail.

MR. ABBOTT: Mr. Chairman, early in the afternoon, I think, the minister intimated here, something about Baie Verte Hospital. I understand that there has been a request for the change of Administration. I wonder if he would be good enough to tell us what that change is?

MR. ROBERTS: Mr. Chairman, the hon. member was temporarily absent from the House. I think, I revealed this in answer to a question on the Order Paper, we have received a request from the official board of the United Church at La Scie asking us if we would take back the plant. at least take it away from the Board of Home Missions of the United Church of Canada. In reply to the question, I said, that we were considering that. Earlier this afternoon, the gentleman's colleague, the member for St. John's West raised it, and I said

MR. ROBERTS: that I really had nothing to add, that we still had the matter under consideration, but certainly had not decided to remove or to take back the responsibility of administering that hospital. It is vested with the Board of Home Missions of the United Church of Canada, and I said, it would be a very serious thing, if we decided to take it back. And at this stage, it was just under consideration. I have not had a great deal of time to get into it one way or the other of late.

MR. ABBOTT: Thank you, very much.

MR. CROSBIE: The Block Vote now, is it not that we are on. I notice there is a reduction in staff to 2,208 from 2,661, total staff of the Department of Health. Is there any special reason for that?

MR. ROBERTS: Mr. Chairman, there is a reason, we have for years carried in our estimates in the Department of Health Posts that have never been filled. So this year, and this is general throughout the Public Service, we have eliminated any post that has not been filled for twelve months, before the 1st. April. And that, in effect, those many posts have never been filled. We have not laid anybody off, we still have all of our normal staff. These are mainly specialists that we had never been able to find, As we can recruit them, Mr. Chairman, we will be approaching the Treasury Board, and if we make a sufficient case with that charitable organization, we will be authorized to hire them. Indeed, we have already been authorized to hire some within recent weeks.

MR. CROSBIE: What is the new amount now on this Block Vote?

MR. ROBERTS: I do not have them.

MR. CHAIRMAN: \$3,728,700.

MR. CROSBIE: Mr. Chairman, just one other question on that, that would be calculated, Mr. Chairman, presumably on the bases of the salary offer of the Government. Does the minister anticipate that there would be any other increase in this?

MR. ROBERTS: Mr. Chairman, the hon. gentleman cannot expect me to reveal our negotiating strategy. The amount is -

MR. CROSBIE: I am glad to hear there is strategy.

MR. ROBERTS: Ah! there is a very great strategy, Sir. The amount is what my officials advised me will be adequate. What will actually come, I do not know. Really to answer the question in detail would give away the keys of the kingdom.

While I am on my feet, Mr. Chairman, may I thank the committee for their kindness. I guess five hours, you know, what I think has been a very thorough look at the estimates of \$80 odd million.

My friend from St. Barbe North asked me to keep quite, and he kept quite today, and I congratulate him on his forbearance, and I guess that is why we have done it.

Thank you.

MR. CHAIRMAN: Shall the Amendment carry?

MR. CROSBIE: Mr. Chairman, while the love feast is on, we would like to thank the minister for being so well prepared and co-operative.

MR. CHAIRMAN: Shall the total as amended carry? Carried.

Heading XI. SOCIAL SERVICES AND REHABILITATION:

MR. SMALLWOOD: Mr. Chairman, before you go on to this heading perhaps the committee would be interested to hear an extremely important announcement that was just made in Winnipeg by the Minister of Finance, Mr. Benson. It has just been handed to me, as a press message, on which I am asked to comment, but I thought perhaps before commenting on it, the committee would like to hear it. Federal Finance Minister Benson announced today \$285 million relaxation in Ottawa's spending austerity and the provinces will benefit.

The three part program is designed to help mainly the have-not provinces hit by austerity measures and high unemployment. They include acceleration of regular distribution of the Provincial shares of Federal Corporation Tax, which means about \$150 million would be added as a one shot advance in Provincial Revenue this Financial Year. Newfoundland undoubtedly will get a good share of that.

MR. SMALLWOOD: Revision of the equalization payments designed to increase the revenues of provinces, that would be particularly the so-called have-not provinces. We will get a generous slice of that, I hope. With the low averaged tax incomes, well, revenues of provinces with the low averaged tax incomes, meaning increased distribution to about \$920 million from an original estimate of \$867 million, that is \$53 additional distribution, under the heading of equalization. We should get a fair share of that.

Immediate distribution of \$150 million remaining in the kitty for Capital Grants to Provinces for construction of Technical and Vocational Training Schools, a speed up from the original schedule that was suppose to run to March 31st. 1975.

So under these three headings the Province should get a fair additional amount of revenue in this current year.

Now, Mr. Chairman, I have to say that the Government have kept in very close touch with me on this, as they have without a doubt with other Premiers, and with our Minister of Finance, who is presently at the Conference in Winnipeg, as without a doubt they have kept in touch with minister of Finance in other provinces of Canada. And I may say that I have been in very, very close touch constant, more than once a day on the telephone, and they have kept me extremely well informed, and of other matters which have not as yet been made public, and I think there is a very powerful desire on the part of the Canadian Government, in fighting inflation, to remedy the parts of the fight that have a particularly bad effect on the have-not provinces, especially the Atlantic Provinces.

I thought the committee would like to hear this.

MR. HICKEY: Maybe after hearing that news I should move an increase for the hon. minister, but then again I cannot very well do that, because I am on this side of the House. However, Sir, I certainly will not move a decrease, because under this heading, I would just like to make a couple of general comments, inasmuch as, I think the minister is doing a very good job, and he is getting involved in some of the areas which we have been talking about for so long.

As I have said in an earlier debate, I would hope that he continues along

MR. HICKEY: those lines, because there is a great need for more flexibility in the department for which he is head off. And I would like at this time to congratulate him on the estimates that he is making, and hope that he continues and indeed goes beyond what he has already done.

MR. MYRDEN: Would the minister mind replying to that question I started with the Minister of Health concerning a group from Corner Brook, of people who are interested in the Old Age Home out there, would he have anything to tell the committee right now?

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Mr. Neary.

Mr. Chairman, I did not attend the meeting of the reverend gentleman who came to St. John's yesterday, but I have been negotiating with the Inter-Faith Group in Corner Brook for well over a year. I think it is probably closer to two years, and we have reached the stage now where they have made a definite proposal. There is a question now of whether or not at this moment we will be in a position to pay the per diem rate that is called for under the memorandum that was circulated by my predecessor over a year ago and so that matter is now in the hands of the Treasury Board.

The other factor involved, I think, is a guarantee of ninety per cent occupancy. Well there is no problem with that. We can guarantee the ninety per cent occupancy and the other matter is out of my hands, because as the hon. member is probably aware, any matters now involving finance have to go to Treasury Board and that is where it is at the moment and I will be meeting and my officials will be meeting with Treasury Board in the foreseeable future to thoroughly investigate this matter.

MR. CROSBIE: A ninety per cent guarantee, and they want some grants, too.

MR. NEARY: No, Mr. Chairman, what they plan on doing is borrowing the money from CMHC to build the institution. It will be a unique arrangement actually in Newfoundland. It will be the first time that a home for senior citizens was constructed in this way. They will borrow the money themselves. They will build it. They will own it - the Inter-Faith Group and they will amortize the loan over a period of twenty to twenty-five years through the per diem rate and the operating cost. They will amortize the loan, and operate the building and maintain it out of the per diem rate that will be paid from my department of which fifty per cent is recoverable from the Canada Assistance Plan.

MR. CROSBIE: You are not being asked for any cash grant or anything?

MR. NEARY: No capital outlay at all.

MR. MYRDEN: Can we expect that answer in the next foreseeable future?

MR. NEARY: Yes, Mr. Chairman, I have advised the secretary of the committee that the moment I have the answer from Treasury Board, I will pass it along to the Inter-Faith Group in Corner Brook, and I hope that will be in the foreseeable future. I want to thank my hon. friend from St. John's East (Extern) for his kind opening remarks.

MR CHAIRMAN: Shall 01 carry? Carried. Shall 02-01 carry?

MR. HICKEY: I notice that the hon. minister is going to do double the travelling this year that he did last year. I would like to say, too, that I welcome that indication. I think the Ministers of Welfare, as he used to be called - I always felt that he should have gotten out around more and mixed with the field staff, and I am wondering if he could tell us is there anything spectacular about it or is there anything new which brings about the double amount?

MR. NEARY: No, Mr. Chairman, this vote has been doubled in every department this year to take care of the increased expenses that occur. Last year - actually, it will be a year this month - I think, it was a year this week since I became minister of this department. So, this is my first birthday, and I have done a fair amount of travelling around the Province visiting the local welfare offices, and when the House opened I had to discontinue that, but I intend to resume local visitations as soon as the House closes. I would like to keep in touch with the offices, and I think it improves the moral of the staff, as my hon. friend probably knows, and it gives me a better grasp of the local problems and in trying to find solutions to these problems. Because what we are trying to do in this department, Mr. Chairman, is shift the emphasis to rehabilitation and I think that this is the only way it can be a success.

MR. HICKEY: Mr. Chairman, just before it carries, I would like to say that we welcome the announcement of the hon. minister that he is going to get out more and visit those offices, and it seems that all the hon. ministers are going to do that. So, that is a good sign. Our Government are going to

Mr. Hickey.

get closer to the people.

MR. BARBOUR: Mr. Chairman, before this is carried, I want to say this: last summer, the minister did visit Bonavista with me. He visited the welfare office and while he was in conference with the welfare officers, there was one man who came in there who seemed to be a bit upset - a bit mad, because he thought he was not getting the proper treatment. So, he came to me and I said, "well, the minister is here." The minister talked with him - explained the matter to him and that man went out of the welfare office a very happy man. He went around the town of Bonavista, with its population of 4,400, he went into each one of the small communities, four or five of them, and he told how it was the first time that he had ever met a Cabinet Minister in his life and it happened to be the Welfare Minister. I said, "do you know his name?" "Yes," he said, "because he was so kind to me, I asked him his name, and I wrote it down." I said, "what is his name?" He said, "the hon. Stephen Neary."

There was a man who was going to raise the roof with the welfare officer. This man was there on the spot, and he satisfied the man. He satisfied the family and his name is now a household word. So much so that I am afraid he might take the district from me.

MR. MURPHY: I heard that man wears a glove on the hand that he shook the hon. minister's with.

MR. HICKEY: I am sure the hon. minister takes exception to those remarks, because the hon. minister to become a welfare officer, I am sure he does not want that.

MR. CHAIRMAN: 01, 02, 03 carried. Shall 1102-01 carry? Carried. Shall 02-01, 02, 08, carried. Shall 09 -01 carry?

MR. HICKEY: Would the minister explain this item for us or just give us a brief..?

MR. NEARY: This is our share of the cost of operating the computer services, and we probably use it more than the average department of Government, because of the number of clients, the number of cheques that are..

MR. HICKEY: Is this the division that is in Elizabeth Towers.

MR. NEARY: Yes, this is our share of the costs. We send out cheques every month.

MR. CHAIRMAN: 09-01 carried. Shall 1112 - 01 carry? Carried.
Shall 02-01 carry?

MR. NEARY: I think, Mr. Chairman, this is because of vacancies that we had and we find now that these are not necessary to fill. These were positions that we were unable to find staff for. So, therefore, I would say mainly that it is due to our inability to recruit, you know, properly trained staff.

MR. MURPHY: Institution Officers Grade VI - we had ninety-six, and they are now down to sixty-five. There is just a question I raised; sir, and I do not know if it is being checked out, and it is with reference to the Hoyles Home and the almost impossibility for a fire bus to get around the back. Does the minister remember a couple of weeks ago, when he said that he was going to check it out on account of this high curb going up around?

MR. NEARY: Yes, Mr. Chairman, the next morning at 6:30, I think it was, I drove down around the - 6:30 in the morning.

MR. SMALLWOOD: 6:30 p.m.

MR. NEARY: No 6:30 a.m.

MR. MURPHY: In the morning, I can vouch for that. I met the hon. minister. I went in to check myself.

MR. NEARY: So, there is a road that goes right down behind the Hoyles Home, but I think what my hon. friend is referring to - there is a sort of balcony or something on the far corner and that may obstruct a ladder getting up but I checked it out with the fire marshall. I checked it out with the superintendent of the home. There is absolutely no fire hazard

Mr. Neary.

at all. As a matter of fact, I think we are probably better equipped fire-wise than any institution in St. John's.

MR. MURPHY: Is there a new road...?

MR. NEARY: Yes, you can go right in on the left - going out Portugal Cove you can go right in around the back of the building. You can drive right in around the back.

MR. MURPHY: Thank you.

MR. HICKEY: Mr. Chairman, I feel that I have to say a word at this time. All of those old folks in at the Hoyles Home are constituents of mine, and I recall mentioning this matter earlier in the session. I believe the hon. minister told me that there were a small number paying rent.

MR. NEARY: Three.

MR. HICKEY: Three - however, I feel obligated to mention it to express the hope that some means will be found - some way will be found to reduce this rent to those people who may have occasion to be admitted in the future. As I pointed out at that time, sir, the rent was very high. It is something over \$400 a month and while there are only three paying it, to me it tends to eat away at the savings of a person very quickly and possibly destroy some of their dignity, in as much as, before too long, they are actually receiving rent free.

I do not know what the arrangements are. It is possibly a difficult thing to change or to improve upon but certainly I think it should be given more consideration.

MR. NEARY: Mr. Chairman, I might say for the information of the committee, I think, I tabled the answer to this question in the House the other day. Incidentally, for the information of the committee, all my questions have been answered but the per diem cost for ambulatory patients at the home is \$14.70. That was in 1968-1969 and for bed ridden, \$19.47.

MR. HICKEY: How much?

MR. NEARY: \$19.47 - there are three patients at the home, presently, paying the full rate and as my hon. friend knows, as soon as their liquid assets are absorbed, used up, or their bank accounts, all they have to do then is apply to the welfare officer and then we take over and we pay the full shot* from their on. They are allowed to keep so much in trust for burial expenses.

MR. CHAIRMAN: Carried. 01,02-01,02 carried. Shall 03 carry?

MR. HICKEY: Mr. Chairman, on 03 the reduction of \$400. But, I notice last year it was \$1,000. I raised a question of burial of people who die in the institution. Do the Government forward the remains - to wherever the person might wish to be buried, if they express some wish before they die or is it customary that they are buried in one of the cemeteries in the City.

MR. NEARY: What usually happens, Mr. Chairman, is that if they have relatives, we get in touch with the relatives and they advise us where they want the body buried, whether it is in the City or whether it is in their home town and then my officials at the Hoyles Home will make the necessary arrangements.

MR. ABBOTT: Mr. Chairman, can the minister tell us how much money is held in trust for patients at the Hoyles Home to date? I presume that some official is the trustee for patients who are incompetent of looking after their own affairs and that trustee is bonded and so on?

MR. NEARY: Yes, Mr. Chairman, that is quite correct. We do have an official at the Hoyles Home who is charged with this responsibility, but I will have to get the hon. member the figures, because I do not have them with me with regard to how much is being held in trust for the patients, but I will get that. I do not know. I will find out if he is bonded too, Mr. Chairman.

MR. CHAIRMAN: Shall 03 carry? Carried. Shall 1112-03-01 carry? Carried. 03-02 carry. 03-03.

MR. MURPHY: It is \$11,000 more is it?

MR. NEARY: I think the answer to the hon. member's question, Mr. Chairman, is that we were anticipating opening twenty-eight new beds at the Hoyles Home, even with the austerity program, we were better able to utilize the space

Mr. Neary.

at the Hoyles Home by making some structural renovations and we were able to create twenty-eight new beds and I think this was in anticipation of opening up these twenty-eight new beds.

We do our own cleaning.

MR. CHAIRMAN: Shall 03 carry? Carried. Shall 04 carry?

MR. MURPHY: 04, Mr. Chairman, I guess this is a silly question - but this is not an institution - clothing here would mean general clothing rather than institutional uniforms or something like that - just ordinary clothing that patients would require. It might be dresses or socks or something like this?

MR. NEARY: Clothing charged to this subhead, Mr. Chairman, is taken into stock at the institution and issued to patients who either do not have the financial resources or who are physically or mentally incapable of providing their own clothing.

MR. MURPHY: All at the Arcade, I presume.

MR. NEARY: I would not go as far as to say that.

MR. CHAIRMAN: 04 carried.

MR. MYRDEN: 05, Mr. Chairman. I notice furnishings and equipment are down by \$20,000 odd.

MR. NEARY: Yes, Mr. Chairman, the furnishings and equipment actually were brought out of last year's vote and we will not need as much furnishings and equipment, etc., this year. That is why the vote is down.

MR. CHAIRMAN: Shall 05 carry? Carried. 06, 09-03 carried.

MR. ABBOTT: 09-04, Mr. Chairman, \$35,000 this year for light, heat etc. and last year \$53,000 a larger building?

MR. NEARY: No the building is not larger, Mr. Chairman. The building is the same, but I really could not provide the answer. I think my colleague, the hon. Minister of Public Works is the only one that can advise us on that, either they are getting a better deal on fuel..

MR. MYRDEN: Cheaper oil..

MR. MURPHY: This is not actual. This is distribution of the total
sum.

MR. CHAIRMAN: Shall 04 carry? Carried. 05, 07 carried. Shall
1121-03 carry?

MR. MURPHY: It is not a vote, Mr. Chairman.

MR. CHAIRMAN: Shall 1131-01 carry? Carried. 02-01, 02-02 carried.
Shall 1131-03 carry?

MR. ABBOTT: Mr. Chairman, I note there that the Short Term Assistance
and Long Term Assistance are practically the same. In the light of the
information that we have heard or we hope is correct that there will
be more jobs this year, more employment, what is the minister's explanation.

MR. NEARY: Mr. Chairman, the only thing that I can say. Well first
of all on the Long Term Assistance, I think, the reason that it is running
pretty well around the same as last year is because as the hon. member
knows, the Old Age Pension this year dropped back to sixty-five. So,
those who are getting Long Term Assistance, when they reach the age of
sixty-five, then they qualify for the Old Age Pension and are no longer
on our rolls or if there were on our rolls, it was only just to supplement
their Old Age Pension.

We are optimistic as the hon. member indicated on our figure for
Short Term Assistance and I might point out that there is no safety factor
in here at all. So, the only thing we can do is hope that all the jobs
will materialize and that other members of this House will express
optimism over it and if so, I think, we will be pretty safe on this figure.
There is no safety factor in there at all.

MR. ABBOTT: Mr. Chairman, Long Term Assistance. I would like to refer
to this item, \$35 for the first adult; \$30 for the additional adult
and \$20 for each child. Now that is \$85 for a mother and an incapacitated
husband and one child - \$85 for one month. Now,

MR. ABBOTT: this has been my argument from beginning to end, and I content now that no three persons, a man, his wife can live on \$85.00 a month, that is all they get for food. An incapacitated husband, a husband who has been discharged from the San, an x-San patient or a husband who has had a heart condition, they have to live on \$85.00 a month. They will not get much fruit on \$85.00 a month at the price fruit is today in this city or in Newfoundland. They will not get many steaks on that. They will not get much milk. So I cannot see for the life of me - now I will agree that to increase this amount will necessitate of course more money. But, that \$85.00 a month is only \$42.50 for the Newfoundland Government, and \$42.50 for the Government of Canada . So it is costing the taxpayers of this country or the Provincial Government \$42.50 for each family of three.

I content, Mr. Chairman, that we, as the Government, we as members of this House, should examine our conscience, just think it over. After all due to circumstances this father and mother and the child are placed in a position where they have to live on \$85.00 a month. It bothers me, I do not know if it bothers others.

MR. WORNELL: Not at all, not at all.

MR. ABBOTT: Well if it bothers us, can we do something about it, Mr. Chairman?

MR. WORNELL: Sure, sure.

MR. ABBOTT: What can we do about it?

MR. WORNELL: Increase it.

MR. ABBOTT: We get no support trying to increase it. I argued for it. I spoke against the increase, we were giving ourselves. When this assistance was been given to people who are in no position to demand or to ask themselves, they are just unfortunate. But they are, as far as we are concerned, they are the same in the light of humanity, the same as we are. And I for one feel very distributed over this fact that we cannot, as a Province, allocate more money or we cannot increase this amount. Let us give priority to those. If we can find money for other things, of lesser importance, but still when it comes to human helps, and comes to feelings, will we just close our ears or close our eyes to this kind of a thing?

MR. ABBOTT: And I repeat now, Mr. Chairman, again that we should consider this, I am not in a position to make any recommendation for an increase, but I do think we should examine our own conscience, our own hearts on this kind of a thing. We could find money, when we were pressed there some time ago for increases. We could find money then, when demands were made on us, we could find money for that. But still we cannot find money for these poor unfortunates. We have many of them. The widows, they are included into this list, the orphans are there. And who knows when some of our own kith and kin will be in the same class within a few weeks or within a few days or within a few hours.

MR. A. MURPHY: Mr. Chairman, to get this thing in its proper perspective, I do not want anybody to say that I am against any welfare payments. The hon. member has quoted \$85.00 per month, is this just for food?

MR. NEARY: How many?

MR. MURPHY: Three, a man and his wife and a child - just food? What other allowance would he get with this? Perhaps the minister might give us this information, and then we would know completely the picture. And then we can look at this - it is all very well to say how sympathetic we are, but we have hundreds of men working in the city of St. John's, and I bet you when we ^{have} this full figures, we can just compare it and see what the difference is? If the hon. minister would just give us this information.

MR. NEARY: Yes, Mr. Chairman, the chief kinds of assistance that are provided under a short term assistance are food, fuel, rent, clothing, household maintenance, utilities, repairs to houses when necessary, transportation, board and lodgings, burials, housekeeper service, where necessary, disaster services and stranded persons.

MR. MURPHY: Would the minister just give us now, say on an average \$85.00 a month for food. This is basically right, is it not?

MR. NEARY: That is right.

MR. MURPHY: What would be the allowance for rent be?

MR. NEARY: The allowance for rent in the city, the welfare officer would be authorized or would be allowed to authorize \$50.00 a month, the minister can allow up to \$100. The maximum would be a \$100.00 and I would say, that

MR. NEARY: with rents they way they are today, that it is more likely to be a \$100.00 than it would be \$50.00 in the city.

MR. MURPHY: Well we will average it at \$75.00.

MR. NEARY: Yes, I think, that would be a fair average.

MR. MURPHY: There is a maintenance grant.

MR. NEARY: Household maintenance, no, I am sorry that does not apply to short term recipients. It is only for long term the Household Maintenance Grant.

MR. MURPHY: I would just like to see what an average family of three would get under our welfare system.

MR. NEARY: The average family of three, is in that book, perhaps the hon. member can tell us what it is.

MR. ABBOTT: The family that I cited of three will get clothing and personal care, \$15.00 for the first adult; \$10.00 additional adult, in other words a mother and a father \$25.00, and the child \$5.00, that is \$30.00 a month for clothing.

AN HON. MEMBER: These are long term rates?

MR. ABBOTT: I beg your pardon?

AN HON. MEMBER: These are long term rates?

MR. ABBOTT: Yes, these are long term rates. And fuel \$15.00; household maintenance and utilities \$24.00, an adult living alone, and \$25 for a family. That is \$155, I would think you will find there.

MR. MURPHY: \$230.00 a month.

MR. ABBOTT: No, no.

MR. MURPHY: Including rent? Free medicine also included in that.

MR. NEARY: Free drugs.

Now, Mr. Chairman, of course the hon. members will appreciate the points that were raised by the hon. the member for Bonavista North, but I think, he was referring to short term rates. And there is a vast difference.

MR. ABBOTT: Long term assistance.

MR. NEARY: No, I think in his initial remarks, I think he was talking about short term rates, because our long term rates are really not too bad, I think

MR. NEARY: they are comparable to other provinces of Canada. But it is our short term rates, and there is a vast difference in short term and long term rates in this Province.

MR. ABBOTT: This is your book on long term rates.

MR. NEARY: These are long term rates, but our short term rates are less, you see, because remember, Mr. Chairman, back in 1967-68, the expenditure of my department was \$40,989,049; in 68-69 it was \$45,217,818; and then in 69-70 it was \$41,943, 739, and in this year, in the current year, 70-71 it was \$44,972,500.

Now in 68-69 the committee will notice that we were up to \$45 million, actually our expenditure this year is less than it was in 68-69 and the reason for that was, that the short term rates were reduced in 68-69. And this is where the discrepancy is, and my hon. friend's argument is in defensible. We are concerned about our short term rates and the only hope that I can hold out for an increase in the short term rates or in the long terms or in the blind allowances, are in this brief that was presented to the hon. Mr. Monroe, the Federal Minister of Health and Welfare, recently, by ministers responsible for Social Assistance Programs in the Atlantic Provinces, whereby we asked the Government of Canada to change the formula of the Canada Assistance Plan, so that the have-not provinces would get a greater share of the social assistances programs paid by the Canada Assistance Plan. Right now fifty per-cent of the cost of Social Assistance Programs right across Canada is being paid out of the Canada Assistance Plan. Which means that wealthy Ontario, or rich British Columbia can better look after there needy people than we can here in Newfoundland.

MR. ABBOTT: They have increased their rates, this is it.

On motion the Committee rise, report progress and ask leave to sit again.

Mr. Speaker returned to the Chair.

MR. SPEAKER: It is moved and seconded that the report of this Committee be concurred in. Committee ordered to sit again on tomorrow.

HON. L. R. CURTIS: Mr. Speaker, I move that the remaining Orders of today stand deferred. The House at its rising to adjourn until tomorrow, Monday, at 10:30 A.M. And the House do now adjourn.

MR. MURPHY: Mr. Speaker, just before we adjourn I would just like to direct a question, perhaps I am just a little bit early on this, with reference to Thursday which will be Polling Day on the By-Election, is it the plan that the House will meet on that day? Has the minister given any thought to it, I was just wondering.

MR. CURTIS: I have not, Mr. Speaker, looked that far ahead, but I will now.

MR. SPEAKER: Those in favour "Aye" contrary "Nay" Carried. This House stands adjourned until tomorrow, Monday at 10:30 A.M.