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urst had been operating similar to a rural school district with all trustees elected by the ratepayers.

Section 3 repeals section 100. It is deemed advisable to delete this section, as the issue of debentures is determined by the Lieutenant-Governor in Council and the maximum amounts stated in section 100 are now obsolete and have been exceeded by prior Acts of Legislature having specific reference to town and city boards in the province.

Section 4 repeals section 101 and a new section is substituted for the purpose of bringing the proposed city of Bathurst in line with other cities, for example, the city of Moncton, so that the proposed new school district can operate under section 98 of the Schools Act.

Hon. Mr. IRWIN also introduced Bill No. 59, to amend the Vocational Education Act, which was read the first time.

Mr. PATTERSON and Opp. Members: Hear, hear!

Hon. Mr. IRWIN: Mr. Speaker, I had some concern that Mr. Patterson would not be able to share my delight, but I'm glad he's here this afternoon.

Mr. CHALMERS: Don't tell me you share it!

Mr. STAIRS: Forced to.

Mr. CHALMERS: Yes, you were forced to it.

Mr. SHERWOOD: It will be alright if you've drafted the bill as we have suggested.

Hon. Mr. IRWIN: As who suggested it?

Mr. SHERWOOD: As the opposition has suggested.

Hon. Mr. CROCKER: Don't let them bother you.

Mr. SPEAKER: Order, please.

Hon. Mr. IRWIN: Mr. Speaker, there have been inferences made that the school districts of New Brunswick have been discriminated against in respect to the fact that New Brunswick had not taken advantage of the federal agreement to provide assistance to school boards of the province. I wish to categorically deny this — there has not been a school district that has suffered under this Act.

As I had made it plain at the time this bill was under discussion, there was only one board in the

province that could have qualified and they have undertaken no construction. I am pleased to note that all school districts will now qualify under the amended provisions of the federal Act.

In section 1 the amendment makes it possible for the province to build vocational schools in centres where the school population is adequate, and I also propose an amendment so that advantage can be taken of federal funds to assist in the building of said schools.

The federal government will pay 75% of the cost of building approved vocational schools if it can be determined that the enrolment in Grades 10, 11 and 12 is 600, with a demonstrated potential enrolment of 750 pupils.

Section 2 enables the Minister of Education to enter into an agreement with the Government of Canada or a board of school trustees respecting the building of these schools.

Mr. PATTERSON: Good work. Good work.

Mr. SHERWOOD: Mr. Speaker, in view of the opposition's interest in this bill, I trust the minister will be good enough to forward a copy.

Hon. Mr. IRWIN: Unfortunately, I only have the one available. I have just asked one of the pages to get one for the opposition.

Bills Referred Back

Hon. Mr. ROBICHAUD moved, seconded by Hon. Mr. DUMONT, that the order for consideration of Bill No. 21 (Medical amdt.) in the committee of the whole house be rescinded and that the said bill be referred back to the standing committee on corporations.

Mr. STAIRS, as the Speaker put the question: Mr. Speaker, on today's orders of the day it lists Bill No. 21 as being in private session. If it is in private session, is this an error then, Mr. Speaker?

Hon. Mr. DUMONT: That's not for private session.

Mr. STAIRS: Is this a mistake? It shows, Mr. Speaker, that Bills Nos. 20 and 21 have been referred to private session, according to the orders of the day.

Hon. Mr. ROBICHAUD: The distinction is, Mr. Speaker, that it is listed as a private bill — there's no connection with private session.

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Mr. WILLIAMSON: He can't even read his order paper properly.

Mr. SPEAKER put the question and the motion was adopted.

Budget Debate

Hon. Mr. DUMONT, continuing the budget debate, spoke as follows: Mr. Speaker:

As I rise to take part in this budget debate, I do so with the same resolute political faith which inspired me when I entered this house five years ago. The honor of serving Restigouche County as a member and the province as Health Minister has indeed deepened and strengthened my political allegiance and loyalty to my party and to my esteemed leader, the Hon. Louis J. Robichaud.

Deeply conscious of our responsibilities and inspired by the indomitable pride and enthusiasm of giving good government to our people, we on this side of the house don't feel "benched" or "quenched"! While we appreciate and welcome the criticisms of the opposition, I am inclined to believe that the unbiased onlooker would have found that from the outset of the game the alertness and fitness of our team measured very well with that of our opponents.

Hasn't this been clearly shown by the brilliant performance of the mover and seconder of the address in reply to the speech from the throne? Mr. Hawkins from Charlotte and Mr. Theriault from Northumberland, in speeches of high inspiration and delivered with forceful oratory, heralded no weaklings in the team. They certainly gave a good account of themselves and have brought honor and distinction to their respective counties. With sincere pride and excellence they have portrayed the riches and beauties of their counties. To both I extend my warmest congratulations.

Monsieur l'Orateur, il semble que la présidence de cette chambre soit devenue le fief ou l'apanage du beau comté de Gloucester. Votre prédécesseur et collègue, l'Honorable Ministre des Pêcheries, vous avait ouvert la voie avec dignité et

distinction. Vous n'avez eu aucune difficulté à suivre la tradition et à vous mesurer à la hauteur de la tâche qui vous est dévolue. C'est avec sagesse, fermeté et impartialité que vous présidez à nos débats parlementaires. Ces qualités vous honorent et assurent en cette auguste assemblée la bienséance qui convient.

Aux hommages qui vous ont déjà été présentés, M. l'Orateur, je vous prie d'agréer les miens auxquels j'ajoute mes félicitations et mes meilleurs voeux de bonheur et de santé. J'adresse aussi mes compliments à votre digne épouse et souhaite qu'avec vos charmants enfants vous connaissiez la plus grande félicité.

English Translation

Mr. Speaker, it would seem that the presidency of this chamber has become the prerogative of the beautiful county of Gloucester. Your predecessor and colleague, the Hon. Minister of Fisheries, paved the way for you with dignity and distinction, and you have had no difficulty in following tradition and measuring up to the important office you hold. You have shown wisdom, firmness and impartiality in presiding over our parliamentary debates. These qualities assure us that the proceedings of this august assembly will be conducted in a fitting manner.

In associating myself with those who have preceded me in paying respects to you, Sir, I wish to add my congratulations and best wishes for your happiness and good health. May I also extend greetings to your esteemed wife and express the wish that you and your family may enjoy a full and happy life.

Mr. Speaker, again it has been our privilege to witness the dignity and grace of His Honour the Lieutenant-Governor, J. Leonard O'Brien, on the occasion of the solemn opening of this session. It affords me great pleasure to extend sincere greetings and loyal good wishes to His Honour and his gracious lady — may good health and happiness be their lot for many years ahead.

Mr. Speaker, last October, we Canadians welcomed Her Majesty the Queen of Canada in a manner

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which contrasted greatly with previous Royal visits. These were hectic days, filled with tension and anxiety. However, Sir, in spite of these mixed feelings and some adverse suggestions as to the opportunity of her visit, I firmly believe that the immense majority of Canadians were pleased to greet Her Majesty. Certainly we have admired her courage and her stately dignity in the pursuit of her Royal duties.

Personally, I was deeply moved by the inspiring speech she delivered in excellent French in the Quebec Legislature. The whole speech is a statesman's blueprint for a united Canada within a strengthened Confederation.

Her Majesty said this, and I quote from the official English translation:

"It is agreeable for me to think that there exists in our Commonwealth a country where I can express myself officially in French — one of the most important languages in our occidental civilization. This language of clarity is a precious instrument in the service of comprehension; and I am certain its greater diffusion and the appreciation of its riches cannot but be profitable to all the intelligences and favor a more fruitful exchange of ideas."

Then after paying a touching and warm tribute to the Canadian mothers and referring, in her own words, "to those who have ever held a child in their arms, dreaming of what his future will be," Her Majesty said:

"Whatever this future, we must prepare for it today. Amongst compatriots, we must explain our viewpoint without passion, always respecting the opinion of others. The problems of today will flounder in disorder if we do not know how to lighten them with fraternity and humanity. Let the dialogue continue and it will tend to unify all men of good faith. True patriotism doesn't exclude an understanding of the patriotism of others."

Mr. Speaker, these are admirable and inspiring words, reflecting the Christian virtues of justice and

charity perfectly in accord with the teaching of the Holy Scriptures.

Isn't it a pity that these truths, although frequently invoked, have, through passion and meanness, been brushed aside and in so many instances have remained unheeded?

In closing these remarks on Her Majesty's visit, I am sure that my constituents share these views and that they would wish to join with me in extending our prayerful and affectionate good wishes and our loyal homage of fidelity to Her Majesty Queen Elizabeth II.

Mr. Speaker, in sincere and humble words, I wish to associate myself with all those who have already paid high tribute to this great citizen of the world, Sir Winston Churchill.

The death of this outstanding statesman, hero and champion of liberty, has been felt by all as a personal loss. As we mourn over his passing and revere his memory we are inspired by his foresight, courage and chivalry. His name and fame will forever be enshrined in the history of the world's greatest.

New Brunswickers have also been grieved in the passing of Lord Beaverbrook. He was our greatest benefactor and I join with all those who have eulogized him. His memory will endure and will be cherished and revered by all, especially by our young people and school pupils who for many generations to come will remember his great benefactions.

Mr. Speaker, at this point, I would like to express my concurrence with all the good things and praiseful remarks that have been uttered in these chambers about all those former members who have sat and served in this house and who have recently been called to their eternal reward.

Mr. Speaker, it being the Health Minister's responsibility to be concerned over the general health condition of our people, I deem it my duty to extend across the floor my personal good wishes to members of the opposition. To the Hon. the Leader of the Opposition I wish good health, courage and steadfastness in the pursuit of his endeavors.

I realize that it must be exacting on one's health and somewhat disheartening, if not frustrating, to al-

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ways criticize and oppose this New Brunswick "par excellence" government — — —

Mr. SHERWOOD: Oh now, now!

Hon. Mr. DUMONT: — — — especially when the upsurge of the general economy has reached a peak never excelled before. So, to the members of the opposition I extend my good wishes for sustained courage, good health and fortitude in their trying and heartbreaking job.

Mr. SHERWOOD: Nothing political in that!

Hon. Mr. DUMONT: This is in earnest.

Mr. SHERWOOD: Nothing political in that, Mr. Minister — oh no, nothing at all!

Hon. Mr. DUMONT: I'm in earnest.

Mr. SHERWOOD: Crocodile tears!

Hon. Mr. DUMONT: These are generous, generous good wishes.

Mr. HORTON: Don't break down, George.

Hon. Mr. DUMONT: I should perhaps, Sir, make a special reference to the Financial Critic's monumental, bombastic, protracted, pharisaic, sophistic, biased, lambasting, calumnious, political mad speech.

Mr. HORTON: That's quite a dictionary.

Hon. Mr. DUMONT: And I didn't exhaust my dictionary, by the way.

It certainly was weighty in paper and on delivery represented an extra-sized bunch of words! However, nobody was hurt, and a provident sun, through the tempest and turmoil, kept shining and unconcerned. Our good people are happy with this government's excellent performance and this is what counts.

And now, Sir, a kind word to my friend and confrere opposite, my predecessor and former Health Minister. The hon. member for York, Doctor McInerney, left a host of friends in the department. I am sure that they are pleased, and we all shared the same satisfaction on hearing the good news of his recovery from his recent illness. I am sure that they all join with me in extending to him our warmest good wishes for continued good health and happiness.

Mr. Speaker, turning now towards my beautiful county of Restigouche, I am pleased once more to pay tribute to my constituents. I appreciate the honor of holding the mandate which they confided to our trust. I take pleasure in extending to them my friendly good feelings and I want to assure them that I have all their interests at heart.

I am sure, Sir, that they all join with me in expressing their satisfaction over the general economic upsurge that this government of action has brought about. And I am convinced that our citizens will enthusiastically hail this new budget which brings in its folds means of further economic expansion.

I could carry on, Mr. Speaker, and dwell at great length on specific aspects concerning my county, but having to report on my department in some detail, I have agreed to leave this responsibility entirely to my two able colleagues. I know that both Mr. Pat Guérette and Mr. Raymond Doucet will discharge their responsibilities most efficiently. Suffice it to say that they have my wholehearted support.

Monsieur l'Orateur, une fois de plus je suis très heureux d'adresser mes hommages et un message d'amitié à mes compatriotes. Je le fais avec sincérité et avec le même esprit d'optimisme qui m'anime depuis que j'ai, avec mes deux collègues, M. Patrick Guérette et M. Raymond Doucet, l'honneur de les représenter en cette chambre. Je leur suis toujours attaché et n'ai pas de plus grand désir que de les représenter dignement et de les servir de mon mieux.

Je suis certain qu'ils partagent ma satisfaction à constater les progrès sans précédent réalisés dans tous les domaines. Certes, l'essor économique dont nous sommes témoins démontre que le Nouveau-Brunswick est en marche. Les nouvelles industries, grâce à ces millions de dollars d'investissement, qui sont en voie d'érection et dont certaines sont déjà en opération ont un effet bienfaisant sur l'économie générale de la province. Déjà le chômage est moins aigu et un plus grand nombre de nôtres trouvent des emplois et des salaires intéressants.

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Dans le domaine de l'éducation où se trouve la clef de notre survivance, je crois que nous avons raison de nous réjouir. L'avenir s'annonce sous d'heureux présages. En effet, l'été dernier, au Congrès de l'Association Acadienne d'Éducation où j'avais l'honneur de représenter notre Premier Ministre, j'avais dit ceci: "A mon sens l'Université de Moncton est la grande nouvelle du siècle pour les Acadiens." Et j'ajoutais: "L'école normale viendra sûrement à son heure." Et voilà que le discours du trône vient de confirmer cette espérance à la satisfaction de tous.

Monsieur l'Orateur, jeudi de la semaine dernière, en entendant le magistral discours de notre Premier Ministre, nous livrer avec la chaleur de son éloquence coutumière, le manifeste de sa foi et de sa vie politique, j'ai été profondément touché. Je le félicite de tout coeur.

En parlant ainsi avec les accents et la conviction d'un grand homme d'état, je me suis demandé si, revenus d'outre-tombe, nous n'étions pas en présence de Sir John A. MacDonald ou de Sir Georges Etienne Cartier pérorant sur les bienfaits de la Confédération Canadienne. Ce discours m'a profondément impressionné et après l'avoir sérieusement médité, j'ai crû comprendre la sagacité de Lord Beaverbrook qui, à titre de Chancelier de l'U.N.B., en remettant à notre Premier Ministre un diplôme d'honneur, avait fait un prophétique rapprochement entre Louis Robichaud et Sir Wilfrid Laurier!

English Translation

Mr. Speaker, once again it is my pleasure to extend cordial greetings to my constituents. I do so sincerely and in the same spirit of optimism which has urged me on ever since I, along with my two colleagues, Mr. Patrick Guerette and Mr. Raymond Doucett, have had the honor of representing them in this house. I am devoted to them, as always, and have no greater wish than to represent them in a worthy manner and to serve them to the best of my ability.

I am sure that my constituents share my feeling of satisfaction

over the unprecedented improvements achieved in all fields. Indeed, the economic upsurge which we are witnessing is proof that New Brunswick is on the march. New industries now under way or already in operation have had a beneficial effect on the general economy of the province. Unemployment has shown a sharp decrease, with a greater number of our people obtaining profitable employment.

I believe we have reason to be highly pleased with the progress in the field of education wherein is found the key to survival. The future looks bright. In fact, as I stated last year at the Congress of the Association of Acadian Education where I had the honor of representing our Premier, "In my opinion, the announcement regarding the University of Moncton has been the greatest news of the century for the Acadians." And I added: "Our normal school must surely be built." To the satisfaction of all concerned, this expressed wish was confirmed in an announcement in the speech from the throne.

Mr. Speaker, I was deeply touched on Thursday of last week as I listened to our Premier's wonderful address, delivered with his usual warm eloquence — a manifesto of his faith and his political life. I congratulate him with all my heart.

Listening to him speak with so much conviction, I wondered if we were not, as in former times, in the presence of Sir John A. MacDonald or Sir Georges Etienne Cartier holding forth on the benefits of Canadian Confederation. This speech greatly impressed me and I realized the insight shown by Lord Beaverbrook who, as Chancellor of the University of New Brunswick, when conferring an honorary degree on our Premier referred to him as another Sir Wilfrid Laurier.

Mr. BAXTER: Whew! Whew! That sure is very flattering.

Hon. Mr. DUMONT: I'm glad to see that you join with us!

Mr. Speaker, this being the budget debate, I should now, without further delay, hasten to congratulate my colleague, the Hon. Minister of Finance and Industry, on the presentation of his budget. It contains no new taxes and yet it

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provides extension of services in all departments. It might appear a bit daring, but this government of action needs a budget in line with the present buoyant economy and must gear itself for further expansion. I am personally thankful to the Minister of Finance for having acceded to my request providing for the orderly growth of our Department of Health.

Mr. Speaker, before reporting on my department, I must pay tribute to a personal friend who recently retired from the public service of the province. I refer to Dr. J. Arthur Melanson who, except for the years he served with valor in the two World Wars, has devoted his whole professional career with great distinction in the field of public health.

For over 37 years with the department, having served under every Health Minister the province has had, Doctor Melanson has become a very well-known person, not only here in New Brunswick, but also across the country, especially in his chosen field of public health.

He started in public service in 1928 as tuberculosis diagnostician; later he served at different levels of responsibility until he was appointed Chief Medical Health Officer in 1945 and Deputy Minister in 1962.

I consider myself a very fortunate person, Sir, to have assumed the office of Minister of Health at a time when Doctor Melanson was Chief Medical Officer. It was entirely due to his ability, efficiency and patience that I was able to become familiar with the many and varied branches of this department and its role in the public service.

I will be ever grateful for the many abilities of Doctor Melanson which gave me a feeling of confidence that the affairs of this department were in order and were constantly advancing. Indeed, during his career, he has incorporated every advance in public health into the operation of this department.

As Minister of Health and on behalf of the government, I express sincere thanks to Doctor Melanson for his lifelong service to the cause of public health and I wish Doctor

Melanson and his good wife many years of good health in which they may reflect with satisfaction on a job well done in the past and look forward with anticipation to enjoyment of the future.

Mr. Speaker, may I now take this opportunity to extend a cordial welcome to Dr. C. W. Kelly on his recent appointment as Chief Medical Health Officer and Deputy Minister of Health.

Doctor Kelly is well known in the province and highly regarded by the profession in medical and health organizations. Doctor Kelly joined the department in 1948. Having acquired considerable knowledge and experience in the treatment of tuberculosis, he was appointed superintendent at the Jordan Memorial Sanatorium where he served for eight years. In 1956 he was appointed to the high office of Director of our Health Planning Division. During the ensuing years, he was closely associated with Doctor Melanson, intimately involved in the intricacies of the health field and became a head figure in advising and setting up our health and hospital services programs.

I sincerely believe, Sir, that we are fortunate to have a man of Doctor Kelly's calibre to fill the position left vacant by Doctor Melanson. I might add that being assisted and advised by a man of Doctor Kelly's knowledge and dedication will greatly relieve the Health Minister in the discharge of his responsibilities.

And Sir, since I am in the mood for making compliments, might I be permitted to pay tribute to all the officials and employees of all divisions in our department. They are a wonderful group of dedicated people, at all times anxious to do a good job. I appreciate their cooperation and frequently cherish their advice, and on the whole this makes for a strong and efficient department.

I am now pleased, Mr. Speaker, to report on my department as follows:

The bulk of the population in New Brunswick is settled along the coast or follows the main river valleys, the St. John, the Petitcodiac, the Miramichi, the Restigouche, the St. Croix and others. In the past 80

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years the French-speaking population has more than doubled, while the proportion of British origin has decreased. The French-speaking population is concentrated in the counties to the north and east of the province.

The population of the province has increased less rapidly than in many other parts of Canada, while the birth rate is at times the highest in the country. The death rate for all ages, the infant mortality rate and the maternal death rate are all steadily decreasing, but are still slightly above the national average. New Brunswick has a larger proportion of children and of old people than Canada as a whole. In 1941, 42.5% of the population of New Brunswick were below 19 years of age, while 20 years later, in 1961, this percentage of children had reached 46%, and it is estimated that by 1971 the children below 19 years will have reached 49% of our population. The proportion of persons 65 years and over is approximately 7.3% in New Brunswick, while for all of Canada it is 6.8%.

The foregoing observations are only a few of the considerations which must be taken into account in planning, initiating and providing health and hospital facilities — and I might add school facilities — for the people of New Brunswick.

I would like now to dwell on our hospital facilities in New Brunswick.

Forty hospitals in the province are now operated under the hospital services plan. One of these hospitals was established before Confederation. The Saint John General was established in 1865.

In the years between 1867 and 1900 we saw the opening of hospitals at Chatham, Campbellton, Fredericton, Moncton, Tracadie and in the Edmundston area. The Evangeline Maternity Hospital was opened in 1898.

During the period between 1900 and 1914 general hospitals were established in St. Stephen, Woodstock, Grand Falls and Bathurst. A second hospital was opened in Saint John. Between 1914 and 1940 six more general hospitals were opened in the province.

In the decade from 1940 to 1950, eighteen hospitals of various sizes were established throughout the province. In the period from 1950 to 1965 five new hospitals were established, one at Caraquet, one at McAdam and converted hospital annexes at Bathurst, Moncton and Saint John.

Considering the general hospitals alone in the province, the rated beds in 1950 were 1,893 giving a bed ratio of 3.6 beds per 1,000 of population. The inadequate hospital facilities in 1950 provided only 952 hospital days per 1,000 population, which was extremely low. To hospital authorities of that time, both within and outside the Department of Health, it became apparent that a marked expansion of hospital facilities in a planned and orderly fashion was required.

To accomplish this, the Minister of Health, at that time Dr. — now Senator — F. A. McGrand, authorized and directed that a Sickness Survey be carried out in the province. An important part of this survey was the work done on existing hospital facilities by a group of consultants brought from outside of the province. From this survey and recommendations of that report in 1950 a master plan of hospital development was formulated and adopted by the Department of Health.

It now becomes necessary to point out that certain uninformed individuals and groups have assumed and stated publicly that no overall plan of expansion has been implemented or followed as regards to hospital needs or bed ratios to population. A specific allegation made of the deficiencies under the present administration is the statement that there exists no overall plan for the location of hospitals based on population trends, present occupancy rates and a division of functions among hospitals of different types. It can be said here that such statements either indicate an inability on the part of individuals to understand the complex factors involved in hospital expansion, or the individual's desire to be critical has outweighed his desire to seek information on the subject where such information is always available — from the Department of Health.

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The master plan designed in 1950 was the guiding factor during the period of greatest expansion from 1950 to 1960 when the beds were increased from 1,893 to 2,990. This plan was one of regionalization. At that time five hospital regions were set out to cover the entire province. These regional boundaries did not conform with county lines in most instances.

The regions were designated as A B C D and E. In each of these regions the largest and best equipped hospital is designated as the regional hospital. Surrounding

the regional hospital in each region are the medium-size hospitals which are known as district hospitals, and these refer when necessary to the regional hospital. In the outlying areas are the smaller hospitals known as rural or cottage hospitals, and these may refer when necessary to the district hospital or through to the regional hospital. The final referral may be to the base hospital which is the largest and best equipped hospital in the province — the Saint John General Hospital.

These regions, by bed ratio to population, are as follows:

Region A

Counties of Restigouche, Gloucester and the northwestern portion of Northumberland

Population in 1960	—	106,235
Rated bed capacity in 1960	—	566
Beds per 1,000 population	—	5.3
Regional center	—	Campbellton
District hospitals	—	Dalhousie, Bathurst, Tracadie and Caraquet
Rural hospitals	—	Lameque

Region B

Remainder of Northumberland County, Kent, Westmorland and Albert

Population in 1960	—	178,654
Rated bed capacity in 1960	—	727
Beds per 1,000 population	—	4.1
Regional center	—	Moncton
District hospitals	—	Newcastle, Chatham, Sackville and Ste. Anne de Kent
Rural hospitals	—	Shediac and Albert

Region C

Counties of Saint John, Charlotte, Kings and that part of Queens east and south of Grand Lake

Population in 1960	—	139,125
Rated bed capacity in 1960	—	900
Beds per 1,000 population	—	6.4
Regional center	—	Saint John
District hospitals	—	St. Stephen and Sussex
Rural hospitals	—	Black's Harbour and Grand Manan

Region D

Queens County, west and north of Grand Lake. Counties of York, Sunbury, Carleton and a southeasterly part of Victoria County.

Population in 1960	—	111,062
Rated bed capacity in 1960	—	524
Beds per 1,000 population	—	4.7
Regional center	—	Fredericton
District hospitals	—	Woodstock, Perth, Minto and Bath
Rural hospitals	—	Harvey, McAdam, Stanley and Plaster Rock

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Region E

Madawaska County and the northwest portion of Victoria County	
Population in 1960	— 47,486
Rated bed capacity in 1960	— 273
Beds per 1,000 population	— 5.8
Regional center	— Edmundston
District hospitals	— Grand Falls and St. Quentin

Mr. Speaker, there are three methods or bases for calculating bed needs:

- (a) The bed-population ratio
- (b) The bed-death ratio
- (c) The utilization basis

The utilization basis has many human factors and vested interests which influence the method.

The bed-death ratio is very complicated and difficult to apply.

The bed-population ratio is simple, relatively accurate and by far the most widely used method of computing bed needs. This is the method that has been used exclusively in New Brunswick.

The foregoing original master plan was followed as a guide to the development of hospital facilities from 1950 to 1960. The plan was used in computing bed needs in locating new hospitals, in extending existing hospitals and in replacing obsolete hospital structures. In 1958, the last full year before the operation of the hospital services plan, the general hospitals of the province operating under their former method of operation provided a volume of 1,288 hospital days per 1,000 of population at a total operating cost of \$11,700,000. The rated bed capacity in the year referred to above was 2,790 beds or 4.9 beds per 1,000 of population. At the end of 1960 the rated bed capacity had increased to 3,094 beds.

In the year of 1960, under the new hospital plan, the volume of hospital care given was 1,770 hospital days per 1,000 of population — this exceeds the accepted norm considered by experts as 1,650 hospital days per 1,000 population. The operating cost in that year was \$18,320,000.

It is here interesting to note that the volume of hospital care increased 36% during the first two years of the plan, while the operating costs increased by 56%. The

increase in cost over the increase in volume of service was chiefly due, of course, to increases in salary scales of hospital personnel. The former method of hospital operation had resulted in unusually low salary scales for certain categories of hospital personnel and these were immediately increased to a more realistic and competitive level with workers in other fields.

The master plan of regionalization in operation from 1950 was revised by an approved motion of the Hospital Services Commission at their meeting of Aug. 27, 1959. An excerpt from the recorded motion reads as follows:

"The following resolution was adopted. Moved by Mr. Black and seconded by Dr. Melanson.

"That the Commission accept the master plan as recommended by the executive director and as outlined in Item 13 of the minutes.

"The main points of the master plan are as follows:

"1. That for the present the basis of 5.5 beds per 1,000 population be accepted as a provincial average.

"2. In addition, one bed per 1,000 population for chronic sick be provided and be located at the base or regional centers wherever possible.

"3. The province continue to be regionalized and the hospitals continue to be classed at four levels, namely: base, regional, district and rural or cottage and the facilities provided in these hospitals be in accordance with those listed.

"4. Hospitals to be reasonably accessible to all members of the population and that the distance from hospitals wherever possible not to exceed 20 to 30 miles.

"Carried."

It is here pointed out that the revision was that the new master plan

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provided for eight hospital regions to replace the former master plan that provided five hospital regions in the province.

Mr. Speaker, there is a joint responsibility for developing an efficient hospital system. The job of developing New Brunswick's hospital system is a joint responsibility that should be shared by local communities, by municipalities within each region and by the Department of Health through its Hospital Services Division. The department's role must be to ensure that the large sums of money provided by communities, by municipalities, by religious orders and by provincial and federal government grants are devoted to the best possible use. The addition of hospital beds must meet a definite need in the best possible way.

Also, it should and must be a responsibility of hospital administrators, hospital boards, the hospital medical staff, the receivers of the service — the public — and the Department of Health through its Hospital Services Division to assure that future demands for costly hospital expansion do not result from unnecessary use of hospital facilities or unnecessary admissions.

Since there are 120,000 admissions per year in New Brunswick hospitals, then one unnecessary day of stay for each admission means that in one year 120,000 extra hospital days would be provided in New Brunswick. This would be enough to provide for the hospital needs of 12,000 patients, or, in other words, the normal volume of hospital care required for a city or area of 70,000 population computed on the basis of average hospital stay of 10 days per hospital admission.

Mr. Speaker, it should be brought to the attention of the public, of the hospital administrators, of the medical profession, that, as substantiated by our statistics, in the days prior to the implementation of the plan, prior to the system under which we now operate, when our hospitals were operated under local initiative, community responsibility, the average length of stay in hospital for all patients was only 8.9 days. But as soon as the plan was initiated, the average length of

stay for all patients rose immediately to 10 days.

For example, in the maternity wards — that very special category — in our hospitals, when they were operating on their own the average length of stay was a normal five days. Now it has risen today to an average of 7.5 days.

How to draw the conclusion? With the facilities we have today — more and better hospitals, more nurses, more qualified and highly specialized doctors — would it be that now, under the plan, it would be quite in order to allow patients to remain for a restful weekend in our hospitals? Or would it be that there are more complications today than there were when we were operating our own? I leave to those concerned the responsibility of drawing the conclusion.

Mr. Speaker, in long-term planning the approach to hospital development must be based on the needs of the province as a whole and the requirements of the various regions. Regional needs rather than the local community's conception of what it needs must be, and is, the basis of the plan for hospital development.

The prevailing concept of the master plan has always been that no person should be more than 20 to 30 miles from the nearest hospital. To this aim, it can now be said that only an estimated 1% of our population is more than 20 miles from a hospital and less than one half of 1% is more than 30 miles from a hospital. This appears a major accomplishment in planning when one considers that New Brunswick is usually considered a predominantly rural province. The great majority of our people have a choice of more than one hospital within the foregoing prescribed limit.

The integration of hospital facilities on a regional basis appears to be the only means of providing the proper balance between the hospital services available to the rural areas as compared with the urban areas.

The following quotation is taken from a recent statement of the American Hospital Association.

"Some small communities in their enthusiasm for a hospital may plan to construct a new hos-

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pital in a location which is not in the best public interest. The desire to provide a hospital to attract a physician to the community or to retain a physician is frequently given as the primary reason for initiating the hospital planning. Also the belief that a hospital will improve the economic and social status of a community is highly over-rated. Competition with nearby or adjacent towns, community pride and a reluctance to travel are factors that are frequently invoked. Usually the emphasis is on the number of beds rather than on the quality of services to be provided. The importance of being able to secure and retain a competent hospital staff is frequently completely overlooked by the individuals at the local level."

If you will please bear with me we will now take a detailed look at the present as regards hospital facilities; bed distribution; bed ratio to population; standards of present facilities, and volume of hospital care received by the people of New Brunswick.

The rated number of beds in the province in 1963 was 3,608 beds, which gave 1,054,031 hospital days of care. To this must be added 29,981 hospital days in out-of-province hospitals and 41,042 hospital days to entitled residents in the DVA Hospital at Lancaster. The total hospital days in 1963 was then 1,125,054 or 1,856 hospital days per 1,000 population. We know and the experts say that the average hospital days per 1,000 population should not exceed 1,650, so we are far in excess in facilities. It is here interesting to note that the rated number of beds per 1,000 population in 1963 was 5.95. This was slightly in excess of the national average which was 5.90 for that year.

The rated number of beds for the year 1964 was 3,685, which gave a bed complement of 6.05 beds per 1,000 population, and this exceeds the national average. This gave 1,090,070 hospital days, to which we add out-of-province hospital care, 34,121 days, and care to entitled residents at DVA Hospital 43,873, making the total days provided 1,168,064 or approximately 1,918

days of hospital care per 1,000 population. We actually provide in excess of 300 days to the average.

It has been stated at various times by many individuals that the distribution of beds is not proper and is inadequate. This indeed is not true. We have a better distribution of hospital beds than any other province in Canada.

Hon. Mr. ROBICHAUD and Govt. Members: Hear, hear!

Hon. Mr. DUMONT: Of course, we're not the only ones responsible for that. Our friends opposite made a great contribution towards giving us an additional 1,000 beds while they were in office. See how honest I am?

So there it is, it must be known and the public must be made aware of the fact that we have hospital facilities that can be compared to any province.

I repeat: We have a better distribution of hospital beds than any other province in Canada at this time with the exception of Prince Edward Island, and no other province in Canada has 98.5% of their population less than 20 miles from one or more hospitals in the province. This is true, despite the fact that New Brunswick is considered one of the predominantly rural provinces of Canada.

The standard of facilities and services in New Brunswick has a high rating. I bring to your attention the fact that in the present year 72% of the hospital beds are in hospitals that are accredited by the Canadian Council of Hospital Accreditation — 72% of all our beds are accredited. In addition, there are six other hospitals located at Caraquet, Ste. Anne de Kent, Lameque, St. Quentin, Bath and Grand Falls that may be approved during the next inspection of the council on accreditation.

Chronic illness has long been and continues to be a serious financial drain on the country as a whole. Prolonged loss of earning power by thousands of individuals and the deflection of the time and thought of additional thousands from productive occupations in order to look after these invalids has meant a loss to the country which has never been accurately or adequately computed.

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There has been great confusion in the terminology applied to the various types and degrees of illness requiring hospital services. The first step in any program is the need for a clearer understanding of what constitutes a chronically ill and what constitutes a convalescent patient. There is frequently a misunderstanding in terminology with respect to convalescent patients, the chronically ill, the incurable, the senile and the aged requiring only domiciliary care.

It is advisable to reserve the term "convalescent" for patients recovering from an acute illness and requiring a short period of rehabilitation and less intense care.

The term "chronically ill" should be reserved for patients with continuing disability whose admissions must of necessity be prolonged or recur at frequent intervals. The dividing line between the above group and the "incurable" group is not a hard and fast one, for many

chronically ill patients are or gradually become incurable.

Although the aged and the senile do not properly come within the scope of health services, they must be given some consideration inasmuch as both the aged and the senile tend to develop chronic illness and responsibility for their care then becomes involved. The aged normally require little more than domiciliary care, recreational facilities and a measure of kindly solicitude. When they become senile, a greater measure of personal attention and frequently custodial care becomes necessary. It is to be noted that neither custodial nor domiciliary care properly comes within the realm of health.

Now, a word about nursing personnel available in New Brunswick.

The continuing supply of nurses within our province appears to be increasing, despite the fears expressed in some quarters that we are in danger of losing our nurses to greener fields. Statistically, the situation is as follows:

Registered Nurses Active in New Brunswick

Year:	1930	1940	1950	1955	1958	1959	1960	1961	1962	1963	1964
RN's:	279	550	1,226	1,570	1,807	1,956	2,163	2,427	2,605	2,744	2,891

You will note that last year we had 2,744 registered nurses in New Brunswick and this year, the present year just terminated, we had 2,891. But mark you, if one should analyze these statistics it becomes obvious that there has been a marked and consistent increase in the nurse to population ratio since 1930 when the ratio was one nurse to each 1,456 people in that year,

while in 1964 the ratio was one nurse to each 209 people.

The salaries of nursing personnel in New Brunswick compare most favorably with the other Atlantic Provinces at the present time. It seems logical that for comparison purposes the Atlantic Provinces should be used, since economic and social conditions are more nearly comparable in these provinces.

Minimal Basic Salary for General Duty Nurses in the Atlantic Provinces — Monthly Salaries:

Year	Newfoundland	Prince Edward Island	Nova Scotia	New Brunswick
1964	\$285	\$280	\$285	\$290
1965	285	N.A.	285	300

It can be noted from the above statistics that the basic salary for nurses in New Brunswick has been in 1964 and is in 1965 in excess of

salaries in the other Atlantic Provinces.

At this stage, Mr. Speaker, I feel sure that my hon. friend from

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Rothsay, Mr. J. B. M. Baxter, would not have raised this question of nurses' salaries in his speech on Feb. 23, 1965 had he been fully informed on the matter. However, I would point out to him that the New Brunswick Association of Registered Nurses never presented a brief to the Premier in 1962, nor did they receive from him the assurance of a \$50 increase by 1965. They

did, however, present a brief to him, but only late in 1964 and that on my suggestion, when the Treasury Board did, through me, advise that their request would not be accepted.

It is true that in 1962 they did bargain with the officials of the Hospital Services Division and every year they did receive, with the approval of the Treasury Board, a substantial increase as follows:

Year	Basic Starting Salary	Basic Increase	Annual Increment	Personal Increase		Approx. No. of Nurses	Approx. Amount
				Month	Annually		
1962	\$260						
1963	\$275	\$15	\$10	\$25	\$300	1,320	\$396,000
1964	290	15	10	25	300	1,550	465,000
1965	300	10	10	20	240	1,650	396,000

You will note that all of these figures are confined to the basic starting salaries and show one nurse's salary and that of one nurse starting in the year shown. This does not show the cumulative effect of even one nurse for those years; for instance, an R.N. starting in 1962 and still working now would be receiving a monthly salary of \$345. Nor does this table reflect the increases in nurses' specialities and grades which must be given corresponding increases when the basic increase is given.

That the nurse population continues to stabilize is reflected in the slight increase in numbers — only 100 to 150 per year — and with the granting of annual increments this greatly escalates the cost each succeeding year.

It is interesting to note that along with these increases in salaries there has been a reduction in hours of work: in 1961 in some hospitals the nurses were working 48 and 44 hours per week, in 1962 all hospitals agreed to a 40-hour week, but the full financial effect of this change was not felt until the fiscal year 1962-63.

With the granting of the increases to nurses it became necessary to grant equitable increases to all other nursing personnel — nursing assistants, orderlies, etc. This has resulted in an increase in salaries of the nursing departments of hos-

pitals to over \$750,000 in the calendar year 1964.

Again, it should be borne in mind that it is not within the jurisdiction of the Hospital Services officials to authorize these increases without the prior approval of the Treasury Board.

It is felt that if New Brunswick compares favorably with the other Atlantic Provinces in the field of professional and technical salaries then there is perhaps little justification for being critical of the present salary range for staff nurses in general hospitals.

In the matter of per diem rates for private duty nurses the situation is entirely different. In this situation we have the age-old principle of private enterprise that has been with us since the dawn of history. It is operated on the basis that the producer of goods and services fixes the price and the consumer, the sick person in this instance, must pay the price or not avail himself of the services. On the other hand, the private duty nurse lacks the benefits provided to the salaried individual: such benefits as sick leave with pay, annual vacation with pay, postgraduate training opportunities financed by the employer and numerous other benefits.

The postgraduate training program for professional and technical personnel in the field of health continues to operate on an undiminished scale. Under this program,

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since its inception in 1951, there will be a total of 1,278 New Brunswick residents who will have received postgraduate training. The cost of training this number is a total of \$3,124,000. This expenditure was claimed 100% from national health grants. The program has shown considerable expansion during the past five years both as to expenditures and number of candidates training. The training assistance is confined to New Brunswick residents only, except in special or unusual circumstances when it could be extended to a nonresident, provided the candidate agrees to work in the province.

The Maternal and Child Health Division during 1964 provided services to the children of the province ranging from consultation work to direct medical supervision.

The active clinic program established four years ago increased its services in both the pediatric and orthopedic field for disabled children up to 19 years of age. In 1964, there were 1,350 new cases registered for direct care or as mentally handicapped children. This brings the total of children under our program up to 12,952.

Pediatric clinics were operated at 14 centres in the province for a total of 171 clinic sessions. This was an increase of 24% over 1963. Clinic assessment and treatment was provided for 1,245 disabled children — 295 of these children received daily medication for therapeutic reasons, such as epilepsy or for prophylactic purposes, such as rheumatic fever.

Under junior rehabilitation, 24 orthopedic clinic sessions were held at the two regular centres, Fredericton and Moncton, and two additional centres at St. Stephen and St. Basile. There were 1,696 children assessed and treated for a wide range of disabilities either congenital or acquired.

A new service was started during the past year. This program which is concentrated mainly in the north of the province in its initial stages is one of audiometric or hearing assessment. Already approximately 400 children have been assessed and a number of these are receiving treatment services.

Mr. WILLIAMSON took the

chair as Deputy Speaker.

Hon. Mr. DUMONT: The public health nurse is becoming more and more the community nurse. She works as part of the health-welfare-education team in the community to meet the physical, mental and social need of the people.

At this time, there are 61 public health nurses in this service, not including the Acting Director.

In the first nine months of 1964 these nurses held 783 child health conferences at 139 centres, and 4,409 new mothers and infants attended. The total attendance for all preschool and school age children as well as mothers was 43,807. All new infants coming to the conferences are tested for phenylketonuria. This condition, if undetected and untreated in infancy, can and does cause mental retardation. The immunization program continues to be a heavy one and the majority of this work is carried out by the public health nurses.

The school health program is a continuation of a program carried out at Teachers' College where the Department of Health, through the Public Health Nursing Division, maintains a staff of two teaching nurses. Here health instructions as well as health services are provided to the student teachers. The aim of that program is to provide healthy teachers who will be well informed in a basic school health program.

The dental health program was expanded during 1964 to include two dental hygienists working in the field — one in Albert and Westmorland counties and a bilingual one in Gloucester County. A third one will be available during 1965.

During the past summer a Topical Fluoride Clinic was held to serve the Moncton area. It is planned that this work will be continued and extended to other areas of the province in the coming summer.

In the Tuberculosis Control Service, two new diagnostic clinics were established during the year. One is located at the new hospital in La- meque, Gloucester County and the other at St. Quentin in Restigouche County. The 14 clinics now operating in the province operate on regular weekly and monthly schedules and during 1964 these clinics examined a total of 17,292 patients.

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There were 323 new previously unknown cases of tuberculosis admitted for treatment under the department's treatment program during 1964. This is slightly higher than the 312 new cases for 1963. This slight increase does not indicate that the disease is more prevalent or on the increase, but rather indicates the results of increased case finding resulting from increased efforts of our diagnostic services.

The number of deaths due to tuberculosis in 1964 was 16. This gives a death rate of 2.6 per 100,000 population, which compares very favorably with the national average. In the previous year there were 21 deaths giving a mortality rate of 3.4 per 100,000 population for that year.

And now, Sir, I would report briefly on other aspects of public health.

The Sanitary Engineering Service of my department has made it possible for us to extend our work in the fields of water supply, sewage disposal and food sanitation.

It was through the efforts of our Sanitary Engineering Division that attention was called to the problem of stream pollution in New Brunswick. Public interest in this field has led to the establishment of the New Brunswick Water Authority. The work of this body, with whom we cooperate fully, has relieved my department of considerable responsibility, thus leaving us free to devote more attention to other problems in the fields of environmental health.

The Adult Rehabilitation Program continued to serve the physically and mentally handicapped persons in the province.

I would like to stress here that the money spent in rehabilitation of the handicapped is in reality a sound and wise investment. It is evident year after year that hundreds of people who were a liability to the family, the community and the province did indeed later become an asset through the services of my department's rehabilitation program.

From statistics it is learned that during 1964 a provincial expenditure of \$65,179 rehabilitated dis-

abled individuals back to work and resulted in their total earnings amounting to \$257,203.

This is a sharing program between my department and the Department of Labour at the federal level.

During the past year a research project has been supported by the public health research grant supplied through the Department of Health of New Brunswick and claimed through the Department of National Health and Welfare under the national health grants. This project is now operating under Professor Scott of the University of New Brunswick and close liaison and cooperation with the Prosthetic Research and Training Units in Montreal, Toronto and Winnipeg have been secured and carried out.

The renewal of this grant for an additional three years' research in a total amount not exceeding \$100,000 over the three years has recently been secured under the national health grants. Certain related work is being carried out by the Electrical Engineering Department of the University of New Brunswick with support from the New Brunswick Research and Productivity Council and the National Research Council.

The purpose of this research is to develop electronic control systems for use by the physically handicapped. These systems will use the electrical output of the patient's muscles to control artificial limbs and similar appliances.

The Alcohol Education and Community Services Division has made progress in promoting alcohol education with the following objectives in mind, namely:

1. To present young people with an opportunity to analyze without bias the role that the use of alcoholic beverages plays in our society.
2. To assist young people to examine and clarify their feelings and attitudes about the use of alcohol.
3. To interpret alcoholism as an illness.

4. To develop, through the school, constructive community attitudes towards alcohol so that some of the related social problems may receive adequate attention.

These objectives are practical in their recognition that there are good reasons, social and personal, for both abstinence and moderate

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drinking, and that there are no good reasons for the excessive or unintelligent use of alcohol.

This educational program has been promoted in the junior and senior high schools, at colleges and universities, at youth conferences and in adult groups. The following summarizes the number of programs and the attendance:

Number of education programs	248
Attendance at school and youth programs	19,953
Attendance at teacher training programs	1,480
Attendance at adult educational meetings	1,812

In all of this educational work the division has received invaluable assistance from the community organizations and individuals who are concerned about alcohol problems.

In the area of community services for persons who have a drinking problem, the following summary will indicate the quiet, consistent and confidential nature of the services being rendered:

	Total Attendance
52 Visits to provincial hospitals,	312
40 Visits to DVA Hospital	80
104 Meetings of Alcoholics	

	Budget 1965-66	Estimate 1964-65	Actual 1963-64
Expenditures:			
Hospitals in New Brunswick:			
Operating expenses — net	\$26,798,442	\$23,925,000	\$21,821,601
Equipment	1,300,000	1,300,000	1,177,383
Capital debt assistance	1,050,000	1,016,600	1,057,936
Total	\$29,148,442	\$26,241,600	\$24,056,920
Contract hospitals — Red Cross	105,000	105,000	88,812
Federal hospitals — DVA	750,000	675,000	670,842
Out-of-province hospitals	825,000	700,000	728,226
Administration	292,643	308,210	232,551
Moncton T.B. Hospital — Contra	—	8,266	7,926
Total expenditures	\$31,121,085	\$28,038,076	\$25,785,277
Income:			
Moncton T.B. Hospital — Contra	—	\$ 8,266	—
Third party liability	\$ 65,000	65,000	\$ 83,133
Gov't of Canada — recoveries	15,496,770	13,612,050	12,258,289
Total Income	\$15,561,770	\$13,685,316	\$12,341,422
Net — Provincial expenditures	\$15,559,315	\$14,352,760	\$13,443,855

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The total cost of the plan for the coming fiscal year 1965-66 is estimated to be \$31,121,085. This is an increase of \$3,083,009 over the current fiscal year budget.

I would like also to give an account of our bed setup.

In 1965-66 we will have 3,744 beds established in the province — a gradual increase. We have now reached a period where we are amply supplied with beds except for certain minor deficiencies on a regional basis.

The average operating cost per bed to the province — this is interesting to note and the taxpayer should be concerned — is \$7,505 for this coming year. Last year it was estimated at \$6,698. Of course, we have increased the beds.

The per capita cost for in-patient services was discussed at the public accounts committee this forenoon, as you know, but we compare favorably with Canada.

In 1959 we were lower than the national average — \$21.24 compared with Canada at \$24.65. In 1960, New Brunswick \$27.44 — quite a jump, but we were not as yet on a level with Canada at \$28.31. In 1961, New Brunswick \$32.72, Canada \$31.79; 1962, New Brunswick \$36.07, Canada \$35.50; 1963, New Brunswick \$38.78, Canada \$39.46. This past year it is \$42.71 for New Brunswick and \$43.73 for Canada, so we are slightly lower than the national average.

During the calendar year 1964 the number of patient separations for adults and children from approved hospitals of this province was 104,884 which when compared with the 1963 figure of 102,649 shows an increase of 2,235.

The number of adult and children patient days for the year 1964 was 1,090,070 whereas in 1963 this figure was 1,054,031, an increase of 36,039 patient days.

The above figures do not include patients at DVA, Lancaster, who also benefited from the hospital plan. The number of patient days was 43,873 in 1964, whereas in 1963 the figure was 41,042, an increase of 2,831 patient days.

In connection with the increase of patient days a comment may be made here on the number of beds

per 1,000 of population. Although the population of insured persons in New Brunswick increased to 609,000 on a monthly average basis in 1964, from 606,000 on the same basis in 1963, the province managed to keep abreast of the population increase and to increase slightly the number of active treatment beds per 1,000 of population from 5.95 in 1963 to 6.05 in 1964, providing thereby a relatively high ratio of treatment facilities.

With the extension of out-patient services made available in 1963 to the residents of New Brunswick it is quite evident that these services are being utilized, and this is shown by the increase in the number of visits made to the out-patient departments of our hospitals in 1964 compared with the previous year.

At this point I might mention that the increase I referred to was just the first initial step in increasing the out-patient services.

In 1964 a total of 100,140 visits were made, indicating a 25.5% increase over the previous year's total of 79,805 visits.

The payment for out-patient services, excluding out-patient laboratory services, amounted to \$500,670 compared with the payment for the previous year of \$399,025, indicating an increase of 25.5%.

The payment for providing insured out-patient laboratory services amounted to \$103,460 for 1964 compared with the previous year of \$75,642, an increase of 36.8%.

The services provided under the hospital services plan so far described are those provided by the approved active treatment hospitals in New Brunswick.

However, hospital benefits are also provided to New Brunswick residents, who, while temporarily absent from the province, and wherever they may happen to be, are admitted to hospital for care and treatment due to a sudden attack of illness or for injuries resulting from an accident. Also, in those cases where residents require specialized hospital services which are not available in the province, out-of-province hospital benefits are provided upon the recommendation of a medical practitioner licensed to practise in New Brunswick.

When an entitled resident of New Brunswick moves to another prov-

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ince and remains a resident of Canada, he is entitled, under the hospital services plan, to hospital benefits for a period of three months following his departure from New Brunswick. This type of coverage is provided by each of the other provinces, for it is a requirement of all hospital plans that a new resident must establish residence for a period of three months before he is entitled to hospital benefits.

In 1964, hospital benefits were provided for 2,820 residents or former residents who required out-of-province hospitalization for a total

of 35,181 days of care and for an expenditure of \$870,887. As a comparison, expenditure for these services in 1963, provided to 2,492 residents who were hospitalized for a total of 29,981 days, resulted in an amount of \$687,976.

The increased dollar amount for out-of-province hospitalization, with only a small increase in the number of days of care, shows that hospital costs in other provinces and, indeed, other countries, is rising proportionately, if not more so, to those in New Brunswick.

Grants amounting to \$739,629.98 for new construction were made during the year to the following:

	Gross Amounts
Fundy Hospital Association, Black's Harbour	\$ 51,060.02
Hotel-Dieu de Saint Joseph, St. Quentin	61,650.00
Grand Falls General Hospital Inc., Grand Falls	77,823.32
Hopital Stella Maris, Ste. Anne de Kent	72,950.00
Northern Carleton Hospital, Bath	122,306.64
Harvey Community Hospital, Harvey Station	71,280.00
MacLean Memorial Hospital, McAdam	36,560.00
Children's Hospital School, Lancaster	246,000.00
Total	\$739,629.98

It is anticipated that the gross expenditures of grants for new construction for 1965 will be over half

a million dollars. The different projects are listed below:

	Gross Amounts
Hopital Stella Maris, Ste. Anne de Kent	\$145,900.00
Northern Carleton Hospital, Bath	61,153.34
Harvey Community Hospital, Harvey Station	23,760.00
MacLean Memorial Hospital, McAdam	36,560.00
Children's Hospital School, Lancaster	305,072.00
Total	\$572,445.34

Hospitals in the province were assisted financially by way of grants for necessary renovations to provide for improved facilities and thus to maintain a high standard of patient care. These renovation projects are financed on the basis of one-third of the cost being borne equally by the hospital, the province and the federal government. Some of these projects became necessary as a result of recommendations by the Provincial Fire Marshal or other provincial authority to provide adequate safety meas-

ures and to replace unsafe equipment.

In 1964 this amounted to approximately \$235,000. The gross expenditure for 1965 is projected to be in the vicinity of \$120,000.

Out-patient Services: Extension of health services for the new fiscal year of 1965-66 has been considered, and as this has been referred to quite abundantly by other colleagues, especially the Minister of Finance, I need not dwell too long on this problem.

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The estimated cost for the coming fiscal year is \$538,000. However, since this is a shareable item with the federal government under the plan, and consequently one-half this expenditure will be recovered from the federal source, the net cost of this extension of service to the province will be \$269,000.

It has been estimated that 5% of the total hospital days in the province are incurred for diagnostic services that could be provided as insured out-patient services. Five per cent of the total hospital days would be 60,000 days utilized for diagnosis, the majority of which could have been done on an out-patient basis. Hospital authorities have estimated that a province could do with 0.4 beds per 1,000 population less if they had an adequate and full out-patient insured diagnostic service. The cost of providing and operating these beds for diagnostic purposes far exceeds the cost incurred by the extension of these services.

Alcohol Treatment and Rehabilitation: To complement our alcohol education and community services, my department will initiate two treatment and rehabilitation units — one in the north of the province situated in conjunction with the Provincial Hospital, Campbellton, and one in the south situated in conjunction with the Provincial Hospital, Lancaster.

These two units will have a combined capacity of 54 beds with related facilities such as recreation and day space. They will be staffed with specially trained personnel and will operate separate and apart from the Provincial Hospital operation where they are situated. Medical treatment for acute alcoholism as well as long-term treatment and rehabilitation of the alcoholic will be provided.

A new mental health clinic will be established at Bathurst in the coming fiscal year. This clinic will fill a long-felt need in this area and will serve an area of 80,000 population in the northeastern part of the province. The trend at the present time is to provide mental health services at the local level if possible.

Immediately after the beginning

of the new fiscal year a province-wide oral poliomyelitis immunization program will be launched by my department. Priority will be given to the northern half of the province, since this area has the lowest percentage of unimmunized individuals against the disease. The oral vaccine will be offered to the age group of 1 year to 30 years of age. This group is being selected because this is the high risk group. The cost of this program is estimated at approximately \$32,000.

I wish to announce that my department is making plans for the conversion of Jordan Memorial Sanatorium to other use.

This institution originated in 1912 with a gift of land, buildings and a cash donation from the estate of the late James C. Jordan, a native of Boston, Massachusetts. Mr. Jordan, and Mrs. Jordan who was a native of Albert County, established a summer home at The Glades, Westmorland County in 1898. It was from this estate that the institution was established. It has operated as a treatment hospital for tuberculosis and was one of the first such institutions to be established in Canada. Because of its present low occupancy rate it will be converted to an institution operating under our Mental Health Services.

The institution is in two parts, a main building with a wing connected by a tunnel. There are also a nurses' home, staff house, four single family homes and several apartments. The physical plant is in excellent condition and is a self-contained unit from the point of view of water supply, sewage disposal and fire protection.

This institution will provide for 112 of the senile geriatric patients who are ambulant and who are presently taking space in our two large mental hospitals. These will be accommodated in the main unit, while the wing which is self-contained will be utilized to accommodate 54 of the totally dependent mentally disabled children presently accommodated and taking up space in our large mental hospitals.

This conversion is designed to take place early in the new fiscal year.

Mr. Speaker, I have now covered and reported on the different divisions of my department and have

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stressed on the major aspects of most of them.

I am sure all members will agree that this department, since its founding in 1918, almost 50 years ago, and the first one to be established in the Commonwealth, has steadily grown and has become a very important department of government.

I don't think anyone in the province would wish to be without it, not any more than they would wish to be without the Robichaud government!

Mr. MOORE continued the debate, saying:
Mr. Speaker:

In taking part in the budget debate I want to congratulate you, Sir, on the dignified manner in which you preside over this assembly. After occupying that position for six sessions I fully realize your great responsibility.

May I also extend congratulations to His Honour the Lieutenant-Governor, J. Leonard O'Brien, and his gracious lady for their outstanding contribution to the dignity of their high office, and to all hon. members who have preceded me in this debate as well as the debate on the motion in reply to the speech from the throne.

I want to associate myself with all hon. members in paying tribute to all hon. members who have departed this life since we last met here. It was my privilege to be associated with them at different times in this chamber and the friendship that built up during these periods will always be cherished. To their families I wish to extend my most sincere and heartfelt sympathy.

Now, Mr. Speaker, if I may, I would like to welcome to the chamber here this afternoon one of our senior citizens of this province who graced one of these seats on both sides of the house for many years. I believe there are only two of us in the house today who were privileged to sit here with our esteemed visitor, Mr. Gladstone Perry.

Well I recall that as a member of the government and also in opposition he made very important contributions to the debates in this chamber, to the legislation and the

committees which functioned at that time. I am sure that all hon. members join with me in welcoming him here this afternoon. We trust that he will have many more useful years spared to him and that he will again come and visit with us.

Mr. Speaker, I would like to turn to my county of Queens and express to all citizens of the county my deep appreciation for their loyal support on so many occasions, making it possible for this to be my 29th session in this assembly.

It has been a pleasure, Sir, and I consider it an honor to represent the fine people of Queens County. In the past my ambition has been to serve them to the best of my ability, along with my colleague, Mr. Bishop, and I do feel that when a Conservative government was in office much was accomplished.

Mr. SPEAKER resumed the chair.

Mr. MOORE: I regret to say that it has not been the same since the Robichaud government came to office. My requests seem to have fallen on deaf ears, and it seems that those who have the say in the county have very little success, as very little is being done: roads are in a deplorable condition; a new ferry boat is seriously needed at Upper Gagetown; No. 9A road between Jemseg and Cambridge had to be abandoned for a period as it was impassable — this road or part of same.

Tenders for work on this Route 9A were called in early April of 1962 and awarded to the Crown Construction Company. Nothing was done that year. During the session of 1963, I asked the minister regarding the contract. I am quite sure he said their program was not completed then. In the session of 1964 I asked the question again and was told that it had been cancelled.

The only conclusion I ever came to was that it was an election gimmick, as the contract was called just before the 1962 federal election. Now we hear rumors of another federal election early this summer and I would like to ask the minister if he is going to play the same gimmick again.

Mr. Speaker, I would say, Please, Mr. Minister of Public Works, kindly give Queens County, as the Good Book says, a few of the crumbs that