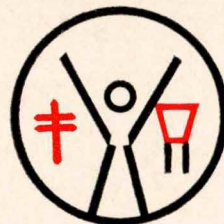


NEWS BULLETIN



The Sanatorium Board of Manitoba

VOL. 11, NO. 2

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG

FEBRUARY, 1970

Surveys Department Provides 94,000 Free Examinations

In 1969 the Preventive Health Services of the Sanatorium Board of Manitoba:

- Provided 46,245 chest x-ray examinations in surveys of communities, industries, schools and nursing homes.
- Administered 5,647 tuberculin tests at three universities and various other schools, and provided direction and supplies for the tuberculin screening of school enterers in various municipalities.
- Participated in 22,327 lung function studies.
- Administered, in cooperation with the University of Manitoba, a total of 20,433 blood tests to detect diabetes and other conditions, and conducted the follow-up screening of



1969 Figures Indicate TB Still A Problem

Tuberculosis — the communicable disease that was supposed to disappear 20 years ago with the discovery of powerful *wonder drugs* — still shows no signs of an easy defeat.

According to the Central Tuberculosis Registry, which carries the names of over 7,000 patients in its files, a total of 249 cases of active tuberculosis was reported in Manitoba in 1969. This is only a slight decrease from the 263 cases reported in 1968 and about the same as the numbers reported in 1966 and 1967.

Of the total 249 cases reported in the province last year, 213 people had

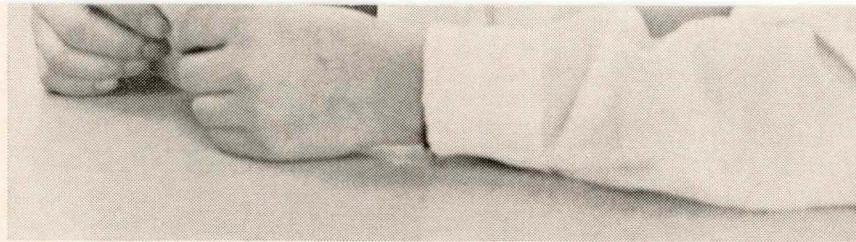
These free examinations — organized by our Surveys Officer Jim Zayshley and carried to different parts of the province by the mobile Christmas Seal Unit — constitute a major part of the Sanatorium Board's year-round program to prevent ill health.

In his annual report Mr. Zayshley notes that the Surveys staff began the year with the screening of 45 nursing homes in metropolitan Winnipeg, Melkirk and Brandon and of the staff and residents of 22 Winnipeg hotels. Then, after examining foodhandlers in five Winnipeg districts, the surveys department, in cooperation with the Department of National Health and Welfare, visited all Indian reserves in northern and southern Manitoba.

Chest x-rays, blood tests for diabetes and lung function studies were included in surveys of 15 municipalities and two cities during the summer months and the fall. Testing for blood cholesterol levels was also carried out as a pilot project to determine the feasibility of introducing this screening service.

According to Mr. Zayshley, six percent of the subjects showed abnormal blood findings during the initial screening for diabetes, and nearly 19 percent of the lipid tests proved abnormal. In most cases, the follow-up of individuals with abnormal tests was completed by the Sanatorium Board staff within two weeks after the survey. Ninety-two percent of the follow-up program was completed, and with respect to diabetes findings, slightly more than one percent of the total number of

(Continued on Page 4)



"IF YOU have dropped out of school and are 17 years of age or over . . . if you have trouble finding a job, or are uncertain about what type of training you should take . . . if you want to open the way to a better life . . . then perhaps PEMBINA HOUSE can help you." So goes the message of the Sanatorium Board's unique training school at Ninette — and pretty Valerie Abigosis of Camperville is one of hundreds of young Manitobans who have listened to it. The story appears inside.

'69 Christmas Seal Campaign—Best Ever

The Sanatorium Board's Christmas Seals Office has just rung up the most successful campaign in 42 years.

Despite the fact that the cut-off date was a month earlier than usual, the 1969 Christmas Seal Campaign raised \$193,163.43 for preventive services. According to Campaign Director Miss Mary Gray, this is the largest amount on record, and a 2½ percent increase over contributions received in 1968.

The Sanatorium Board extends hearty thanks to the hundreds of volunteers who helped make the campaign a success. We also express appreciation to the postal service of Winnipeg who obligingly carried our message into homes throughout the province, to the newspapers, radio and television stations who contributed a generous amount of space and time to publicizing our efforts — and, above all, to the thousands of supporters who cheerfully stuck

Christmas Seals on their holiday mail.

Most of the Christmas Seal dollars will be used within the province to finance various programs to *prevent* tuberculosis and other chronic respiratory diseases. A percentage of the money will also be used to help pay for research into pulmonary disease and to assist in the worldwide attack on tuberculosis.

activated disease. Around 25 percent of the new cases were persons 60 years of age or over; 25 percent were under the age of 20.

A further breakdown of figures shows that 67 percent of the total cases were males, and 27 percent were Indians.

Of the 137 new cases of pulmonary tuberculosis, says the Registry, some 57 percent had moderately or far advanced disease, and 73 percent were bacillary.

Nearly 1,500 Manitobans received anti-tuberculosis treatment last year — 721 people were treated for active disease, and 777 others received INH drug therapy as a measure to prevent the development of active disease.

A total of 159 people were admitted for treatment in sanatorium.

Twenty-one people in Manitoba died from tuberculosis in 1969. This is the lowest number of tuberculosis deaths ever recorded in the province — three fewer than the number reported in 1968.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg 2, Manitoba
Second Class Mail Registration Number 0324.

Bulletin Board

DR. COLIN McLAURIN, who 20 years ago became the first prosthetics engineer in Canada, breezed into Winnipeg on February 2 to assist with the design of a special walker for disabled children. During his week-long stay he also took time to give an illustrated lecture at the Manitoba Rehabilitation Hospital on the prosthetic and orthotic care of physically handicapped children.

In his post as director of the Prosthetics and Orthotics Research and Education Unit at the Ontario Crippled Children's Centre in Toronto, Dr. McLaurin has put his energies into the development of a program for disabled children which involves strong interplay between engineering and medicine, and between therapists, prosthetists and orthotists. In his lecture to health workers in the M.R.H. auditorium, he presented a number of interesting concepts and procedures for handling crippled children, and on the screen he flashed pictures of specially designed walkers, tricycles, feeding and communication aids and wheelchairs that help youngsters to get around, care for themselves, and express their feelings.

When it comes to bracing, Dr.

February 3. In a thank-you letter to our executive director, D. W. Stewart, business administrator of the Winnipeg division of the C.R.C. Blood Transfusion Service, noted that 308 donors showed up during the day.

Mr. Stewart hopes for the staff's continued participation in future clinics . . . and we personally hope that even more people will turn out. Giving blood is truly a painless procedure . . . and it is rather nice to know that some day it may help someone out of a pickle.

The date of the next clinic will be posted on hospital bulletin boards. Watch for it!

★ ★ ★

VOLUNTEER WORKERS at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre — along with members of other hospital guilds — were honored at a reception last month at Government House. During the afternoons of January 14 and 15, the Lieutenant-Governor and Mrs. Richard S. Bowles received around 1,500 women who voluntarily give of their time and ability to hospital work.

M.R.H. volunteers who were asked to pour tea were Mrs. Joe Miske, Mrs. William Craigon, Mrs. D. F. Cox, Mrs. James

PEMBINA HOUSE — Offers Ne

The sparsely furnished classroom, with varnished wooden floor and banks of uncurtained windows, conjures up visions of school days long ago. But the dozen or so students, looking fresh and trim in mini-outfits, tight trousers and sports shirts, are very much up-to-date. In two's and three's they drift in and gather in chattering knots. Then the outside door bangs and the groups break up. A slim, dark-haired young man strides in and over to the blackboard. "I've noticed," he says, "that many of you are spending too much of your allowances in the cafeteria. So this afternoon we'll figure out the cost of various meals and how you can get the most for the best price." For the next half-hour he and the students discuss the price and nutritive value of hamburger, steak and other items, and very soon the blackboard takes on the appearance of a short-order menu.

Budgeting is one of several off-beat subjects taught at Pembina House, Ninette. The 50 students who are accommodated in this unique boarding school are counselled in all manner of things, including grooming and social courtesies, the responsibilities and privileges of citizenship, and how to apply for and hold a job. Academic subjects — which provide a basic background for vocational training — are also offered in the curriculum; but they are secondary to the main aim of the program, which is to provide social training and vocational guidance for

young men and women who find it difficult to cope with urban life.

Situated on the north shore of Pelican Lake, some 125 miles west of Winnipeg, *Pembina House* actually comprises a modern trailer complex and three old frame buildings which for 50 years housed tuberculosis patients at the Manitoba Sanatorium. It is operated by the Sanatorium Board of Manitoba in co-operation with the provincial government, and it is the outgrowth of a special program set up for Indian TB patients a dozen years ago.

It was during the 1950's that the Sanatorium Board had to face the fact that the vocational rehabilitation program, which had ideally served tuberculosis patients for 15 years, was not suitable for the increasing numbers of native patients who expressed a desire to work in the city. A severe lack of schooling was just one of their handicaps. Suffocated by poverty, isolated and ignored by the white culture, they were also socially unprepared for city living. So in 1956, despite protests that "It won't

logue to refer to. Almost every kid requires a design that is a little different, and consequently the initial expense is bound to be rather high.

But when compared with the cost that would be involved if these children had to receive long-term hospital care, this service program is cheap, he said.

Dr. McLaurin, an aeronautical engineer, began his career in prosthetics and orthotics research at Toronto Sunnybrook Hospital in 1950. A year later he was joined by Canada's second rehabilitation engineer: James Foort, who now serves as technical director of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit. Their early research produced the Canadian Plastic Symes Prosthesis, the Canadian Hip Disarticulation Prosthesis and the Sach Foot. Later (in California and Winnipeg) Mr. Foort specialized in lower extremity prostheses and the development of modular systems of prosthetics, while Dr. McLaurin became concerned with the improvement of artificial arms and the development of a model system for handling rehabilitation problems of disabled children.

★ ★ ★

OUR HEARTY THANKS to staff members who parted with a bit of their blood at the Canadian Red Cross clinic at the Winnipeg General Hospital on

Assisting with the serving were Mrs. H. A. Millar, Mrs. J. G. Speirs, Mrs. W. K. Webster and Mrs. L. Winder.

Around 100 of our lavender-frocked ladies attended the event.

What Every Good Counsellor Should Be

As learned by David Francis

A counsellor's job is not an enviable position.

First to be a counsellor, you must like the job.

Secondly, you must be trustworthy. Your client will be telling you some of his innermost secrets. Secrets that should never be repeated.

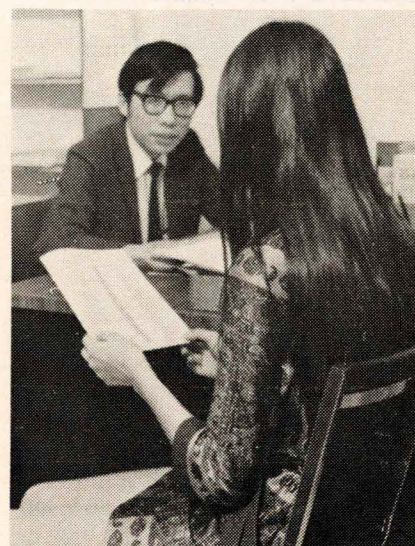
Thirdly, you should be patient. Some of your clients will take a *long time* before they straighten out. Some of your clients will not take the advice you give them . . . so you have to try and give them *better* advice.

Fourthly, you must have the ability to give good advice. You must be able to give this advice to your client and make him understand that this is the *proper* thing to do.

Fifthly, you must always be on hand. Sometimes your client will need advice now that cannot wait afterwards.

Last, but most important of all, you must be able to live with failure. Some of your clients will not listen to your advice and they will continually get into trouble. These

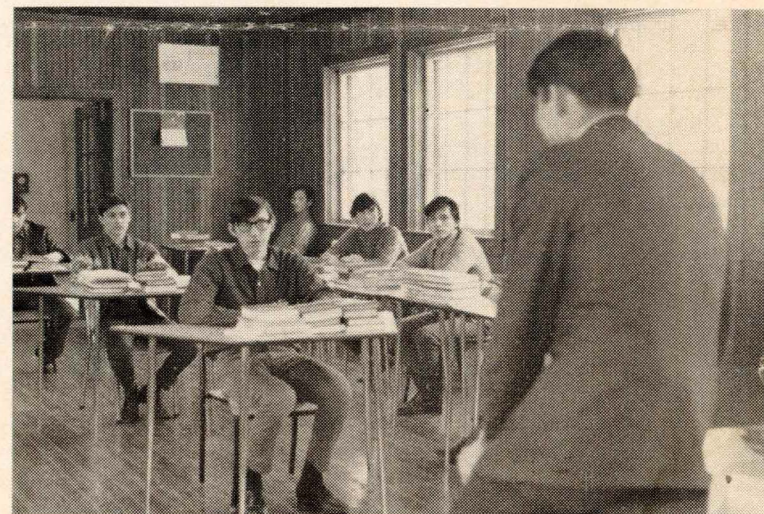
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Psychologist Peter Lam talks with a new arrival at Pembina House.

the Board — with the backing of the federal and provincial governments — opened a boarding house in Winnipeg, then two years later a small *Evaluation and Social Orientation Unit* at the Assiniboine Hospital in Brandon. The experiment paid off and as increasing numbers of patients moved on to further training and jobs, the doors were thrown open to other native people and eventually to other races. By 1965, when the unit was moved to Ninette, only some of the admissions had a history of TB and a few applications were being received for whites.

Photographs by Earl Kennedy, through the courtesy of the Manitoba Department of Health and Social Services.



John Charrette, one of four teacher-counsellors, leads a class discussion on buying clothes. Before joining the Pembina House staff, Mr. Charrette studied honors mathematics at the University of Manitoba.

w Vistas for Young Manitobans

The majority of today's "clients" (who range from 17 to over 30 years of age) are referred by the provincial Department of Health and Social Services. They have many problems, some of them very complex. In the case of the Indian or Metis, who still comprises the bulk of the admissions, the goal is not to make him over into a pseudo white man, but to help him fit into the Manitoba social mosaic. The Indian's part in history, his tribal traditions, his love for family and freedom, are things to be cherished, the Board feels. But at the same time, if he is to find a niche for himself in a competitive time-dominated, industrialized society, the Indian must also accept the values of those who outnumber him.

To help get the students on course, the program at Pembina House begins with a three-week assessment period. After receiving a battery of tests and a great deal of intensive counselling, about 10 or 15 percent of the students immediately move on to the care of the government's Vocational Opportunity Services, which places them in training or directly into jobs. Most of the others stay on for three months or more of social training; a few return home, usually on their own accord. "We rarely wash anyone out of this program," the director says.

Lynn Kuzenko, who left public school teaching six years ago to become the program supervisor, describes the atmosphere of Pembina House as one of controlled freedom. "That is," he says, "we try to duplicate a normal home life, and avoid rigid rules." Students, he continues, are expected to conform to acceptable standards of behavior, to be punctual for class, and to help with housekeeping chores. But at the same time they are encouraged to talk freely in class and, through an elected student council, to help impose their own supervision. Each student receives an allowance, which is adjusted from time to time to acknowledge his participation and progress in the program.

There is a close relationship between the students and staff. Students progress faster with the easy, direct approach. Teacher-counsellors welcome the flexible system that permits a creative approach to individual problems. All of the staff members seem to be immersed in the program: often they spend their days-off visiting reserves, or running down a special problem, or taking their "clients" on an outing. This close association fosters understanding and humorous tolerance of each other's prejudices. For example, a student, who had agreed to help a counsellor with renovations around his home,



Counsellor Allan Chartrand leads a group of Pembina House students on a winter's hike through the bush.

returned to her reserve without seeming to gain a thing from the program, was later discovered to be managing a comfortable home, the happy wife of a responsible young man and the mother of a healthy little boy. Back at Pembina House, however, she had been rated a failure.

It also happens that people who leave the unit return for a second chance. A classic example of this took place some years ago when an

The long waiting list for Pembina House is another indication of the program's success — and of the need for expansion of the service it offers. At the beginning of this month, 80 applicants were waiting for admission. One week later, the number had jumped to 125.

"I'm afraid to look at it," says Lynn Kuzenko. "Pembina House admits about 160 each year."

marked. After all, this is a rehabilitation centre. If we fail a person, what happens to him then?"

When students enter social orientation, the pace relaxes. A normal workday is simulated, with classes morning and afternoons and opportunities for sports and other recreation during leisure hours. Counselling and evaluation go on continuously, and once each month an Advisory Committee studies each student's progress and sets guidelines for the future. Representatives from the surrounding business community, members of government agencies, the medical profession and the Sanatorium Board serve on this committee — and occasionally, along with other visitors, they give talks to the students.



Ed Bone (right), who plans to be a mechanic, stops to chat with Dave Francis, who has decided to study plumbing.

was asked if he wanted pay for the first day's work. "Better wait until the job is finished," he grinned impishly. "You know the Indian. Pay him today. You won't see him tomorrow!"

Considering the severe social and vocational handicaps of most of the students, the success rate at Pembina House is surprisingly good. According to Mr. Kuzenko, about 75 per cent complete the three-month course and go on to further training and jobs. Hundreds of graduates are now successfully employed as secretaries, hospital aids, mechanics, hairdressers, plumbers and the like — and one or two have even become counsellors for other agencies.

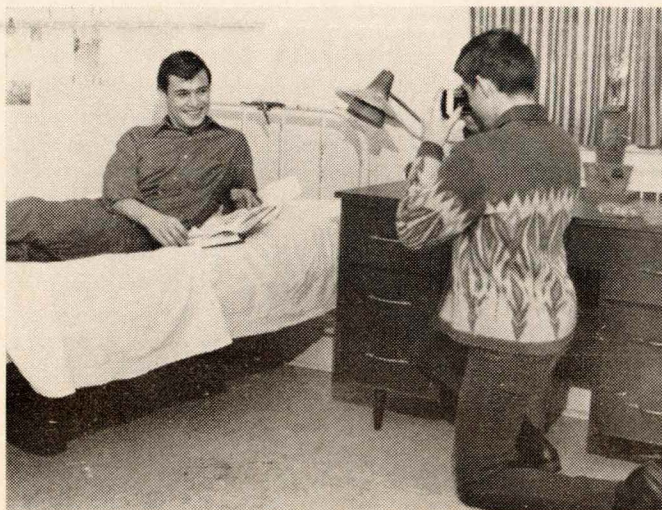
Even so, who is to decide what constitutes success? One girl, who

Brandon unit with a return train ticket. He hung around for several days, then informed the staff that he had merely come to look the place over and had decided not to stay. With that he disappeared and the staff — figuring they had seen the last of him — chalked up another failure. A year later, a bewildered teacher answered a late night knock at the door. There on the stoop, looking as bedraggled as ever, stood the same young man, asking if he could change his mind.

The program wasn't easy for this particular individual, and his eventual placement as a commercial artist took two years — but like the thousand others who have since come the same route, he proved that the transition can be negotiated.



The aim of Pembina House, says Supervisor Lynn Kuzenko, is to provide a home-like atmosphere; then slowly introduce individuals to the ways of the city.



Frank Brauner, Flin Flon, snaps souvenir photo of room-mate Allan Richards, of The Pas. Pembina House provides separate dormitories for men and women and trailer as advanced unit for men.



Providing music for a dance is an easy matter at Pembina House. There always seems to be someone who can strum a guitar . . . or play the violin.

FREE HEALTH LITERATURE

Polluted air rots and soils clothes . . . discolors house paint . . . rusts metals . . . mars monuments . . . stunts vegetation . . . ruins crops. It has been known to kill, to sicken, and to destroy.

Emphysema is on the increase. Authorities do not know how many new cases there are yearly because it is not a reportable disease. But there are four times as many emphysema deaths now as 10 years ago.

Do you wake up in the morning hacking and spitting? Or do you fight for breath when breathing used to be easy? These two complaints (chronic cough and shortness of breath) bother many cigarette smokers. Both may be forerunners or symptoms of serious respiratory disease.

The first fact to be noted about hay fever is that it is rarely caused by hay and hardly ever results in fever. A more accurate name for this ailment that afflicts one in 20 Canadians is allergic rhinitis. These words refer to an allergic reaction — a special sensitivity to some ordinarily harmless substance — resulting chiefly in inflammation of the nose tissues.

These are just some of the facts to be found in THE FACTS series of pamphlets, offered to the public through our Christmas Seal Health Education Service.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE: A MANUAL FOR PHYSICIANS and DIAGNOSTIC STANDARDS AND CLASSIFICATION OF TUBERCULOSIS are booklets of interest to doctors and nurses.

For patients we offer PILLS! PILLS! PILLS! (for tuberculosis), PILLS TO PREVENT TB, WHAT YOU CAN DO ABOUT YOUR BREATHING, YOUR BREATHING TROUBLES — UNDERSTAND THEM, FACE THEM AND TREAT THEM.

There are more items — posters, pamphlets and films. For information, write us.

TB Tests Now Compulsory For Students, Faculty

The Sanatorium Board of Manitoba welcomes the news that tuberculin skin tests (plus chest x-ray examinations for positive reactors) will henceforth be compulsory for both students and faculty of the University of Manitoba and its affiliated colleges.

The new ruling, we learned, was passed early this month at a meeting of the university senate, and it will be in effect when our Christmas Seal

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals and organizations who have recently made donations or bequests to our various health services.* According to the wishes of the donors, some of this money has been used to purchase special equipment for patients, or in other cases, it has been used to assist our province-wide program to prevent ill health or to finance research into the means of preventing and treating disabling disease or injury.

Estate of the late Duke Bryson	\$5,043.07
Miss Edith E. Nelson	\$ 185.00
Alpha Omega Fraternity	\$ 25.00

From the following, we gratefully acknowledge donations in honor of Mr. and Mrs. Max Caplan of Winnipeg, in memory of the late Dr. Alfred Savage and in memory of the late Osborne B. Parkinson:

From Winnipeg: Mr. and Mrs. David Minuk, Mrs. Betty Schwartz, Mr. and Mrs. Harvey Smordin, Dr. and Mrs. Aubrey Caplan, Mr. and Mrs. I. Gottlieb, Mr. and Mrs. I. Silverman, Mr. and Mrs. N. Goldman, Mr. and Mrs. Mischa Pollock, Mr. and Mrs. H. Fogel, Mr. and Mrs. E. Caplan, Mr. and Mrs. L. Skinner, Mr. and Mrs. J. Goodman, Mr. and Mrs. Weinerman, Mr. and Mrs. M. Schachter, Mr. and Mrs. Allan Galzerman, Dr. and Mrs. A. E. Denir, Mrs. Ethel Stall, Mr. and Mrs. J. M. Bender, Mr. and Mrs. E. Tessler, Mr. and Mrs. Nathan Stall, Mr. and Mrs. Herbert Nitikman, Mrs. C. R. Frayer, Mr. and Mrs. F. D. Graham, B. R. Webb, Miss Ellen Cooke, Leslie MacKay, Mr. and Mrs. George Gould, Mr. and Mrs. M. P. Michener, Mr. and Mrs. W. G. Plant, Miss Helen Leggo, Mr. and Mrs. R. A. Graham, Mrs. R. J. Kirk, Mr. and Mrs. Gerald Cox, Mr. and Mrs. W. J. Dugdale, L. N. Mercury, Mr. and Mrs. D. Christensen, D. W. Cameron, Miss Bessie K. McLean, Mr. and Mrs. G. A. Woods, Miss Rita McNeil.

From other points: Emil Levesque, Mrs. K. N. MacDonald, Hartney; Mr. and Mrs. Norman Langston, Brandon; Mr. and Mrs. A. Langtry, Carman; Harry Lee, Killarney; Mr. and Mrs. A. F. Woodall, Victoria, B.C.; Mrs. R. Hallis, Calgary, Alta.; Dr. Grace G. Hood, Indianapolis, Ind.

Churchill: A Main Target for TB Control

"We had a chest x-ray. Have Churchill and the surrounding settle

note to the Sanatorium Board of Manitoba, 800 Sherbrook Street, Winnipeg 2.

The Facts covers about 15 topics in respiratory disease — including tuberculosis, chronic bronchitis, emphysema, asthma, bronchiectasis, pleurisy and pneumonia. The pamphlets explain in simple language what the disease is all about and methods of treatment and prevention.

For teachers, the Board distributes such booklets as BREATHING — WHAT YOU NEED TO KNOW, AIR POLLUTION PRIMER, WAYS TO KEEP WELL AND HAPPY, GRIST FOR THE TEACHER'S MILL, and its French counterpart TUBERCULOSE: VISAGES D'HIER ET D'AUJOURD'HUI. This last booklet gives teachers a broad picture for general health lessons and tells the story of the crusade against tuberculosis.

NURSING IN RESPIRATORY DISEASES, INTRODUCTION TO RESPIRATORY DISEASES,

POCKET BOOKS

(in good condition)

MAGAZINES

(recent issues)

Before you throw them out, think of the PATIENTS' LIBRARY at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre.

The VOLUNTEER SERVICE is in need of both magazines and books . . . and will welcome your contributions.

campuses next fall.

Tuberculosis examinations, which for years had been compulsory for all university students, became a voluntary matter two years ago because students felt it unfair that members of the faculty were not compelled to attend surveys along with them. Many staff members, as well as students, also agreed that such compulsion was an infringement on individual rights.

While no one likes to compel anyone to do anything, the Sanatorium Board does feel that a 100 percent attendance of students and staff at a tuberculosis-screening program is in the best interests of the university and the community. Voluntary attendance does not ensure this. After the compulsory rule was lifted for all but health science students, attendance dropped to about 20 percent, and no one could determine the state of tuberculosis control on the campus.

Even though tuberculosis is not a big problem in the university, it is a fact that this group is not tuberculosis-free. When tests were compulsory, one or two new active cases were picked up by the Board's screening program each year. Other new cases have emanated from the university since then.

FREE EXAMINATIONS

Continued from Page 1

people screened on the initial surveys turned out to have previously undiagnosed diabetes.

During the year, the Board's survey operations were carried out at 213 different sites.

This question was asked of all residents of Churchill this month, when the Sanatorium Board of Manitoba launched its second survey in the 1970 program to combat tuberculosis and other chronic respiratory disease.

In this instance, the effort is directed primarily against tuberculosis — for unlike most other areas in Manitoba, Churchill has been continuously plagued by small outbreaks of the disease. Last year 10 new active cases were uncovered among the 3,200 inhabitants of this northern outpost, and during the past two years 24 new active cases have been reported — which is about five percent of the total number reported in the entire province during this period.

In an attempt to stop the steady trickle of patients into sanatorium, the Board is stepping up preventive efforts in the area, beginning with chest x-ray examinations of all children and adults. Many individuals and organizations have been enlisted to assist with this initial effort — and in order to build up support among the general public, small lapel badges bearing the "I've had a chest x-ray" message are being handed out to participants.

Public health nurses attached to Northern Health Services, as well as members of the Medical Services branch of the Department of National Health and Welfare, the federal departments of Transport and Indian Affairs and the Local Government District of Churchill have joined forces to assist with the survey organization at Churchill townsite, Fort

Webber of the Churchill Ladies' Club, who has recruited volunteers to assist with registration; the Lions Club of Churchill, which is providing transportation for the elderly and disabled; and the local Chamber of Commerce, which has canvassed businesses to ensure their support.

The Churchill survey is the second operation in this year's preventive program. Last month Sanatorium Board technicians Jerry Spivak and Ken Lillyman, accompanied by Dr. F. J. Porth, chest consultant for Medical Services, Department of National Health and Welfare, flew into eight Indian reserves in northern Manitoba to take chest films with portable equipment. A total of 1,862 people were examined on this survey. A follow-up survey will be conducted in June.

A COUNSELLOR'S JOB

(Continued from Page 2)

few will have been your clients but somehow they did not listen to your advice. You will lose some sleep over them, but they will be eventually forgotten. Nothing to lose your mind over.

The author of this essay, 20-year old David Francis of Portage la Prairie, is taking the social orientation and academic up-grading program at Pembina House, Ninette. During his stay there he seems to have learned enough about counselling to steer clear of the job: he plans to enter a plumbing course at the Red River Community College.