

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Thursday, May 29, 1975

BILL NO. 50

MR. SPEAKER: The Honourable Minister of Health wish to speak on procedure? We are on Bill 50, that's right.

MR. DESJARDINS: Mr. Speaker, the gentleman that was speaking, the Member from Assiniboia, is not here, so I wonder if we should leave that and maybe go to second reading of Bill 52 and 53.

MR. SPEAKER: Order please. We can leave it providing we dispose of it one way or the other. We just can't leave it in limbo. Now, either . . . The Honourable Member for Morris.

MR. JORGENSON: When the House adjourned, we were on Bill 50, but there's no way that we can just simply let it stand by. We have to either vote on it now or approve it, or the Member for Assiniboia has to be here to complete his remarks. There's no way we can do otherwise than continue on with that particular bill.

MR. SPEAKER: Correct. The Honourable Minister of Health.

MR. DESJARDINS: I wonder if we could - somebody's interested in taking the adjournment. Mind you, that would mean that the Member for Assiniboia would not be permitted to speak, his time would be finished.

MR. SPEAKER: The Honourable Member for Morris.

MR. JORGENSON: If somebody else takes the adjournment, then the Member for Assiniboia is precluded from speaking.

MR. SPEAKER: That's correct.

MR. DESJARDINS: Well what else can we do.

MR. JORGENSON: He's not here. My suggestion, sir, is we just simply proceed with the conclusion of that bill. If he's not here to speak on it, we vote on it.

MR. SPEAKER: Are you ready for the question? The Honourable Member for Birtle-Russell.

MR. HARRY GRAHAM (Birtle-Russell): Mr. Speaker, I beg to move, seconded by the Honourable Member for . . . well, I can take the adjournment on debate, can I not?

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Speaker, it's true that the Honourable Member from Assiniboia was in the middle of a speech, and I think by not being here, he forfeits his right to continue. So therefore the bill, I believe it's properly in order for the member to adjourn it now and I think that the adjournment would be right.

MR. JORGENSON: The Member for Assiniboia has forfeited his right.

MR. DESJARDINS: That's right. He's finished.

MR. SPEAKER: The Honourable Member for Birtle-Russell.

MR. GRAHAM: Mr. Speaker, on a point of order, I believe that I do have the right to adjourn debate on a bill.

MR. SPEAKER: Correct.

MR. GRAHAM: So I would move, seconded by the Member for Sturgeon Creek, that debate be adjourned.

MOTION presented and carried.

BILL NO. 52

MR. SPEAKER: Bill No. 52. The Honourable Minister of Health.

MR. DESJARDINS presented Bill No. 52, The Dental Health Services Act, for second reading.

MOTION presented.

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Speaker, the intent of the Dental Health Services Act is to enable the government to . . .

MR. SPEAKER: Order please. On a matter of procedure, the Honourable Member of Morris.

MR. JORGENSON: I must rise on a point of order. Since this is a government bill, I believe it should be seconded by a member of the Cabinet and I see there is another member

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(MR. JORGENSEN cont'd) of the Cabinet. I would much prefer . . .

MR. SPEAKER: Order please. Order please. On that matter of procedure, there are no directions as to who seconds a bill.

MR. JORGENSEN: Well, if a government order which involves the expenditure of money is presented to this House, only the Cabinet is allowed to do that and I . . .

MR. SPEAKER: Order please. The bill is being presented by a Minister and seconded by . . .

MR. JORGENSEN: . . . and seconded by a Minister.

MR. SPEAKER: Not necessary, according to our rules. Unless the honourable member has a particular citation to quote, I am not aware that it's necessary that it has to be a Cabinet member. The Honourable Member for Morris.

MR. JORGENSEN: I don't have a particular citation, sir, but on a previous occasion in this Chamber while you were in the Chair, sir, this matter was raised once before and the Premier, I believe it was who bowed to the suggestion that I made and had the measure seconded by a member of the Cabinet.

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Speaker, with your permission and leave of the House, and with my former seconder's permission, I wonder if I could change my seconder to the Minister of Industry and Commerce.

MR. SPEAKER: Is it agreed? The Honourable Minister of Industry and Commerce is the seconder. The Honourable Minister of Health.

MR. DESJARDINS: I see this is one of those nights. The intent of the Dental Health Services Act is to enable the government to deliver dental health services. The Act permits the government to develop both preventive and treatment services. Under the Act, the government may enter into contracts with private dentists for the provision of services or may deliver services through government employed dentists and dental health workers. Under the new Act, the dental nurse, dental hygienist or dental nurse who is certified can render dental services prescribed in the regulations made under the Dental Health Act. The procedures which a certified dental health worker can carry out will not be subject to the Dental Association Act. Under Section 8 of the Act, a dentist who has agreed to provide dental services through an agreement with the government will not be permitted to charge, demand or accept a fee greater than the fee stated in the contract. It is the government's intention not to allow dentists to charge patients beyond the fee agreed upon in contracts with the government.

MR. SPEAKER: The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Speaker, I beg to move, sir, seconded by the Honourable Member for Morris, that debate be adjourned.

MOTION presented and carried.

BILL NO. 53

MR. SPEAKER: Bill No. 53. The Honourable Minister of Health.

MR. DESJARDINS presented Bill No. 53, The Dental Health Workers Act, for second reading.

MOTION presented.

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: The intent of the Dental Health Workers Act is to provide separate legislation for the training and governance of dental health auxiliaries. At the present time, dental health workers are covered under the Dental Association Act. The new act permits the government to provide for the education and training of auxiliaries, either alone or through a department of government or in conjunction with the University of Manitoba or other educational institution. Under the new Act, the Dental Association can continue to train and hire dental health auxiliaries in a dental office. These auxiliaries, however, will not be permitted to use the title "Certified Dental Health Worker" unless they have been registered by a board established by the Minister. The board will be in power to register and certify dental auxiliaries, determine those dental services which can be carried out by a dental health worker without the supervision of a dentist, and which procedures cannot be carried out. The board may revoke certificates and can employ inspectors to determine the quality of dental services rendered by Dental Health Workers. This Act, in conjunction with the Dental Health Services Act, will

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(MR. DESJARDINS cont'd) enable the government to plan, develop and deliver dental health services in a rational and comprehensive manner.

MR. SPEAKER: The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Speaker, I beg to move, sir, seconded by the Honourable Member for Morris, that debate be adjourned.

MOTION presented and carried.

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Speaker, I'd like to move, seconded by the Honourable Minister of Industry and Commerce, that Mr. Speaker leave the Chair and the House resolve itself into a Committee to consider the supply to be granted to Her Majesty.

MOTION presented and carried, and the House resolved itself into a Committee of Supply, with the Honourable Member for Logan in the Chair.

COMMITTEE OF SUPPLY - HEALTH AND SOCIAL DEVELOPMENT

MR. CHAIRMAN (Mr. Jenkins): I direct the honourable members to Page 27 of their Estimate Book. We're on Resolution No. 60, Administration. The Honourable Minister of Health.

MR. DESJARDINS: Mr. Speaker, I wonder if I could give an answer to a question that I took as notice the last time they had the estimate. It's under (3)(h)(1)(b) Community Operations Division, Operation, Administrative and Other Expenditures. There was a difference - my honourable friend can remember - the reason of an increase from \$51,500 to \$100,500. Of the \$100,500, \$51,500 is to be spent on the operation, administration function which is the same amount requested last year, and the remaining \$49,000 has been budgeted for the purpose of funding the provincial job office which administered the now phased-out Pensioners Home Repair Program. Last year, by error, the required funds were omitted from the budget, and the current funds requested are required for a short period to clean up the final phase of the operation. The program has served its purpose in providing repairs and temporary employment.

Mr. Speaker, for the first time I think, that we have instead of just one line under the Manitoba Health Services Commission - as I had promised before, we would try to give more information to the Members of the House and allow for a proper scrutiny of what is going on. After all it's a pretty important amount. Mr. Chairman, with the consent of the Members of the House - you will see that the different lines have not been numbered - I wonder if we could go on the same procedure, maybe start with Administration, stay with that and pass that, so we won't jump from one place to the other. So I see that this is fine, then we can start with Administration.

MR. CHAIRMAN: Administration, that is what I called. Agreed? (Agreed) The Honourable Member for Fort Garry.

MR. SHERMAN: Thank you, Mr. Chairman. Well, this is as good a place to start as any in examining this particular section of the Health and Social Development Department's operations and appropriations for the ensuing year.

The figure of \$7.1 million requested in these Estimates to finance administration of the program for the current year represents a substantial increase over that requested last year; the figure for last year having been \$5.8 million. Now we got into a technical argument the other evening - technical debate in the House the other evening - between my colleague the Member for Lakeside and the Minister as to just what the figures for last year in the estimates really mean. Do they mean that that was the amount of money asked for or do they mean that was the amount of money spent? I gather from the Minister's remarks of two evenings ago that that figure represents what was asked for. At this point - and I will have some other things to say on this area, but at this point I would like to keep my remarks and my questions brief and I would like to ask the Minister what was spent on administration last year? Are we comparing apples and apples or are we comparing apples and oranges?

MR. SPEAKER: The Honourable Minister of Health.

MR. DESJARDINS: I'm informed that - of course this is the figure that was voted last year, like all these figures on the left, as we know - and I am told that this is very close, approximately the amount; I don't know, certainly not to the cent. And it might help if I give the information at this time that there was a surplus last year - I'm not talking about administration now - at the Commission, and I'll try to get that for you. I don't know if we have a

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(MR. DESJARDINS cont'd) breakdown, if I do this at this time, we won't have to ask the same question at . . . The surplus last year was \$5 million at the Commission. I beg your pardon?

MR. SHERMAN: The surplus last year was 5 million?

MR. DESJARDINS: Right.

MR. SHERMAN: The department last year asked for 5.8 million for administration.

MR. DESJARDINS: Excuse me, I'm talking about the overall surplus of the Commission.

MR. SHERMAN: Oh.

MR. DESJARDINS: As far as the administration, I think that most of the money was spent, I'm informed that it's very close. Now we haven't got the detail of everything in the surplus, I'm trying to get the larger . . . Most of it has been that some construction didn't go through that was supposed to go through, they didn't start last year - so therefore the money for the construction, besides the operating costs, which was quite a bit. I remember when I was being briefed, there was half a million, and I don't remember what it . . . I wonder if we could leave that - there might be somebody upstairs that's listening in. What I'm trying to get for the members is a detailed breakdown as much as possible of the surplus of a little over \$5 million.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Well, Mr. Chairman, I would be perfectly happy if the Minister would wish it this way, to go - or maybe I misunderstand the Minister - if the Minister is suggesting that he would like to go on to the next item and then come back to administration, that's perfectly all right. --(Interjection)--Well, Mr. Chairman, then we infer from the Minister's remarks that the \$5.8 million requested voted last year for administration under the MHSC was pretty close to target.

MR. DESJARDINS: Excuse me. I have the answer. The actual money spent on that was 5.9, so there was a little more for administration. And the surplus that I was talking about is for the whole Commission.

MR. SHERMAN: Okay. I thank the Honourable Minister, Mr. Chairman. So the figure voted last year was pretty close to target, 5.87; the amount spent was \$5.9 million. This year the government is asking \$7.12 million, and I would ask the Minister what is represented in the increased appropriation being sought beyond the obvious and natural increases that would result from inflation.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I think my honourable friend is suggesting that I give him the main reason for the items there have been quite an increase . . . Well, the first one is in the rental of office equipment; last year voted 361,000, this year 480,000 for an increase of 119,000. Now the rental of an optical scanner was \$50,000, and then the rest was for the increased costs.

Then we have - for travel, from \$65,000 to 100,000 for an increase of 35,000. This was for the provision of transfer of the planning group to MHSC, an addition was staff man years and price increase on that - this was the staff of ESP that went back to the Commission and extra staff-man-years on that also.

Now on stationery and office supplies, from \$245,000 to 340,000, - 95,000. That provides for new Pharmacare, ambulance and doctor reporting forms.

Professional Consultant, \$80,000 to 185,000; 105,000, that includes provision for \$100,000 for the balance of the \$200,000 for the study by Clarkson-Vayda at the Health Sciences Centre.

The other one, furniture and equipment, an increase of \$20,000, from 40,000 to 60,000. This increase, provision for additional staff-man-years. Building renovation, 80,000 to 195,000; 115,000 increase, includes provision for balance of renovation and replacement of light fixtures on second level, something that was never done since that building was completed.

7. Employers contribution, 85,000 to 150,000 - for \$65,000 increase. That includes provision for rate increase and additional staff man years.

Now, besides that of course there is the salaries. There is an increase of 42 staff-man-years. I'll give you the increase now. There are seven positions of the data processing for increased volume, and new Pharmacare and Ambulance Programs for MHSC and MMA contractual agreement, and for an additional shift; one position, Systems and

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(MR. DESJARDINS cont'd) Procedures for new program and increased workload; three positions, Controllers Office; two positions to provide overall internal control of MHSC administrative budget and payment system to providers of service, and one position for salary and wage studies pertinent to providers of service. Facilities Division, seven positions, to handle increased workload and make adequate provision for consulting services, financial review and programs, evaluation of 200 health care facilities in addition to the annual audit of hospitals and personal care homes; Insurance Division, two positions for a new Pharmacare program; Services Division, three positions, Cadman Laboratory, to proceed on a service basis would be congenital and rubella, a control program which was funded in the research phase by the Federal Government; 13 positions, diagnostic X-ray to handle increased volume; expanded a new program to fulfill responsibility for 24-hour, seven days per week lab and X-ray service; and six new positions in Planning Division to adequately carry out expanded MHSC role for health planning and evaluation which should result in improved services, funding, relocation and selected types of costs savings.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Speaker, I thank the Minister for his information. However, on the last phase of the subject that he just went through for us, I was not able to keep up with the figures that he provided and I would appreciate it if he could give me an approximate total of the new positions that he's referred to. What would be the total, or approximately?

MR. DESJARDINS: Forty-two new positions, and an increase of \$674,000.

MR. SHERMAN: Forty-two new positions, Mr. Chairman. Are those positions that are contemplated, anticipated, or have they already been created and filled?

MR. DESJARDINS: No, I think there's been some advertising for some. There might have been a few that were filled. There are about half of them filled and the others are still pending.

MR. SHERMAN: Why would 42 . . . I'm sorry, Mr. Chairman. I'm sorry, I should have waited for your recognition. Why would 42 new positions be required this year?

MR. DESJARDINS: . . . giving you all this information.

MR. SHERMAN: I know, I know. I realize he just gave me that, but I'm asking him why is it necessary to increase the bureaucracy by 42 new positions.

MR. DESJARDINS: Because of the reason that I just mentioned. I read that, I enumerated the different positions and I gave the reason why either new programs or work load, and if my . . . I'm ready to give a copy of this to my honourable friend. Of course it will be an answer, but I don't know if I'm supposed to . . . No, there's 6 in planning, there are 13 positions diagnostic X-rays, Cadman Laboratory, Insurance Division, 2 for new Pharmacare program, and all the . . . This is what I was reading a minute ago.

MR. SHERMAN: Well, I appreciate that, Mr. Chairman, but the point of my question is, why is it necessary? For example, the Minister has referred to six in planning. Are we getting - let's say the six in planning are paid an average of \$15,000 a year; I don't know what they're paid, but let's say \$15,000 a year, that's approximately \$100,000. Are we getting \$100,000 worth more of planning in the department? Why is the establishment increased by forty-two? Is the back room, is the ivory tower thinking establishment increased, or are the programs increased, and are the services obviously and evidently and demonstrably increased?

MR. JORGENSEN: Or they've just not forty-two more relatives.

MR. SHERMAN: Or is it, as my colleague, the Member from Morris, suggests, have they just found 42 more relatives?

MR. DESJARDINS: Well, you know, I could maybe ask relatives of who? I don't know. But that would mean we would have about 738 relatives that have jobs with the Commission. There is a varied number of reasons why these . . . and I think that I've covered that. There are new programs, there's an added work load, there's been more services rendered - and as far as the planning, the planning incorporates many things. There was very little long term planning that was done in the Commission and, as I say, these people are now planning, are implementing programs, are doing research or evaluation and so on, and I could speak all day on that. I certainly will stand behind that. I think that if anything, we weren't doing enough of that and now we're going to evaluate the programs and plan properly, and not plan from day to day but have long range planning, and I certainly don't apologize for these added six in planning.

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MR. CHAIRMAN: The Honourable Member for Birtle-Russell.

MR. GRAHAM: Thank you, Mr. Speaker. I'd like to ask the Minister a specific question. I believe he said he had seven staff man years to handle the Manitoba Medical payments, I believe, if I'm correct. Are these seven people that the department plans to engage when the time comes, that there is going to be a confrontation with the Manitoba Medical and the doctors will be opting out? Is that why you need seven extra men?

MR. DESJARDINS: I don't intend to answer a ridiculous question, Mr. Chairman, so he might as well know right now.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Well, Mr. Chairman, my comments are going to be rather wide-ranging. We're looking at administration here, and I don't know where else in the Estimates of the Health Services Commission we can deal with where we're going, how we're going to get there, and what's it going to cost. And this government, you know, I just can't believe the thrust or the intent of this government. I heard the Minister of Mines and Natural Resources say yesterday that Autopac is going to be like Medicare. Now that's unbelievable for the people of this province. We're going to be faced with personal care, hospitals, Medicare, Pharmacare, ambulance, and now we're going into auto insurance; and that's going to be another government expense, and the government's going to run everybody in this province. And I just - let's deal with it in a serious vein. This Minister - and I feel sorry for this Minister, and I hope that he's . . .

MR. CHAIRMAN: Order.

MR. DESJARDINS: Mr. Speaker, on a point of order, especially if we are going to treat this seriously - and if my friend can wipe the grin off his face - there's no way that I'm going to discuss Autopac under this item, I can tell you that --(Interjection)--Since when are you the Speaker?

MR. CHAIRMAN: Order, please. The Chairman will decide what is a point of order. I think the point is well taken. Under this item, we are . . . Order please! We're dealing with Health and Social Development, the Manitoba Health Services Commission. Nowhere under this item do I see anything referring to Autopac or Mines or Natural Resources or anything else. It's dealing with Health and Social Development.

MR. MCKENZIE: Well, Mr. Chairman, I thank you for your comments and your reprimand, and I'll try and keep my comments. But, in administration, surely this Minister and this government can give us some idea of where we're going with the health care. Where are we going with hospitals? Where are we going with doctors? Where are we going with druggists? Now you're going to nationalize the dentists, we have the legislation before us. So I go back, and I ask the Minister, of these six planning people . . .

MR. DESJARDINS: Mr. Chairman, on a point of order.

MR. CHAIRMAN: The Honourable Minister of Health on a point of order. The Honourable Minister state his point of order please.

MR. DESJARDINS: First of all, nobody ever said anything about nationalizing dentists..

MR. MCKENZIE: Read the bill.

MR. DESJARDINS: I only introduced the damn bill. And, Mr. Chairman, I would like to . . .

MR. CHAIRMAN: Order please.

MR. DESJARDINS: I'd like to have direction from you. I think that it was agreed by all the members of this House that we would go on the Minister's salary after the estimates were finished. Now we're dealing with only one thing, the administration of services. We'll be covering all these services and I would hope, I'd ask the co-operation of our friends, to discuss the administration of the Health Services Commission. After all, I'm taking this very seriously. This is the first time you've been given this kind of information. In the past - I've been here fifteen years - this has gone through in fifteen minutes. I know it's not going to - but let's get a little serious and let's not waste time.

MR. CHAIRMAN: I think that we should look at our books again - and I just wish there was some way I could prescribe this as recommended reading for the members. I know I prescribed it the other evening for the Honourable Member for Lakeside, I don't know whether he did or not. But I would refer honourable members to 64(2), Page 31 of our House Rules, speeches in the Committee of the Whole House, and this is strictly relevant to the item or

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(MR. CHAIRMAN cont'd) clause under discussion. You want to have a discussion on the philosophy of the Health Department and Social Development, the Minister's salary is still open under that item. It can be as wide-ranging as possible. The Honourable Member for Roblin.

MR. McKENZIE: Mr. Chairman, and members of the committee, I'm referring to the six people that he has hired in planning. He has already admitted, the Minister has admitted, he's hired six new people - now I'm asking him on behalf of the Opposition, the members of the committee and the people of this province, to tell me what I asked him when I stood up, where are we going? Where are we going with this program that you have before us, and how are we going to get there, and who's going to pay for it? And if the administrative section of the Health Services Commission can't come up with those answers, then I may as well sit down, because I'm concerned and a heck of a lot of people in this province are concerned. When you look back and trace the history of this program - it was a good program, I support the concept - Medicare and hospitals, and the government operating the hospitals. I'm asking you under the Manitoba Health Services Commission and the administrators of that, where are we going, what's going to happen next year, and what's going to happen the year after? What's it going to cost? What's going to be the responsibility of the taxpayers of this province? Are we going to have to go without doctors? Are we going to have to go without nurses? And where is it all going to go? Because there's no way, Mr. Chairman, that the administrative section of the Manitoba Health Services Commission can get in a conflict with the doctors of this province on a daily basis, because the doctors won't take it. They never have in the past and they won't in the future, and I don't think that we as legislators should ask them to stand up. I asked them what's going to happen with the nurses. Are we going to have to have continual problems like we had at Thompson the other day where due to a certain matter, the patients had to be transferred by air . . .

MR. CHAIRMAN: Order please. The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, on a point of order. Again, I'm asking co-operation from my honourable friend. The administration is strictly the administration at the Manitoba Health Services Commission. The next item is Personal Care Homes and my friend then could take that apart and ask us where we're going on personal care homes and I'll try to tell him. The next one will be Hospital Programs, he can ask where we're going on that, I'll try to tell him. The next one is Medical Programs, he can talk about all the confrontation with doctors and we can look into that as long as he wants. The next one is Pharmacare, the next one is Ambulance, and that will cover our programs. Now if at any time he would suggest that we should cancel one of the programs, that's fine, but now we are expressly talking about administration. The administrators of the plan are not the ones that set the policies at all, this is just doing their work to go ahead with these programs, and I request again, my honourable friends, to try to do this in an ordinary way, I'll try to give you all the information that you want. I'm just talking about now the administration of these programs, and these administrators at the Commission are not charged with the setting up of programs, they can't tell you where we're going. We can do that on every program.

MR. CHAIRMAN: The Honourable Member for Morris.

MR. JORGENSEN: And on that point of order that the Minister has just raised, I listened to my honourable friend the Member for Roblin very carefully during the course of his remarks and I came to the conclusion that he was very relevant to the point of discussion. The administration of the Manitoba Health Services Commission does involve philosophy, does involve direction, and what my honourable friend was talking about was the direction of the Manitoba Health Services Commission and the direction that they're heading, the problems that might occur as a result of the direction that they're pursuing. I submit sir, that the Member for Roblin is in order in discussing these things under this particular item. If he deviates from that particular subject, then I think you're in order in calling him out of order. But in the remarks that he was just making, I submit, sir, that he was in order - as long as he is discussing the direction of the Health Services Commission, which does involve administration, and which does involve the philosophy and the direction that the Health Services Commission is going.

MR. CHAIRMAN: The Honourable Minister of Urban Affairs.

MR. MILLER: Mr. Chairman, to add to the confusion that reigns, the fact is that the administration carries forward policies established by government. The Health Services

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(MR. MILLER cont'd) Commission is charged with the responsibility of administering programs once the policy is established, and that is I think the point that the Minister is trying to raise here. There are items in the appropriations which specifically deals with programs, and it's under those programs that the question of the program itself can be raised. As far as the administration, they simply carry forward and implement the programs which are conceived by government, put forward either in the Throne Speech, in bills and in election platform, whichever vehicle is used. But the Commission is simply an administering body, administering programs which are launched by government.

MR. CHAIRMAN: The Honourable Member for Morris.

MR. JORGENSEN: I fear that the Minister of Urban Affairs is drawing too fine a distinction between administration and philosophy. I think the two are very much inter-related, and that when you're discussing administration of a particular philosophy of government insofar as it applies to the Manitoba Health Services Commission, as long as you're discussing the direction in which that particular body is moving, then I think that the discussion is in order. And I am convinced, in listening very carefully to my honourable friend the Member for Roblin, that the remarks that he was making were very pertinent and very relevant to the discussion that is now taking place; and I suggest, sir, that if you attempt to curtail that kind of discussion, you are really - what you'll be doing, is preventing members of this side of the House from discussing the very thing that this section is supposed to discuss. Now, it's true enough when you get to the Minister's item, there's a full-ranging discussion - but we're discussing the question of the Manitoba Health Services Commission; that involves all of its ramifications, not only the administration item, which is very much the same as the first item on the Minister's Estimates, insofar as it applies to the Health Services Commission.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, if I may, I'm not interested in losing hours in arguing this thing. I don't care where we are. I don't intend to hide anything at all, I'll give all the information possible. And it's not just a question of order, I appeal to the members to have this in an orderly way. And I can't see - I'm not suggesting that you wait till we get to my salary, I'm suggesting that all those programs that you want to know will come one by one. Now, you know, I was looking at the intent, and what I was told - with discussion, my honourable friend - we're trying to do this in an orderly way, it's easier for the fellow that has to give the answer because it's pretty complicated, we jump from one to the other. And I thought that we would achieve more of what my honourable friend is looking for if we gave a damn good scrutiny to the medical care when we come with this item on medical program. You know, we've got to talk about that then. And I think that one of the reasons why if this was the case, if I did not accept and the government did not accept the responsibility of the planning - and I do accept all the responsibility, there is no way that I'm going to dump it on these people - but if we were, we'd go back to last year and we would have, if they were doing the planning, we would have one line, Manitoba Health Services Commission and they would be a Commission by their own, and you would have the report and that's it. And we'd do it in 15 minutes, like we did it for 15 years in this House. I don't want that. I want to be scrutinized because I think this is the only way. I have some of the same concern as the honourable members in this House have, where are we going on all this, and I would like to have this year a good discussion on this. Now I'm not going to insist, we're not going to have a vote, I'm not going to challenge your ruling, I just want a final indication. If my honourable friend wants an administration to cover the waterfront, we'll do it, because we're going to lose an hour in arguing if that's not the case. But I'll tell you one thing, there is no way that I'm going to repeat the same thing on every item when we get back there.

MR. CHAIRMAN: The Honourable Member for Fort Garry. Same point of order?

MR. SHERMAN: Yes. Thank you, Mr. Chairman, on the same point of order, I would just ask you, Mr. Chairman, whether you would consider asking the Member for Roblin perhaps to rephrase his question or rephrase his approach. I acknowledge and appreciate what the Minister is saying, nobody is questioning the fact that he has opened up this area of his department to line-by-line scrutiny; I appreciate that and I thank him for that. But I think that when you come to a question like administration, you can't have administration unless you've got something to administer, and when you're administering something, you're naturally starting from a philosophical point of view. I think perhaps the Member for Roblin has asked too

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(MR. SHERMAN cont'd) broad a question, and I am rather inclined to agree with the Minister on this point. And my only request on this point of order, Mr. Chairman, would be that you would, in your usual impartial and fair way, consider the situation and perhaps ask the Member for Roblin to rephrase his question.

MR. CHAIRMAN: Well, I thank all the honourable members for their observations and their usual buttering-up. You put the Chairman in a very difficult position. I would ask the Honourable Member for Roblin - order please - I would ask the Honourable Member for Roblin, if he would just reconsider, and under the items here as they fall in line, if he would ask those questions there. If he can't get the answers under this section, I would say to him that the Minister's Salary is still open, and that is wide-ranging and you can cover anything from soup to nuts as long as it's in Health and Social Development. But not Autopac or Mines and Natural Resources or anything else.

MR. MCKENZIE: Mr. Chairman, I thank you for your remarks, and I thank the other members on the committee for their comments and their remarks. Unfortunately I don't have the oratory ability of the Mines Minister or other members of the House; nor, Mr. Chairman, have I the knowledge or ability to phrase my questions as some other members in the House. I do have many limitations, and I apologize for them, and I apologize to the Minister of Health, he becomes impatient with me. Because I don't know how else I can talk about the administration of the Manitoba Health Services Commission, which involves 157 million bucks - and that's a lot of money - unless I do it in my own rural sort of low I.Q. way than what I'm doing. And I'll be more specific - the Minister and others that have borne with me, I'll ask you some specific questions. I'll ask you if you can give me a copy of what you say in the 1974 Highlights of the Annual Report - and that's what I'm dealing with the Annual Report of the Health Services Commission, I'm not reading off any comments. Can I have a copy of the signed agreement which the Manitoba Health Services Commission had with the Manitoba Medical Association respecting payment for physicians' services? And then can we have some of the Minutes whereby a committee was formed to consult with the association on an ongoing basis last year? Can we have that?

Can I go on? Can we have - the members of the committee and the opposition, can we have some information about this task force that was set up to develop recommendations for an integrated health information service? Can we have that, or do we have to do it by debate the way I was raising it? Let me go on, Mr. Chairman. Can we have some information about these pilot projects with hospitals, clinics and group practitioners that was done by the Administration Section of the Manitoba Health Services to develop more efficient document and data exchange processing procedures? Can I go on, Mr. Chairman? Can we have some information about this modified data processing system that's been established? I have nothing on my desk to deal with it. Can we talk about the integrated standards of nursing and doctors, which is in the Highlights of 1974 - the budget, the program review, and the thrust where we're going on this program? Can I go on and on? Can you give me some information about the 19 buildings and renovation projects in the facilities that were constructed last night? Where are they, what did they cost? And we can go on and on. And that's the kind of information that I would like from the Minister if he wants it that way, and I'll sit down and he can give it to us.

MR. CHAIRMAN: Resolution 60. The Honourable Member for Sturgeon Creek.

MR. J. F. JOHNSTON: Mr. Chairman, the statement that we have before us, Administration, obviously the Minister has said and the Honourable Minister of Urban Affairs has said that administration are just a group of people who are carrying out programs. In other words, the administration in this particular line has really nothing to say at any time, other than they will carry out programs that were presented. And I would ask the Minister then, when we go down the lines in this book tonight, that he would have to say that there is administration costs in all of those lines, because if that's the case, we then can question under these items the administrators of the - well, Pharmacare, etc. So really, administration on the top line means the typists, and it means the people involved within the programs, etc. who have no policy, so we can then question the administration and the people talking with organizations within this province about health services under the other lines. So the other lines, Mr. Chairman, do include administration.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: First of all, I would like to say that the - to give you an idea what the

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(MR. DESJARDINS cont'd) percentage is, in Manitoba in 1973, the percentage of the total budget for administration was in 1973, 2.4 in Manitoba; in Alberta 2.1; in Quebec - and I'm giving all those the information that we have - Quebec, we only have the Medical, it was 5.3; Newfoundland, the Medical was 5.3; P.E.I. Medical was 7.1; and Saskatchewan the Medical 4.3, and the Hospital Medicare was 2.5. In 1974-75, 2.2 was voted in Manitoba, the actual estimates came to 2.1, and this year what we're asking comes to 2.2. As far as the administration, much of the work done by the Health Services Commission is pretty well work done the same as some kind of an insurance. A lot of the work in the administration are the people that are making the payments to the public, that are compiling that, paying the doctors, and this is the type of things they do. The administration of all the people are all in the first line, to answer the last question of my honourable friend.

Now the policy though, the policy I suggested - but I'm ready to debate at any time - I suggest that the policy for each program would be on the line that is given, but if it's better to discuss it here, we will do that.

And I think that one of my honourable friends wanted to know where we're going, I think that this concerns all the people in Canada, in the Legislatures in Canada, and practically every country. This is something that there's an awful lot of pioneering in this thing, and we are working with people that are emotional many times. And I think that this is one of the areas where the different parties - and if we are interested in the welfare of our people and if we are interested in the rising cost in this, we will have to work together on this. I think that this is something that in many ways is over and above partisan politics, and I think that we have to be reasonable. I can give you an example. You know, today some of the members are saying, where are we going, why are we spending this much money? But too often the same people, the same type of people are saying, why haven't you got beds for everybody, why the long waiting lists, why can't doctors get in their patients any time they want for an operation, why haven't you got more nurses, why aren't you paying the nurses more money, why aren't you getting along with the doctors when they want more money, why and why and why? So I think if we want to cover the waterfront like this, fine. But I think if we're sincere, and if the people that have the different ideas want to criticize, I think it's a much better way - when we talk about, for instance, the hospital program, to criticize the hospital program. Tell us that we're having too much construction and that it's costing too much money. And then in the Medicare, tell us on one hand that we're spending too much money, but tell us that we're fighting with the doctors because we don't want to give them what they want. You know, we will have to be responsible. And tell us if you're against the Pharmacare program or the Ambulance program. I would hope and I sincerely hope there should be an awful lot of constructive criticism here tonight. Because this is the thing, as I say, that is very difficult - and some politicians will have to stand up and have the guts of their conviction and say to the people, I don't care if you're going to play politics. And I'm not suggesting that my honourable friends are doing that, I'm saying anywhere in Canada. And to say we have more beds in this country than anywhere else, and the people will have to - they're spoiled, and the bills have to be paid by one million people, and that's it. And I think that this is the important thing because I don't think we could cut down on this, but we've got to slow down the total cost of the services. And I think, I guess I'm naive - but I thought that evaluation of existing programs, planning, working with communities from Day One, we've had for example a situation that my honourable friend here was the Mayor of West Kildonan before he came in this House. The people said, "We need a hospital in Seven Oaks." He came in and he saw the then-Minister, and he said, "We need a hospital in that part of the area." He didn't know a damn thing about hospitals - he's been a Minister since then maybe he knows a little more. So they said, "Well yes, okay, go ahead," and he says, "Well go ahead? What do I do?" You know, he panicked: "What do I do?" "Well, you must have friends in the area. Come back with a friend. Tell us what you want."

So he left, they formed a group, then they came in years after, and then the Commission said, "Are you nuts?" "Well, you know, we were told this." They had no idea where they were going. The cost was prohibitive and so on, so we had to start the people at the Commission. The staff wasn't there and so on. There were a lot of battles that were political and people were criticizing and so on.

Now I want to see a system, and the Minister before me co-operated with me when I was

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(MR. DESJARDINS cont'd) at the Commission. If there's a request like that we'll say, "Yes, we will send somebody that'll go and see you in your community, see what you need, give you the policy of government, tell you what our guidelines are for how many acute beds per thousand, and how many personal care homes per thousand. We'll give you this kind of information. We'll let you know, try to work with you so you can get doctors; maybe we should get you in contact with the University and so on, to see what kind of a service you can give. You shouldn't do this here. This is open-heart surgery - this is done at another hospital. There's no way; it's too costly and you need real experts. There's no way that we're going to duplicate things."

This is planning. And this is exactly why we have people in the Planning Division, to be able to give this kind of information, to be able to evaluate programs, and if programs are not good programs, to cancel them, change them, modify them, improve them, or cancel them. This is exactly what we're trying to do. As I said, I don't apologize at all for those six positions. Other positions - and I try to make that quite clear - other positions were given for added service that the people want. And I would hope that you will be responsible. If you're saying that we're spending too much money, I would like to know in what area. Everybody can say, well, you can make better use of your people. We're going to try that. But I don't know exactly how many people . . . I say that we're spending an average of - we're asking for 2.2 percent of our total budget, and I don't think that's bad. I don't think that's bad for administration.

Now I might say at this time that there was a bill that was introduced last week where I suggested that we put all our cards on the table; that the Commission will keep on working with the people, will keep on, because I think one of the reasons you had a Commission was because you wanted to take partisan politics out of construction of beds, of location of beds, and this kind of thing, and I would hope that the Commission will keep on doing that. But the policies -and I make no bones about it and I accept full responsibility and I will in the future - the policies, and that is why there's been a bill amending the Manitoba Health Services Commission Act, is to make it quite clear that the Commission, the Commissioner and so on, will plan under the direction of the Minister or after having checked with the Minister. You've had, for instance, times where the Commissioner would want to do certain things that it was quite obvious that the government didn't want to move in. For instance - and it could be difficult, yes, politically and otherwise, and I'll give you an example: There was the Commission gentleman, Mr. Cummings, to prepare the Cummings Report, to see how the doctors would be paid. It was a good work. It caused a lot of concern. The Minister knew nothing about it; the First Minister knew nothing about it. It was the Commission, and they were acting exactly in the way, the right that they had. But this is a way that if there is going to be change and so on, it becomes a major policy, and it is going to be at the discretion of the government. We make no bones about that.

Now, there will be recommendations from the board, but the government makes it quite clear that they don't feel obligated to take all the recommendations that come in - and I say any government. Now I want to disillusion some of the members that, you know, this is a socialist government and where we're going on this. There has been problems in this and we have the same problems, and we have many big problems in this area, and we look like a caucus when we discuss this with the Ministers of different provinces because we have the same problems. We have the same problems with wages, with strikes, of senior people - we have exactly the same problem. I think that we're probably in a better rapport, and I stand and I hope that I will be scrutinized on my attitude with the doctors. There is nothing that I would like better but to explain to the public of Manitoba my feeling on this, and my feeling is not one of confrontation at all. I want to be able to sit across the table from somebody where I'm respected, where I respect the people, and it would not be a requisite of the President of the MMA to knock the government, any government. Because you can't work like this, and there is no way that you can plan when people across from you are insulting to you and have no respect whatsoever. This cannot be done like that. So I say that this is an area that most of the problems are federal problems. We have some problems that there's no participation of the Federal Government and we can be criticized on that. Pharmacare is not and will not be cost-shared. If certain people feel that we've done too much in Pharmacare, fine. You know, this is what we're here for. But on hospital beds, when we're talking about guidelines we're very close to the other provinces. We are only one of the three provinces that is covering the Personal Care

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(MR. DESJARDINS cont'd)Homes. There's not too many. We are working with the Federal Government. We have indication that they will be more flexible, that they'll have more leeway, and it might be that personal care beds will be covered. They are coming in more on home care. In more of these areas they're giving us more flexibility that we asked for. They have been very clear in certain areas, for instance that they will not cover the mentally ill patients, and, as I say, Pharmacare and acupuncture and some of these things, not at this time. Fine.

Some of the members who are saying that we're spending too much money, will say, "Why aren't you covering acupuncture? Why aren't you giving more to the chiropractors? Why aren't you giving more to the optometrists?" And some people say, "Well, why don't you start with the dentists?" It'll be a question of priority. It'll be a question at times to see what will be cost-shared. It'll be a question of money available and it'll be a question also of how much should a government do for the people of Manitoba in this field. I certainly think that, if anything, there'll probably be better care in Manitoba and in Canada than practically anywhere else in the world, in general, for our people, including the United States of America. Including the United States of America.

So I would love to, very seriously, discuss these problems because it's going to help you, it's going to help the people of Manitoba. God knows that it's going to help me. So I'll accept all the constructive criticism or any kind of criticism. If it does become political I'll try to fight that. And I can assure you that I won't try to stall anything.

Having said that, I put on my shoulder the responsibility of planning. These people now are mostly - and don't forget that there's a Commission; there are commissioners that tell the staff what to do also. And the Chairman of the Commission reports to the Minister also, and they're not responsible for all the services. The Manitoba Health Services Commission doesn't itself, the Commission itself, deliver too much services. It is like an insurance company. So these are the main lines that we put in - and all the lines, the hospital, the personal care beds, Pharmacare and Medicare, so I would suggest . . . I think I answered the question that was posed. I didn't . . . the invitation of my honourable friend to start talking about my attitude towards doctors and so on. I'm not rejecting his questions but I'll answer that, I'll make my speech on this when we come to this item.

MR. CHAIRMAN: The Honourable Member for Sturgeon Creek.

MR. J. FRANK JOHNSTON (Sturgeon Creek): Thank you, Mr. Chairman. We've just had an exercise in the fact that if the Minister is not too happy about what we've been asking him, we may possibly get a . . . he's telling us we're going to get a 20 or 25 minute speech.

Mr. Chairman, I really want to get back to administration. My question earlier was, do we talk about the administrators of the different policies under the program or do we talk about the administrators now? So I would ask - and I really don't want to go through what's being spent in many other places. I don't want to hear that we are people who are sarcastic on this side or anything of that nature. The Minister has explained that he wants to give all the answers and if he thinks we're sarcastic when we ask these questions, that's up to him.

Mr. Chairman, the word 'administration' then, I would ask the Minister this, that he has people who advise him as to what policies will be brought forward, and I would think that those people must be administrative people when I look at the Public Accounts; I see Deputies, Assistant Deputies, and I see people in charge of all these different departments. So the administration must include the people who advise him on policies. Then I would ask him; is it the policy in an administration of his department regarding hospital services, is it the policy of the administrative people, while making policies of Manitoba, to have complete discussions with, say, the dentists, the doctors, the nurses, and everybody involved? Does his administrators talk to these people?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: My honourable friend seems disturbed that I didn't answer his question. Had he been listening, he'd have realized that I did answer his question. He asked if the administration was only in the first line or in any other area, and I told him that all the administration was on this line.

Now, as far as advisers - we're talking about the bulk of administration, is the administration the people running the programs - the advisers could be considered certainly the commissioners themselves. The Minister deals mostly with the Chairman and the Executive-Director of the Commission, and the Commission reports through the Chairman, depending on

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(MR. DESJARDINS cont'd)the Minister, I guess, and I can't answer, I don't know how the other Ministers operate this. I like to discuss with the people that are actually doing the service. When I was Chairman of the Commission I had an open line to the Minister, and the Acting Chairman now and the Executive-Director have an open line to me any time they want to talk to me. We have a policy committee once a week in the department, where the Deputy Minister, the Chief Medical Consultant, the Associated Deputy Minister in charge of resources, responsible for resources, and the Executive Director of the Commission meet, once a week at least with me, where policies that we've been directed to follow, that we need some work done either by the Cabinet or sub-committee of Cabinet - which is HESP, which we explained earlier in the Session - are considered, if we're directed, as I say, by the Cabinet or HESP. If there is any suggestion by the Commission this is also studied.

Now, I named the people that are members of this policy committee. Those are the regular members. Besides that, the people that are administrating or that are responsible for the program in the area that we're discussing also attend the policy committee, not as a resource person but as a full-fledged member of the policy committee, without having to worry to see what his Deputy Minister or ADM is saying, or what he thinks, because this is free exchange of ideas.

I now speak about myself because, as I say, I don't know what the previous . . . Well, I know, but I don't think we're concerned now what was done in the past. This morning, for instance, I met with the administrators of all the Metro hospitals and the MHO. It was agreed that we would meet quite often. I've met with the College of Physicians a number of times and also I want to increase those meetings. I've met independently with administrators and members of boards of different hospitals, either in my office or at the hospital. I intend to, if at all possible, visit all the institutions, hospitals, and personal care homes some time after the Session, to talk with these people directly to see what their concerns are. Well, now I'm mixing up what I did when I was Chairman of the Commission. I met with members of the MMA. I intend to meet with the members of the MMA again. I have met with individual doctors. I'm having lunch with Drs. Clarkson and Vayda tomorrow to have a progressive report on the report that they have been working on.

I've had briefings by people that are responsible in different areas and - well, what else? I've met with groups such as optometrists, chiropractors, and I intend to do more of that. I'm listening to an awful lot of people from above, the orders that I get from the Cabinet or HESP, the people that are serving in this field. I might say that at the policy committee one thing that I don't like that we've seen in government too long, where you've had administrators or you've had staff that has had an idea, that without checking with anybody have developed that idea on their own - I think we see that in too many departments - and then they bring it up only to find out that this is definitely not policy of government or that it is being done by another department, or that it is not something that has a high priority.

So the instruction that we have at the Commission and at the department is that anybody - because we certainly don't want to stifle these ideas; we want to encourage them - but if anybody has an idea, before they start developing a program that might involve many high-priced people for many hours and so on, they come to the Policy Committee, they present it themselves, and there it is either, "No, leave it alone; it's already being done," or "It's definitely against the policy of government." So the work is not done for nothing, or there is a team that is formed - not a team of planners only, who might be very good and could put ideas on paper, but the team is composed of planners, of policy planners, of people in the resources who will try to look at the best way to set up a program to get the best possible cost sharing, who will also be able to tell the government before and not after the program is there, what it's going to cost this year, next year and the following year, who will be able to look to see what is going on in these programs in other areas. Then you will have people on that team that will - if and when the program is accepted - who will be launching and will be implementing this program. And those also will be left, when all the glamour is gone, who will be left to administer the policy. So this is the kind of a team that we want.

Now, when these policies are accepted at the policy committee of government - and I'm talking about the department because I'm asked that, and the Commission is participating also on that. Once it passes, it receives the OK from the department, then it goes to HESP for approval, which is a sub-committee, and this is where it goes. So I think that we're cutting

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(MR. DESJARDINS cont'd) down a lot of ideas that might come from everybody that on their own are planning, without telling them, we don't want you to think anymore - but we do it in an orderly way, and then we plug in all the resources that we have at our disposal. I think we want more and more. We haven't got enough of that to start working early with the people, as I said, in the community. These are the people . . . We have another bill that is set up to have these larger boards, these district boards. We try to get the boards in the area of the hospital, the personal care homes, the public health nurse and so on, together, to see how we can work on this and to get the community to participate. We at times are instrumental to bringing different municipalities together to show them that it is to their advantage to unite and to try to deliver the service together. So this is the kind of planning that we do, this is where we get our information, this is where we get the ideas, and this is where we try it on the people of Manitoba.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Chairman, I don't want to be petty or picky with the Minister, and I sincerely don't want to fight with the Minister. I think the Minister - at the risk of making a serious political error, I'm prepared to say, sir, for the record, that I think the Minister is probably the most open, the most candid Minister in the administration. He gives us more information, answers our questions more fully than any other member of the administration, but I think that the Opposition has a legitimate right to look at public expenditures as they translate themselves into any area. And I think that, you know, administration is a built-in launching pad for bureaucracy. If bureaucracy is going to exist anywhere, if it's going to take place anywhere, it's going to take place at the level of administration.

Now the Minister may be able to convince us that the additional 42 positions in administration are justifiable and legitimate, and if he convinces us of that, then that's fair game; that's his job and it's his right, and it's fair game. But I think we have a right to ask why there are 42 new positions at the administrative level of this particular section of what is a pretty heavily staffed department. I don't deny that the expenditures of this department are extremely valuable and critical to the welfare of the people of the province, but nonetheless, even the Minister would have to admit it's a big department, it's a heavily staffed department, it's a legitimate suspicion of Opposition that it might be an over-staffed department. And I suggest to the Minister that if our positions in this House were reversed, that he would raise the same question.

We have 42 new positions. I don't know how that compared with the overall establishment in the Manitoba Health Services Commission, I don't know what the total establishment is. But if that represents a 5 percent or a 10 percent increase, then perhaps that's acceptable for one year, but if that establishment were to increase by 5 percent or 10 percent every year, well it doesn't take very long until you've got a bureaucracy that's even more top heavy than one suspects it might be at the present time. So that is really what is behind my questions in this area - and although I can't speak for my colleagues, I suspect that it's at least partially behind what they're asking. The fact is, sir, that bureaucracy can begin, and usually does begin with administration; not so much with programs, not so much with services in the field, but with administration. If we need those 42 new positions, then all well and good, but I feel that it's incumbent upon the Minister to demonstrate that we do need that kind of thing. If we were to take every section and every area and every sector of the spectrum of government in this province, and we were to add 42 new positions to every one, or to add the equivalent in percentage terms of what that represents to everyone; and we were to do that for three or four years, which is the sort of normal lifetime of an administration, then I suggest to you, Mr. Chairman, we would be faced with a really impressive, if not depressing, increase in the roles of government employees and in the roles of the bureaucracy. That's what we have to keep an eye on. When we look at the kinds of budget that the department we're dealing with here is expanding and is going to the taxpayers for approval on, we have to come down to individual people and to establishment. So the question of what and why those 42 new positions were created and filled, I think, is a valid and legitimate one.

The Minister suggested in the area of planning - and he's gone into some detail in answering the question, that they can be explained and justified. I wasn't satisfied when he first suggested that six new positions, the six new openings had been filled or were being filled in that area, but I am prepared to accept his explanation. But I think his explanation was

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(MR. SHERMAN cont'd) important and was necessary. I'm not overly disturbed about the increase in office rental, that's part and parcel of the economy of the day. I'm not overly disturbed about the increase in office supplies and in the increase in renovation costs or employers' contributions, or even in salaries. That's part and parcel of the day. But I am interested in the increase in the travel sector of the budget and I would like a little elaboration on that point. And I am deeply interested in the \$105,000 increase, I think it is in the area of professional consultants' fees to Clarkson, Gordon and Company. What is Clarkson, Gordon and Company doing to earn that money?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I think I know why we didn't start on the right foot. We talk about an increase in administration cost. I think we involved the increase in the cost and then we mixed that with the staff also; and we looked at the addition of 42 instead of looking at, first of all, a better study of the staff. And I think that I should give you at this time - I think it'll place you in a much better position. First of all, the office of the Chairman and the Executive Director and so on, there were 11 in 1974-75, and there were 11 this year. Well before that, I want to give you the increase from 1972-73; there were 679 employees; in 1973-74, 682, so that's not much of an increase; and in 1974-75, 696; and this year 738, for 42. So that answers one of the questions of my honourable friend. There is no doubt that we did some revamping at the Commission. There's no doubt about that. There is no doubt that we brought back people to do some planning. And we've had new programs.

Now I think that this will help my honourable friend if I tell him that, as I said, office of the Chairman, there were 11 last year and 11 this year. Administration Division, there were 113 and there's 124. That's a big jump, a big jump. In those 42, there's 11. Well that is the Comptroller's Office, the data processing, management information, system and procedure. This is all the people that are doing that work for the bills coming in and the cheques going out, all that kind of thing, and there are more and more claims. I think we can come to that - probably you can find the claims that we've had. There are more programs and so on, so we've had an increase of 11. As I say, I'm very pleased that my honourable friend asked me is that an annual thing and so on, because I think it gives you a better idea now, that we went from 679 to 738 from 1972 to now, with added programs also and with planning, because there was very little, if any, planning. That's why I'm always harping back to planning, because that was one of my pet projects out there.

But I'm jumping around from one to the other now. I started to talk about the Administration Division. Okay, 113 to 124, that's 11. Facilities Division, was 49 to 56 - that's 7 more. Now the Facilities Division, some of the people in the hospitals did not know who to relate and so on. Now we have a director that is responsible for the hospitals in the city, the large hospitals. There is another one for the personal care homes, and another one that is looking at the construction, rural health facilities, yes, all these things - and they're the people that are working with them, and I don't think that 56 is that many. These people in effect are doing some of the planning also; they're helping the people, they're going into communities which we couldn't do before. We know we could go back without these people, and the service will be slow and there'll be a lot of criticism. It's a combination of everything.

Then in the Insurance Division, this is the people that are doing most of the work of paying out and so on; there were 260 - there's 262 now. Then, as I say, there's new programs. We have new programs, as you know, Pharmacare and so on, which will take some. The Pharmacare, by the way, was not administered - the Pharmacare that we had before for senior citizens was not administered by the Commission. That came in, and the new Pharmacare program also. So that's quite a program; you know, if we start just with that, that could be out of the 42, maybe take 10 of that.

The Service Division, there were 251 - wait a minute, the Insurance Division - I should give you an idea, those are the claims, the general services, manpower and education, medical assessment also. Now, the Services Division, from 251 to 267, which is an increase of 16. The Commission runs the Cadham Provincial Lab; the lab and X-rays, diagnostic unit, the emergency health and ambulance services, which is another new program, by the way. Now these people have an increase of 16. Well, as I say, they run the new program. And then the Planning Division had a grand total of 12, now they've got 18. So we had a total of 696 and now we're asking for 738, which is the 42 as I explained.

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(MR. DESJARDINS cont'd)

But now I must in all fairness tell you that there's more in administration, now that we're talking about personnel, because we have some people on contract also, and I'll try to give you this at this time, to give you the full one.

Data processing, we have one consultant - he was there last year also. I'm not just giving you the increase in staff now, I'm telling you what these people are doing, because that is all in administration costs.

Medical, there were four in 1974-75, there are three now under contract, and one was transferred to professional consultant because it's part-time work. There is another consultant, a legal person that we had - and I don't know, why is this here, this 35? I can tell you that this 35 for this legal person will not all be spent. I think he's finishing his contract. He was on a three-year contract. He's finishing his contract here and we don't need the 35 on that unless . . . Well, yes; it could be that this money will be hired. It might be that we'll need somebody else during the consultation and so on during the negotiating for a fee. So this is there.

Librarian 2, and it stays 2.

Pharmacy. Well, pharmacy, this was something, a new program that we got that didn't exist last year, I think, so we took the staff in that - there's 21. And then the health planners - I told you there were 18 planners, but we also got the complete transfer of health planners, as I said earlier, that were working for HESP - not complete but most of them. We got 19 of those that were on contract, because one of the reasons why especially that you have the planners on contract is because, depending on where my honourable friend would be saying, "where are we going" if the emphasis on a new program is this personal care home, you need some kind of planners. If it's something else you'd have another kind of planner. So instead of having somebody, a civil servant or somebody in the force that when you're finished with this program they're there because they have to have security and so on, these people are on contract and then these people could be changed after that.

Programmers. In the planning group there were 12, and now there's 13. Oh, excuse me. I've been leading you astray all this time. The line that I gave is not the number. I'm very sorry. I'll have to come back after. I'm reading the dollars now. So if you'd excuse me I'll start over again on this one.

The consultant there's one, and he's staying the same, and it's the same that we had. The other, that was for data processing. The Medical I gave you the right information. I said four and one of them was transferred, there's only 3. This is where I went wrong, on the consultant, the legal, the librarian and the pharmacy; that's where I went wrong and we don't have to back up that far.

Pharmacy and health planner - there's two positions, not 21 and 19. This 21 is for the Pharmacist on this new program, this \$21,000, and the health planners there's \$19,000. --(Interjection)--That's why I hurried and then backed up because that was 40 right there. So that's only two new more, and we had a nursing consultant in 1974 that we haven't got now. So then I'm only one ahead. And the programmer, we had one and we now have - these are new positions - an architect, an economist, health planner, developer, clerical, health planner, half-time, and the developer also, the developers, there are three. Three. I'll try to give you the extra one - well here, we had in 1974 eleven, now we have 19. Some of them are part-time for a special job and so on; and it was \$246,000 and now it's \$412,000.

Now I think that you misunderstood me when I talked about Clarkson, Gordon. You should remember what happened to Clarkson, Gordon and the friendship they have with this government. You could see that there was a mistake. It was not Clarkson, Gordon, it's Clarkson-Vayda. It is two doctors that are here that the former Minister commissioned last year to do the study at the Health Sciences Centre. It's Dr. Clarkson, who had been working in Alberta, and Dr. Vayda who has been in Ontario. And these people are working in planning. You remember the announcement was made at the time, this was going to be a two year program. They are working with the Health Sciences Centre on the planning there and helping us in other areas. Now that's a fee, it'll be roughly \$200,000. \$100,000 was paid last year but it wasn't voted on because that came in during the middle of the year, and now another \$100,000. Now that pays, it's not only their salaries, their expenses, and they brought in architects, I think they have architects that have worked before, an architect firm from London, England, who

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(MR. DESJARDINS cont'd) have been coming in, who have been expert in this - so this is the answer.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. DESJARDINS: Excuse me. Medical claims run about \$450,000 per month, or \$5.5 million-plus in 1974 and this will increase by about 4 percent over the previous year. I hope that's all the . . .

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Well, Mr. Chairman, I hope that the Minister would allow us to examine in this area of administration the question of manpower planning in the medical field. Before he jumps on a point of order, is that fair game for this section?

MR. DESJARDINS: Would you mind repeating your . . . ?

MR. AXWORTHY: Well, I just say that in terms of looking at the line by line examination of estimates, I would hope that the Minister would acknowledge or recognize that we can talk about the supply of medical personnel under this line of administration, the planning of medical personnel for future needs. Is this a fair area of . . . ?

MR. DESJARDINS: No, this would be under the line Medical Program.

MR. AXWORTHY: Under Medical Program. He prefers to wait until that point, is that . . . ?

MR. DESJARDINS: Unless we want to cover everything . . . I've always said that I don't care now the way we start, let's do it the way you want.

MR. AXWORTHY: Well fine, I'm quite prepared to wait. I think we have a long evening ahead of us. Then perhaps, Mr. Chairman, I could ask the Minister to give us what information may be available. I notice that under the comptroller's office in the Administration area that one of the responsibilities is for long-range financial forecasting, which I would take would give us some estimate of future dollar costs, and this is under Report 1974, Page 19, Administration Division, Comptroller's Office, bottom of the page, it says, "long range financial forecasting." Now I would expect that under that, the Minister would be able to supply, or through his officials give us what some of the forecasting is about the future dollar costs of medical care in the province, let's say what kind of dollars are we looking at in the next five years in gross terms and in aggregate terms, and perhaps he could break down for us some of the costs related to the present cost for acute hospital beds and for the supply of geriatric care, in other words the services that we're providing, and what kind of forecasts or expectations we might look at. I think the reason for the question is quite obvious, that at the heart of most of the discussion that we have to face up to is at what point do we provide some limit on the expenditures in the medical field, in the health field, and until we have some estimate as to what we have to expect, then it's very difficult for us to debate questions of dollars and cents until we know what we're looking at.

MR. DESJARDINS: This forecast, these people are strictly dealing with the Federal Government on federal and provincial cost sharing. It's not exactly the kind of work that my honourable friend was saying. It is practically impossible to forecast, especially at this time, especially this year. I don't know if it will be any better than before. As I just finished saying, we're expecting some time in July, or some time this year anyway, the Clarkson-Vayda report, which will be dealing with acute beds, some geriatric beds. We have a pilot project that will give us a better idea what the costs will be to take care of the geriatric people. We are discussing now with the Shriners to try to use the Shriners Hospital for something new, something that is needed here, to use the hospital as mostly a day hospital, kind of a rehab hospital for children, which we didn't have before - a day hospital. Maybe we'd have 20 beds. That's not finished yet. It is quite difficult at this time to tell you exactly what the forecast is. I hope that with these additional people on the staff that we can get some of this information. This is one of the reasons we want these people, but to tell you what forecast that we will have, how much that we feel the Commission will need in one year, two years or three years, I'm not in a position to give you this at this time. And a lot depends also on the cost-sharing with Ottawa and this is being negotiated now. I think that there will be some major changes in the cost-sharing formula with Ottawa and that will also be a factor in what the future will be.

While I'm on my feet - I don't want the questions to accumulate - I endeavoured to give you an idea of where the surplus came in. The 1974-75 original vote was \$150,363,000. The 1974-75 actual draw was \$145,250,000 for a surplus of \$5,113,000. The Administration, there

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(MR. DESJARDINS cont'd) was a deficit of \$100,000. The Personal Care Home there was a deficit of \$573,000, more than open, or open faster and so on. The Hospital, there was a surplus of 105,000. Medical, there was a deficit of \$1,185,000 - that's the payment to the doctors. Pharmacare, there was a surplus of \$1,350,000. The program was delayed. We were delayed in starting the program. You came at the wrong time, Harry; I'll catch hell on that point. Ambulance, there was a surplus of 1.5 million. That also did not start as early as we thought. And the other was a surplus in Other Health Services for 321. Therefore the surplus on expense was \$1,428,000, and there were the Recoveries, primarily federal contribution, of \$3,685,000, for a total surplus of \$5,113,000. But, as I say, out of that we must remember there was a surplus on revenue, on contribution from the Federal Government that we're negotiating during the years and so on, and that came to \$3,685,000 out of that 5 million.

MR. CHAIRMAN: The Honourable Member for Roblin on a point of order.

MR. MCKENZIE: Mr. Chairman, on a point of order, I take strong issue with the sentiments of the Minister and the way he's conducting himself in this debate. I raised the question of long-range planning earlier in this debate and the Minister stood up and used every vehicle at his disposal to rule me out of order. And I . . . Well, I referred the Minister to Administration, Page No. 19, and the second last line in that particular paragraph of his Annual Report where it says, "the administration division as well, this subsection is responsible for the long-range financial forecasting of the department." And, Mr. Chairman, those were the questions I raised earlier. I wanted the long-range forecasting of the Department, and the Minister and the administration staff wouldn't provide me with the answers and he as much as ruled me out of order.

MR. CHAIRMAN: Order please. Order please. The honourable member has not been ruled out of order. There's only one person that rules somebody out of order here and that happens to be myself, and I have not, to my recollection, ruled any member out of order this evening. The Honourable Minister of Health.

MR. DESJARDINS: I would like to say on this that I do not object to the question of my honourable friend and you've already covered that I certainly have no power, no right to rule anybody out of order. What I did say, and all I did is appeal for co-operation from my friend, who was telling me, where are we going on hospital, where are we going on Personal Care, why are you fighting with doctors, and I said we can cover these things and I've asked for appeal. Then before sitting down, or later on during the debate, I got up and I said it doesn't matter to me if this is the way you want to do it; it would be much easier if we went . . . and we had already, when we first started the Committee, we had already agreed to go line by line. I certainly have no intention of ruling my friend out of order and, as I say, they can go ahead and ask the question the way they want.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I just wanted to pursue this a little bit further. The Minister says that as far as his capacity in the Commission for long-range forecasting, it only relates to federal-provincial financial relationships. First, I find it difficult to believe that you're going to be determining your federal-provincial cost-sharing requirements without knowing what your own costs are going to be, and if we don't know that, it means that we've got a \$157 million corporation that's flying blind. Which I find hard to believe that any corporation or operation of that size, with the tremendous responsibilities, would not know from one month to the next how much money it's going to be expected to spend, or whether it should be spending for more beds of this kind or that kind.

MR. DESJARDINS: One month to the next is hardly long-range planning.

MR. AXWORTHY: Well, let's say from one year to the next. If we can't even determine in effect what we're doing from next year or two years down the track, and yet we're making commitments to build new hospitals, to supply new services, to negotiate fees, to undertake all these things which have a very significant dollar cost attached to them, and yet we have no forecasting ability, or have had none at least up to this point, it really strikes me as exceedingly sort of strange that we have allowed the Commission to operate with such kind of totally closed-eyes approach, and it's no wonder that we get into problems if that capacity isn't there.

Now I gather what the Minister is saying is that he doesn't expect to have that capacity for some forecasting method in place for another year or two, so it means in effect, are we

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(MR. AXWORTHY cont'd) making commitments, then, of various sorts in terms of beds, hospitals, personnel, services, research, all the rest of that kind of thing, without really knowing what the kind of dollar figures are at the end and so we have to determine whether we should be putting "X" millions of dollars into this kind of service or that kind of service. Now, is that a fair statement of what the Minister said? Because if it is, then that should become a proper issue of debate and assessment in this House. The real point.

MR. CHAIRMAN: Order please. The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, if my honourable friend from the Liberal Party, who last year was saying that we didn't have enough, we should build more acute beds, and we're saying now we're going to wait to see if we need those acute beds, we're going to build what we need, and if he can tell me what the inflation will be next year, if he can tell me what the nurses will ask, if he can tell me what the doctors will want, if he can tell me ahead of time what Clarkson and Vayda say is needed at the Health Sciences Centre, then I'll tell him what it's going to cost. In the meantime, any commitment that we make, sure we'll tell him what that'll cost.

MR. ENNS: There's nothing like a good fight between Grits.

MR. AXWORTHY: That's right.--(Interjection)--

MR. CHAIRMAN: Order please. The Honourable Member for Fort Rouge.

MR. AXWORTHY: We could always appear at our Caucus room and conduct it there.

Well, Mr. Chairman, I still find, certainly I think any organization has to do with contingencies, but certainly you can plan for those as well. And I again come back to my point.--(Interjection)--Inflation. You know, you can make estimates on these things and--(Interjection)--Well, you know, the Minister keeps . . . Mr. Chairman, the one thing I find sort of totally really out of order, not in a procedural sense but in an organizational program sense with this particular department, is that every time you get down to talking fairly hard terms about what it's going to cost, we keep saying that somehow or other we're waiting for another Federal-Provincial Conference, and I've--(Interjection)--Well, I'm not . . .

MR. CHAIRMAN: Order please.

MR. AXWORTHY: Yes, Mr. Chairman, I think that, you know, you might find, if we were turned around a little bit you might find Mr. Lalonde saying, "I have to wait for those guys at the provincial levels to make up their minds," because if you read the Ottawa papers you get the opposite point of view, and what it really seems to me is that the medical system's in a mess. It's about as simple as that; that we're like blind men going down a dark street at midnight. It's just simply we're groping our way into this area, and if we begin asking questions as to sort of why we get ourselves into trouble again, as we have in a lot of areas in the medical field, it's pretty clear, that we have no capacity to know where we're going. I can't, I really can't accept, in any way, the Minister's excuse that (a) It's Ottawa; (b) It's the Clarkson-Vayda Report; (c) It's we don't know what the nurses are going to bargain for, and all the rest of it. Because certainly I think any corporation, any organization, has to plan to some degree as to what it costs are going to be, even if you don't do that. It simply means that you've got an open-ended purse and every time something comes along you're putting the dollars on the table again without having any idea at what point you sort of say, "Look, I want to put money into this kind of service; that's our priority," and therefore you have to say no to somebody else. It means that we're saying yes to everybody. Well, okay, the question is, isn't it about time we started saying no a little bit more and know why we're saying yes to things, rather than simply kind of wondering when you get up in the morning what we're going to spend that day? Which seems to be the way we're at.

Perhaps the Minister - but, you know, he was the Chairman of the Commission for a period of time, and again I'm just simply saying that I would want to know then, specifically, when can this province expect to have a respectable planning system in the health care field so we start getting proper use of our dollars? At what time can we come back to this House and say, "Now, we know that in the Manitoba Health Services Commission, we've got the capacity to know that two years or three years down the road this is what kind of cost the taxpayers are going to be having to bear through their votes of their public representatives," so that we know at this point whether we should start cutting back or putting forward? Now when are we going to have that capacity?

MR. CHAIRMAN: The Honourable Member for Lakeside.

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MR. ENNS: Mr. Chairman, I believe that it always takes, you know - it possibly is because I have some deference of feeling of the position that any Minister of the Treasury Bench is in - you need some time to digest comments that have just been made, particularly comments that have been made in such rapid-fire delivery as the Honourable Member for Fort Rouge has made, and I'm sure that the Honourable Minister will appreciate this intercession on my part to be able to digest those remarks made by the Honourable Member for Fort Rouge and to properly respond to him. I just want to say that very briefly and in very few comments, Mr. Chairman, that in agreeing to - and we will agree, and we will pass the appropriation that we are now talking about, which is probably in its single self the biggest appropriation that we will pass in this Chamber, and we're talking about - we're on 6, we're talking about \$157 million. Well, on the first item, you know, in 6. What worries me, Mr. Chairman, is that last night without a great deal of research, with in fact nothing else other than the mundane help of an engineer friend of mine who now sits beside me, and his slide rule, he was able to show to me that this Minister has the capacity of padding his budget by a few million dollars on relatively minor items which he still has not been able to explain in this House, even with the help of the former Minister, even with the help of the former Minister beside him.

Mr. Chairman, I know that health care has to proceed in this province, and the Progressive Conservative Party will not be put in the position of voting against it. We will approve it. We will carry on with it. But we cannot condone the kind of sloppiness that is apparent in the consideration of these estimates. We can't just take a million dollars without, you know, taking a little look at it in this Chamber, and when the Honourable Member for Fort Rouge says that we are expending dollars here that you know . . . Sure, we're spending dollars, but how much research planning is going into the dollars? How much follow-through is going into the dollars? And what direction are you leading us into, Mr. Minister? Those, Mr. Chairman, are questions that certainly we in the Opposition have to ask, if, Mr. Chairman, just in passing.

Mr. Chairman, I'm not the critic of Health and Social Development of my party. As a matter of fact I must report to you, Mr. Chairman, that our critic of Health is right now in the hospital, and there was a rumour for a little while that the Minister was going to be exercising the knife that was going to resolve his gall bladder problems, but . . .

MR. CHAIRMAN: Order. I think those kind of remarks are not in keeping with the rules of order in this House. Personal allusions against one member or another, I think, are not in the good taste that we are expected to have in this House. I mean, what the Member wants to jokingly maybe refer to I don't think is really in good taste in this House, and I would ask the honourable member to reconsider what he is saying.

MR. ENNS: All right, Mr. Chairman, but when a little farmer can come in from Woodlands and find a million dollars . . .

MR. CHAIRMAN: ORDER!

MR. ENNS: . . . can find a million dollars and you can call me to order . . .

MR. CHAIRMAN: Order. ORDER!

MR. ENNS: He can find a million dollars that he hasn't spent . . .

MR. CHAIRMAN: Order please.

MR. ENNS: . . . of taxpayers' dollars . . .

MR. CHAIRMAN: Order. If the honourable member had listened and had been in the House the other night, the million dollars that he is referring to was explained in this House. The honourable member was not in his seat at the time. Now I think the honourable member should just reconsider what he is saying. Just think for a moment on what he has been alluding to in the last moment. The Honourable Member for Lakeside.

MR. ENNS: Well, Mr. Chairman, if the honourable chairman is telling me that the Honourable Minister found that million dollars under his bed lately and that that money is accounted for, then fine.

MR. CHAIRMAN: Order. That is not the point that I was referring to.

MR. ENNS: Fine.

MR. CHAIRMAN: I was referring to something that the honourable member had said before. Now I think the honourable member should just reconsider and perhaps withdraw that remark.

MR. ENNS: Well, Mr. Chairman, you're asking me to withdraw the remark. I will ask

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(MR. ENNS cont'd) the Honourable Minister now to tell me how he intends to spend \$3.5 million on this particular . . .

MR. CHAIRMAN: Order please. That is not the point that I was raising. The point that I was raising was that the honourable member was casting allusions in this House that one honourable member in this House is going to be operated on by another honourable member. Now I think the honourable member should just . . .

MR. ENNS: Mr. Chairman, I'm the first one to retract that. Should that happen, should that happen that one of our honourable members should have to operate on another honourable member, you know, the poor fellow would never survive, and I'm the first one to retract that suggestion. I thought that was, Mr. Chairman, I thought that . . . Well, Mr. Chairman, just between you and I, I thought we had that kind of rapport going that you would accept that in the spirit that that remark was made. Let me put it officially on the record. I do not expect the Minister of Health to physically cut and take the knife in his hand and take the gall bladder out of my honourable friend, the absent Member of Rhineland, who's suffering right now in the . . . I do not expect the Minister of Health to do that. Now, is that official?

MR. CHAIRMAN: Thank you.

MR. ENNS: Fine.

MR. CHAIRMAN: The honourable member carry on.

MR. ENNS: I have retracted that position. I have retracted that position and the Honourable Minister of Health has just lost a fee for service, but, Mr. Chairman, the point of the matter is that we are placed in this position that just the other night, despite the explanations that are given, we have, you know, exposed a weakness in the estimations of this department of considerable amount. We are now being asked to pass a sum of \$157 million, and I've already indicated, Mr. Chairman, that we will pass that sum because we don't want to deny health services to the people of this province, but Mr. Chairman, we do it with a degree of reluctance because we wonder to what extent the amount is padded.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: First of all, I wish the House Leader was here because I'd tell him never to schedule me to go on my estimates after a party from the Lieutenant-Governor because I think we'll be here for a long day. Tell my honourable friend that we had a surplus, not of one million dollars, sir, we have a surplus of \$5 million. Another thing I would like to ask my friend, that when they change shifts that could they keep the team captain here, because a while ago I was being chastised because I was hiring too many people to do this kind of work to make sure that we're planning the right thing, now I'm told I'm not giving them enough information, that we haven't got the planning capacity.

I have right in front of me a projection for the next two or three years and I'm not going to give it to anybody because it's outdated. It's useless. It's outdated and I'll tell my honourable friend why. Now my honourable friend from Fort Rouge is not too happy because I'm saying that we are negotiating with Ottawa, all the provinces are, that they will change the cost-sharing system, they will make it more flexible, but damn it, Mr. Chairman, that's what we're doing. I'm not going to lie to him and tell him we're negotiating with Lower Slobovia. We're negotiating with Ottawa and we're waiting. Then we had no idea what the salary of nurses would go up; we have inflation that will change all that. Not only nurses, every day there's somebody on strike in this field. There's so many people that are working here, half of Manitoba is working in this field, is getting money from the Services Commission. They're working in the hospitals, they're working all over the place. And then exactly with this planning that's coming up, we'll have to . . . Is my honourable friend making a speech or just . . . ?

A MEMBER: We're listening, Larry.

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MR. DESJARDINS: Yes, but I want the former speaker to hear me also to make sure. So, Mr. Chairman, sure we'll project. I think that every year we'll have trouble because they'll be changing the economy, there'll be changes in the sharing that we will get from Ottawa. It might be that we will go in a different direction. I was asked a while ago where we're going, what direction. Let me give you an example. No matter what you say, I'm not going to build any more acute beds for quite awhile. That's a direction that I'm telling you we're going to take, because this is no longer the priority. This was done for too long. The people would panic; we'd build an acute bed and the cost, the per diem rate was prohibitive. Now we're going to look to see if we can get the people out of those acute beds, place them in facilities that are less costly, try to keep them in the home and so on, so therefore we might end up - I think that we've got a rate now probably higher in Canada than any other country. No, any other country. I said Canada. Canada is. . . you know. What? A can? That's Doern's department, not mine.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Yes, that's right, he didn't hear you. Mr. Chairman, I wanted to. . .

MR. DESJARDINS: Would my honourable friend let me finish because he might leave, and let me. . .

MR. AXWORTHY: I wouldn't want to breakup your act.

MR. DESJARDINS: Let me tell you that I'm not padding, that we will come back to you for approximately 20 more million dollars that you don't see here today. Now you think that over and you've got a speech for another hour.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I hope the act doesn't break up soon. It's a proper sequel to this evening's entertainment. You've been rehearsing it for a long time. It's probably the longest standing floor show in the province.

Mr. Chairman, I want to come back to the point before we leave it because I think there are some issues that still require a little more serious attention. The Minister says, "Okay, I have all these things, unknowns, I can't figure out. Well there's a number of things that I'm bouncing in the air that I don't know how they're going to fall down." Okay. The question is this, though, that at some time or other we have to find a way of getting ahold of those sort of items because we have in front of us, I think, a good example of what happens when you don't do it. We're probably reading it in every day's newspaper about how the City of New York has gone bankrupt. And why have they gone bankrupt? Because all of a sudden, you know, there were certain social services that were good things. Everyone said, "This is a good thing to have. Let's provide a better salary for policemen and for nurses, and have it city doctors," and all the rest of it, and everyone agrees that what was being done was basically good things, but at some point all the good things got together and became one big horrendous bad thing, and I believe that the Minister in this particular department is looking after the area where the costs can most quickly get out of hand because they're all geared to universal programs, they're geared to human demand, and it's very difficult to sort of deny someone who's sick or ill, or whatever the personal grievance or problem may be, it's just very difficult to say no.

Yet the concern I have is that if you should take the two items of health and education, those two items alone, and allow the trends as I see them - and I was reading the Hospital Insurance and Diagnostic Services put out by Health and Welfare on the other side of the picture if you allow the trends to continue for the next three or four years, they're going to bankrupt the province. It's as simple as that. If we allow the very trends that we see in today's estimates, the \$157 million, and without anything extraordinary, without doing anything really substantially new or different, if that trend continues, by about 1980 this province will be bankrupt and almost on that item alone.

Now I don't want to be an alarmist but it's there. With the rest of the country, sure. We're all in the same bag of tricks. But that's the kind of danger we're facing, and that's why I'm asking the question of the Minister; at what point do we get the capacity and the ability to forecast, to control those things, so that you can begin making the judgments and the hard judgments that are going to be required, to begin knowing exactly where you have to cut back or where you're going to support, or whether we're going to have to, you know, face that horrible thing called deterrent fees at some point, to restrict services, or whatever the issue may be as to how you control that kind of expeditious growth, we're going to have to face it,

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(MR. AXWORTHY cont'd) . . . and I don't think it's good enough, as we've witnessed this year - and I don't blame the Minister for this - to do it by crisis planning, meaning that, you know, running down to the Fort Garry Hotel and having a little tete-a-tete with the doctors and running back and saying, "I'm going to draw the line there." I'm not being facetious about the Minister's performance, that's a hell of a way to plan, you know, doing it by the seat of your pants. --(Interjection)-- Well, I think we were doing that kind of sort of jockeying backwards and forwards where we were worrying about the kinds of, we're playing the sort of, kind of, I guess what you, . . . almost brinkmanship daily with medical personnel of various kinds, and you're right - I'm not sure it's quite half the Province of Manitoba working in Health Services but there's a goodly number of people. I think the only way you begin to restrain their particular demands at some point in this very large area is to lay the facts on the table, to know exactly what kind of costs we're going to have to face so that doctors and nurses and interns and sort of laundry workers and all the rest of it know what we're going to have to cope with. But I can't believe that we're in any way able to do that until we get through this administrative branch of government, some kind of ability to do it.

Now, Mr. Chairman, the issue I think that dramatizes that particular problem of the lack of planning that goes on, is the thing that we have badgered back and forth in this House for the last two years that I have been here, and that is the whole question of hospital bed shortage. And I listened to the Minister say to me, look, we've got 6.8 beds per whatever it is, per person, per capita, or whatever it is, and that's about the national average, it's better than a lot of provinces, not as good as Ontario but pretty good, and therefore we're doing all we should be doing. At the same time, on the other side of it, you have a number of people who phone up and say, look I can't get into a bed this spring, this summer, this fall, I have to wait out three or four months, I can't . . . in other words, there's somehow some major slippage in the system, that somehow we've got enough beds but we don't have enough beds for people who need them. And again that strikes me as being an example that perhaps through the commission and arrangements with the hospitals that we're not making the connection between it, that we're not making the planning so that the dips and the valleys or the hills and the crests of supply and demand are sort of averaged out so that somehow we can assign that 7.8 number of beds per population of the people who need them when they need them and not go through this kind of situation where we're supposed to have enough beds but there's an awful lot of people who don't seem to be able to get to use them. And it was a problem, we faced it last spring in very extraordinary circumstances, and I think as much as the former Minister of Health wanted to deny the fact, that there was very severe hardship on a lot of people who couldn't get in to hospital beds. I don't think the problem was anywhere near as severe this spring.

MR. MILLER: All emergencies were met.

MR. AXWORTHY: Emergencies were met but there was a lot of people who had sort of acute problems and there was a tremendous cramming up. This spring you still find that there is a number of wards in hospitals being closed for various reasons, there's a shortage of nurses, there's a turnover in personnel. Another reason may be again that the facts keep coming up in those cases that there's shortages, there's problems in terms of fitting supply and demand or fitting needs to services. Now again I'm saying that presumably one way you handle that is by having the ability to work out some planning system through the Commission that will make sure that there is a proper assignment of people to services when they need them and to overcome those kinds of personal individual problems. Because when you have someone who needs an operation and it is an acute nature, it's not enough to say, "Look statistically we have enough beds per capita." They're not worried about what the statistics say, they're worried about how do they get into the hospitals. And so that is the kind of question I'm saying, how do we start building that capacity in and if the Minister can provide - I don't mind if he needs to hire some more people to do it as long as the system works. But when he tells me that we're going to hire the 42 people and still not have the capacity to plan, then I --(Interjection)-- Well I can't forecast things, so why bother doing it. If we're going to be flying blind, why hire 42 people to help us fly blind, why don't we just do it by the old quill and pen method that we're using anyway. Let's not get so sophisticated and spend more money if it's not going to make a difference.

MR. DESJARDINS: That's unbelievable. He's covered the whole thing and he said yes

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(MR. DESJARDINS cont'd) . . . and no at the same time. You know first of all he's going back on this thing, Mr. Chairman, that I should be able to tell him what it's going to cost in such a time. Seventy percent of this budget is for salaries, 70 percent. There's over 18,000 people working in hospitals and personal care homes, and there's about 12,000 doctors, 1,200 doctors. And I am supposed to be able to tell him with this kind of condition in the world today and in Canada, I'm supposed to be able to tell him what the wages, what the salaries are. You know if I was that smart I wouldn't be wasting my time here tonight, I wouldn't be here I can assure you of that. I wouldn't be here I know that.

No, my honourable friend, my honourable friend . . . Then I was very happy because I figured well fine I'll get up and I'll tell him why I can't forecast this. There's certain policies that have to be done, but I'll tell him that I, certainly I will accept my responsibility, and I will be able to plan. We were really on the same wave length for awhile there because he was saying, you know, by such a date the country will be bankrupt and the province would be bankrupt with education and health, and I know this is a difficult thing because there is a motion that's political and so on. I figured boy I've got an ally, this will be fun. Lo and behold then he starts saying, "Well you know this guy can't get into the hospital, he's got an operation. No matter what the Minister said you've got to give him a bed. You've got to give him a bed." There is no way unless we build 1 million beds and issue one to everybody. You know you heard of a chicken in every pot. That's what we will have to do to make damn sure that everybody will have a bed when they want it. That's exactly the first thing. You know, let me tell you - and all the blame comes on the poor Minister, and I say poor Minister because I wish to hell he still had this job. You know let me tell you an idea, and you're not discussing with the doctors. --(Interjection)-- In the States - What are you saying, Frank. --(Interjection)-- Oh that's right. We agree that we're going all over the waterfront and I'm gonna join in. I'm told that I'm not answering the questions. So, Mr. . . . I'm a Frenchman and I use my hands this way.

Mr. Chairman - God damn it now I don't remember what I was saying. And I didn't even go to the party, Mr. Chairman, that's the worst thing. Yes, all right. I'm saying that - I'll give you an example of what is done in the country south of us. Instead of having a universal coverage for people to pay doctors and hospital they get - I think it's called the Kaiser Plan, and the people join this and they've got doctors that are in this plan and the doctors are paid so much, and it is their advantage to keep people out of hospital, they'll make more money. And you know . . .

MR. BILTON: You keep them in.

MR. DESJARDINS: . . . Now I keep them in. So by that system they have by paying the doctors in a different way, the doctors will do everything to keep them out of the hospital. It is of more benefit to them. And you know that they've got - I wish I had the rate - but they've got way less beds than we have, way less beds than we have. You know a lot depends on the doctors. Of course the doctor is a human being and he wants his patient in right away, and they will be. When I'm saying that we're not going to build any more beds, of course, tomorrow I'll have a bunch of people phoning me and say, "Well you say there's enough beds and we've been waiting for a month or two months." But that's part of my job, I've got to take that, and I'm not going to panic and start building any more acute beds, not now, because my honourable friend is saying, "Well plan and resist, resist the emotion, and resist those things, and try to plan because after all one million people can spend only so much money. If you don't do that you're going to have utilization fees, that's the only thing you're going to do." So what are we saying, you know, that we're afraid, that we're planning, we're not doing anything. We resisted, we took a chance, there have been all kinds of promises made - I'll give you an example: At the municipal hospitals we said, "That's bad planning." We waited, we said, "No we can't have a free-standing hospital, we're not going to throw this out and have another 400 beds there."

MR. AXWORTHY: I think the Minister - if I may interrupt the Minister before he continues in his answer. The issue I was bringing was not to build more beds but saying that we have sort of a continual example, as we're having this spring, where there appears to be empty beds, or beds of certain kinds that aren't being used and yet the people can't get into them, that we've got wards of hospitals which are being closed down for lack of services or manpower, or whatever it may be, and that's the question I'm asking, is how you start matching up those facilities

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(MR. AXWORTHY cont'd) . . . that we've got sitting there and get better utilization and better use of them? That's the contradiction I was pointing out. I wasn't recommending you build more, I'm simply saying, on the one hand you've got a lot of people who say, "I can't get in" and on the other hand you've got a bunch of things being closed down or shut up, or being reserved for summer months, and so on. I'm saying, how do we get that kind of use out of, a much more effective use out of the services we've got. And that seems to me is the gist of what we call planning.

MR. DESJARDINS: Well I apologize if I misunderstood my friend and I feel a lot better, because I feel that I regained my ally. But I think he should be careful because it's not enough to say, okay, don't build anymore beds, but then complain that there's not enough beds. That comes pretty well the same thing.

Now you know I guess that's my job, and that's the job of my staff, to plan and to see that this is being done, and this is what I'm trying to do. This is why we started a geriatric pilot project in St. Boniface that we hope we'll have later on in this. This will work, you will try to get the people running the hospital, people administrating, running the personal care home, public health nurses, people running home care, day care also, day care for the aged, and all these things, to work together to do exactly that. But it'll be difficult, and so on, because you are dealing with people that are interested in different areas. I'm not criticizing I guess that's their job. I've had an Administrator of a hospital during the year, and during the session last year, that phoned the ambulance, don't bother stopping here anymore, we've got no room We're sorry, we've got no room, you know, and everybody panicked, and the Minister got hell. What was he doing? Three weeks after another hospital was negotiating a contract, there's talk of a strike. I called all the directors in, I said, "What are we going to do? We've got to be ready." The same administrator was talking about operation "Kick Back" and all of a sudden he was ready to take about four or five hundred patients or something like that - I'm exaggerating a bit to show a point, but all of a sudden you know they were ready to send people home in an emergency. So who is going to determine, who's going to determine that? You know, there's a lot of factors. If the medical profession say, we're going to take a study today. That's a hell of a lot of operation that could happen in one day in all these hospitals when everything is closed. That's not my fault, that's not my fault.

Now if some of the doctors leave for the summer, they're human beings, they want to go, they have worked hard, they're entitled to holidays. That's not my fault. If the nurses because of the supply and demand are going to leave to get married, or go on a trip, or the married one will say I'll take - like my daughter - say I'm not going to work the next two months in summer, I'm going to stay with my children. That's not my fault.

MR. BILTON: Who created it?

MR. DESJARDINS: God I hope, because I don't know who else can. You're sure giving me a lot of credit tonight. So these are certain factors. Now I'm not saying that I don't want to have an excuse, I know I've got a responsibility, a big responsibility, and I'm saying that this is exactly . . . But I think we've demonstrated that, I think I've demonstrated my willingness to do that, and to accept responsibilities and to accept criticism on this. I would like, for instance, to know why we can't use - and that's one thing I want to discuss with the College of Physicians - why we can't use a hospital, like a hospital that costs so much money, why we can't use a hospital on a Saturday for instance. Not necessarily the same doctor seven days, six days a week, but there's all kinds of young doctors, they say, "I can't get my patients in." And I'm sure now maybe it'll be the staff of the operating room will be hard to get, because there is a shortage. Maybe we should train special people for that, and I think we've got to start to look in the future. Maybe it sounds stupid, maybe it'll sound stupid, but maybe out of 10 stupid ideas we might hit one that's not bad. It seems to me that we could use our hospitals on Saturdays. Right now you go in many hospitals in Winnipeg that are talking about shortage of beds, you go on a Friday they're not in any hurry to kick you out because the people - on Sunday, the weekend there's nothing done, as long as you're out by 2 o'clock Sunday - because the people slated for operations on Monday will come in on Sunday afternoon. You know, they'll just walk in, but the others can stay because it doesn't matter there will be empty beds. So those are one of the factors. But, gentlemen, surely one or two people can't do it alone. This is where we need the co-operation. This is where the people like you have got to say, fine, let's give the Minister

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(MR. DESJARDINS cont'd) . . . hell when he's making the statement. Damn it when he's trying to plan, or the government, any government, because there's no ideology wars in this at all. Maybe premiums or no premiums but this stuff of getting beds to people I find as I said earlier, I find that my colleagues from Quebec, Ontario, Nova Scotia and Newfy have the same problems that I have. So I think this is important.

But I certainly take the challenge, accept the challenge of my friend to organize a department that's going to plan, that will know where he's going, that the department will know, that we will know where we're going, and I want to be challenged on these things, and I intend to be able to bring some suggestions, or some new policies. No doubt I'll be criticized, and I expect that, but I think that we should . . . We all know what my honourable friend from Fort Rouge said, 57 of us - no there's two fellows that are not here yet - but 55, or so, know that if we keep on going the way we're going, we are going to bankrupt it, we are going to bankrupt it. It would be nice for a person that's got a hangnail to say, can I go right now and get an operation, if we can do it but we're not going to do that. We can't keep on, we can't keep on giving this kind of service because who has to pay? Nothing's free; that has to be paid for.

So we've got to look at the dollars we have, we've got to plan. Right now I'm saying that the personal care, the active treatment, or not personal care, the acute beds, we don't need any more right now. When I say we don't need, I'm not guaranteeing you that everybody'll get a bed anytime they want, that's not what I'm saying, and I agree with my honourable friend there are quite a few people in there that have no business there. We've got to get them out of there, we've got to get them out of there. This is why we're going on this geriatric program to start with. This is why I would like to see with my honourable friend, we were discussing that, enriched senior citizen homes. It's not really my department but I'm concerned with this, where people who are in a senior citizen home are very happy, you know these homes are beautiful, they're being subsidized to a certain amount, but it's certainly not as costly as a hospital to the taxpayers of Manitoba, and they are in these homes but all of a sudden the relatives are starting to worry. My father's not eating too well or my mother's not eating too well, they can't take care of themselves, they can't make their meals, they're worried what will happen, they're a little too sick but they're not ready to go in the hospital, but if they had somebody bringing in their meals, or if they had meals in this area, and if there was a nurse or a doctor that could visit these places in these areas, this is what I call an enriched senior citizen home. If they can do - mind you keep them up as much as possible, let them make their beds, but have somebody go after them and do a better job, and keep them as active as possible. Then the relatives and the people themselves would be very happy, and you would gain many many years of happiness to those people because they are at home, and then you would save an awful lot of money to the taxpayer of Manitoba.

Now I accept all the challenges that I was issued by my honourable friend but I'm going to remind him that I need his help, and I'm going to remind the other members in this House that I need his help, and that I want criticism but it's got to be responsible criticism. When he comes to me and tells me that one of his constituents is mad because he can't get in the hospital, I'll remind him that his constituent, the same as mine, will have to be patient. I would hope, I know it's a difficult task, but I would hope that we will progress because we . . . It's not a question of hope we just have to, or like my honourable friend says, we'll go bankrupt, and that is, all the provinces and Manitoba and the Federal Government are in the same fix. You know, how can I argue with this. We've got a record budget, and I've got one third of it. I've got one third of it and I'm telling you that I'll probably when the money that I'll spend, there'll probably be another \$20 million before this is over because I couldn't forecast, never mind 10 years in advance, we couldn't forecast six months in advance to know what we'd have to pay, the salaries. As I say that's 70 percent of our budget.

MR. BILTON: You've got enough for 40 million.

MR. CHAIRMAN: Order please. The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, before we leave the item on Administrations, and I think we are on the item under administration, and I did gather from the opening remarks of the Member for Fort Rouge that he accepted that general direction to stay on item by item. However the debate did seem to stray into all of the various items that are here. But just before we leave the item on administration I refer the Minister to Page 10 of the Report of the Manitoba Health Services Commission where it lists the Members of the Commission. There are a

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(MR. MCGILL cont'd) . . . number of notes there about people who are about to leave and who are completing their terms. I wonder if we could have an up-to-date list of the Chairman and the Members of the Commission as it is today.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The new Commission - I don't mean that all the members will be changed but there'll be additions to the Commission within a couple of weeks. The present is at it's lowest, in fact we haven't got the required members. There is no chairman, Mr. Condo is the Vice-Chairman and acting Chairman, Mr. Promislow - and now I'm talking about the members - Mr. Teffaine, Mrs. Gomori, Mrs. Shapiro, and Dr. Tulchinsky. These are the actual members now.

MR. MCGILL: I take it then that there is only one medical doctor on the board now, that the other three medical doctors who resigned were replaced by lay people. Is that right?

MR. DESJARDINS: There are two doctors that resigned. There's Dr. Thorlakson and there's Dr. McPhail. Dr. Doyle was not a member of the commission, he was a consultant of the commission and he resigned and this has not been filled. --(Interjection)-- That's right. If my honourable friend means by that there has to be a number of doctors, I can say that if we have any doctors on this it will not necessarily be because they're doctors. I think if we need some medical people in there, I think that there's another way of getting that information also, and I wish to tell my honourable friend that in most of the provinces and so on, there are not that many doctors that are either ministers or deputy ministers or members of any commission or planning group.

MR. CHAIRMAN: The Honourable Member from Brandon West.

MR. MCGILL: I believe that there are some appointees on other medical boards in the province. I'm thinking of one, the Health Sciences Centre. The Board of Directors of the Health Sciences Centre has certain members who are appointed by the government, I presume the Manitoba Health Services Commission, these are hospitals or boards that are funded wholly or in part by the commission. Could you tell me just to what extent the commission does appoint members to hospital boards in the province?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I think my honourable friend made a mistake. He said, such as the Manitoba Health Services Commission and the Health Sciences Centre. Did he name only the Health Sciences Centre, or did he want to name a second one?

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, I understood that there were appointees on the Board of Directors of the Health Sciences Centre, and I wonder if there are other medical boards in the province that have appointees from the government and/or the MHSC.

MR. DESJARDINS: That are medical people on boards, is that what you're saying, or any . . . no just appointed. All right. The Health Sciences Centre, there are so many that are appointed, not by the Manitoba Health Services Commission, but by the Minister. So many. Others are . . . --(Interjection)-- Oh jeez, it's a complicated thing and maybe I'll try to attract the attention of my honourable friend who brought these people together. I think that there was the Board of the General Hospital, the Children's Hospital, the Rehab and so on, and the Cancer Clinic and so on, and I think that some of them were named for three years, some for two years and so on. I think - I'll have to verify this - but I think the total members appointed by the government on this is seven --(Interjection)-- It's 11. Seven to be named this year - that are due this year, and there's 11, which is a minority of the Board.

MR. MCGILL: Mr. Chairman, is it the intention of the department to have appointees on all hospital boards in the province, or how have they determined on which boards they will have representation?

MR. DESJARDINS: Let me. . . and I don't object, let me remind my friend who stood up not long ago and said I thought I was on Administration, now we're talking about Hospital Program. I'm not. --(Interjection)-- That has nothing to do with this Administration. In general, the Administration would be . . . these are appointments that I make as the Minister, not the Commission and that are made to boards, that would come . . . I don't mind but I just want to remind you that these are people under the Hospital Program. I can't --(Interjection)-- I don't mind. I just want to remind you the same as you reminded me. . .

MR. MCGILL: Mr. Chairman, I'm prepared to ask the question when we come to Hospital Program.

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MR. DESJARDINS: . . . will answer it now because we . . . I, first of all, the policy of having people on every board, I'm not too sure. This is something that will be studied between sessions. Many hospitals have their own Bill, so I don't know if there's a set policy. Most of the people are not appointed by the government . . . and the boards, I think there's the Health Science Centre, and I think that's about it. I think that's about it. Now, I'm not saying that this will not change, that the government will not want to name people to a board. If you remember that we had an owner's equity before and before the owner's equity, the municipality had people from the council and so on. It might be that we might want to make appointments. There is no policy made at this time. I think that the interesting thing is not necessarily who makes the appointment but the kind of people that you get on. For instance, certain areas had somebody from the university - I'm talking about the College of Medicine now and some other appointees like this. I think that Seven Oaks, for instance, have their own private Act and they had very many councillors on that, and Municipal Hospital also have many councillors on that. But there is no policy or anything that's been announced or even decided in government yet on that. The reason I think that the appointments were made by the government, it was kind of an agreement that everybody reached when we married all these people together at the Health Sciences Centre, you know, with the General Hospital, the Children's Hospital and so on. It was a brand new act. This is under that Act only.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. McKENZIE: Mr. Chairman, I have one question. Is the Commission staff on a four-day week or was that on a trial basis? I remember reading the article last year when they . . .

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Last year they were on a four-day week. It was quite successful and this year they're on a four-day week and this is being monitored to make sure that the people are well served also. A four-day week doesn't mean that the place is closed three days a week. Some people work on Monday and some people work on a Friday.

MR. CHAIRMAN: Resolution 60. Line 1, Administration - passed. Line 2, Personal Care Home Program. The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Thank you, Mr. Chairman. I respect the Minister for answering all the questions that he's been asked tonight and I know it's not completely his fault that we got into hospital beds and many other things under Administration.

Mr. Chairman, I intend to stick strictly to Care Home Services and just to be very brief, I would say that in the little bit of history we have in the hospital administration and care home services in Manitoba, that a few years back there were surveys made of the hospital conditions in Manitoba and it was found at that time that we had to take a very close look at the situation and we certainly moved into what had to be done immediately and that was medical care beds. And then after getting some sort of sense in the medical care beds and the upgrading of it in say Winnipeg and Brandon and other areas of Manitoba, the first thing we had to do was look into personal care homes.

Now there's no question that the Progressive Conservative Party in the years previously were the pioneers of trying to get the care home situation and personal care homes going, and I am going to tell the Minister at the present time, right off the bat, I'm referring to a confidential report on Winnipeg Geriatric Service Review of February 17th, 1975, and I'm sure the Minister is not so naive as to believe that this report is confidential, when it gets into other people's hands, I'm sure he realized it will get into many peoples' hands.

Mr. Chairman, the report on Page 3 it says, "it was recognized that necessary and constructive steps had been taken in the reorganization which has produced a new home care service for the Provincial Government of Manitoba." So I say that there is certainly recognition within the report that there has been an awful lot of work done in the care home service situation in Manitoba under the Progressive Conservative Government, and it has continued under this present government. And the Minister has said that he wants to have constructive criticism, he's quite capable of defending his decisions, so therefore I would request, Mr. Chairman, to tell the Minister that I'm not quite sure that I agree with the decision that he has made regarding this report, and quite frankly that he should take a second look at it.

Mr. Chairman, the report basically states that we should, well let me clear up - the report basically states that we should probably start off with everybody over age 65 and have

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(MR. F. JOHNSTON cont'd) . . . sort of an assessment centre and we take them . . . if they're assessed they go from this place to this place and they move from one place to another until finally we get through and they say well now we've assessed you and you must go in this bed and you must go in this bed and we must have, basically . . . basically when you take a look at Page 7 of the report it said, "each unit have access to appropriate numbers of personal care home beds" and a unit is an area in the City of Winnipeg of 20,000 people. So then you have units within this area taking care of geriatric services. And if he's got to have access to all the beds in the area that seems to me that he has access over ethnic group homes, he could have access over many different nursing home beds that are presently available in this province to people, and run by private people.

This report seems to me, seems to me that there will be a complete control of all nursing home beds in this province, set up by, you will be examined when you're 65 and if you qualify to go to a nursing home then you will be, in the assessment centre you will be moved through the process and really told where you'll have to go, and could even be that you might not even have your own doctor.

Mr. Chairman, I refer to Page 6 of this report which almost looks to me like a processing plant. One would wonder in this particular processing plant where they put the stamp on you. And I personally, I personally don't want to see the elderly people of Manitoba processed under this type of a system.

Now I would say, Mr. Chairman, that the system doesn't say anything about, doesn't say anything about people under 65 who need nursing home care. That has obviously been left out of the report. Mr. Chairman, I say to the Minister that I agree with this report in the extent that we need more nursing home care beds. We need more geriatric beds. We need probably an area where people have mental problems and should be in a situation all of their own. I don't argue with the increase of beds, I don't argue that that's the only way we'll release our medical beds for the use of people needing the operations we were talking about earlier. But I do disagree with the Minister that with this system which has been brought about by the Chairman, Mrs. Shapiro and I believe that Dr. Skelton of the St. Boniface General Hospital, whose name has been mentioned before, and I believe in this House, and the Minister said that this was the expert that he brought in. He had to go looking for experts, and it seems in Manitoba the only expert is a person from outside of Manitoba. And in Manitoba we have people that are being called for all over the world, because we've been ahead of people in geriatric services and we've had a situation in this province that's been better than most provinces. And we've got more experience than anybody and people in other areas are asking for our experience, and the Minister says I had to bring in experts. The Minister brings in experts who to me just process our old people like cattle.

Mr. Chairman, I would say this, that on March 12th, the Minister. . .

MR. OSLAND: It's getting late.

MR. F. JOHNSTON: Yes, it's getting late. It's getting damn late when we start treating our old people like this. On March 12th, Mr. Chairman, on March 12th, before this March 12th the Minister stood up in this House and said, what am I supposed to do, I brought in all the experts, I've taken the trouble of putting this program into implication, because I said there's no other experts.

On March 12th there was a meeting held with the Manitoba Medical Association and they were advised to see the Minister, which they did on March 13th, and they were told, they were told that this had been passed by Cabinet. This policy was going to be put in effect. Everybody was told that this is the policy. It's never been in this House. Never had the chance to discuss it anywhere under estimates. We're probably going to have Bill 48, and I think the name of it is Regional Control of Medical Services, which will be involved with this type of complete arch-socialist nonsense. And you can laugh if you like. I don't really care if you laugh, because the Minister is the man who is supposedly, not that bad thinking. I personally think the Minister was a spy in the Liberal camp - he's always been a socialist. Because nobody, nobody should put their stamp of approval - and we've got the gridders on the other side now - should put their stamp of approval on this type of processing of the older people in Manitoba. Nobody. Nobody should agree with this kind of stamp processing of the older people of Manitoba unless you're an arch socialist. And I don't think the Minister is but I don't know who's convincing him of that. I shouldn't say I don't think he is, because I said he was a spy in the Liberal camp.

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(MR. F. JOHNSTON cont'd)

Mr. Chairman, I have gone off a little bit of constructive --(Interjection)-- Yes, well why don't you get up and say something? I'll sit down. Do you want to say something?

MR. OSLAND: After listening to you, go ahead.

MR. F. JOHNSTON: Yes, thank you. Mr. Chairman, I would presume, I would presume that the Minister who says he has discussions with everybody, who says he takes the time to have discussions with everybody, that he could probably have taken more time to discuss this type of a policy with more people involved in servicing the elderly people in Manitoba.

Now, Mr. Chairman, I'd like to make it very clear, this is not a policy for doctors, and I don't believe in a policy for doctors. I don't believe in the policies that have been brought out for the dentists. I believe that your policy is for the service of elderly people in this province. I think that's the concern. I am not interested in doctors' incomes, or dentists' incomes, or anybody else's income. I'm interested in the processing of the elderly people of this province. And I believe that you have to have more beds. I believe that private boards can do it. I believe that private nursing homes can do it and I think that you can work with them. But to have people, your experts coming in from all over the place and telling us, telling us that we're not good at taking care of senior citizens in our province is wrong, because we have been damn good at it and you're getting rid of a policy that's good, that could be expanded, for something that is nothing more than rubber-stamping the lives of people over 65 who need geriatric services.

Mr. Chairman, I may have got away from constructive criticism because I've given some personal views of what I think this report is, but quite frankly, quite frankly I would hope that the Minister is not going to implement this report, because it will be a disgrace to the older people of Manitoba.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I'm not going to call my honourable friend a liar, because a liar is somebody that will tell untruths purposely. I think he is not well informed, I think that again he is letting himself be guided by his blinkers, he's so afraid of everything that he calls socialism, he sees the devil in everything. And he certainly has been, as I say, misinformed.

All kinds of things he said are not true, or half-truths, starting with his first word. This is not a confidential report at all. This was a report that I invited and I sent a copy to your health critic. So that's the first one, a copy of that report to Mr. Brown. So it was never a confidential report.

Now, to say that this thing is government policy is another thing that's wrong. That's not true. This is not government policy at all. Now to say that we're not worried about people over 65, that report and that study was not meant - or under 65 - that report was not meant to deal with people under 65. This was for older people, not necessarily 65, some are old at 45, some are young at 85.

Now, another thing to say that somebody met with the MMA on one day and told them that's government policy - that's true. That's not true. There has been no meeting on this with the MMA at all.

To say also that I said that Dr. Skelton was an expert that I went out and brought here, is also untrue. --(Interjection)-- No. No. --(Interjection)-- No, no. What I said in the House - I didn't say that I went outside the province and got a stranger here - I said in the House under another context that in this field to look after geriatrics, that I went out and got the expert, and he is an expert. He lives here, and he works here, and he was chosen before I even met him, he was the Director of the Geriatric Hospital in St. Boniface Hospital. It's true that he hasn't been very long. He hasn't been very long. The President of the MMA hasn't been it that long. The expert of the MMA on economics, the Chairman of economics, has been here even less, for a lesser period. I don't think that that is that bad. There is no doubt that we have some expertise here, and we're going to develop expertise in this. And I wish that my honourable friend would also remember that I said that we also went to Dr. MacDonell who is at Deer Lodge Hospital, and who's been here a long time, and Dr. Alcock has also been here.

Now my honourable friend said, well you say you want to talk to people and have a second look on that. I did. I don't buy all these things. I don't buy all these things at all, and I've stated that that has helped what policy? Not a policy for personal care homes, it has been a

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(MR. DESJARDINS cont'd) . . . policy for some of the older people, geriatric people. There is no way that they're going to be catalogued and stamped and that we were going to work in that kind of an idea. I don't like that any more than my honourable friend does. There is no way that this will be done. But we will try to co-ordinate the people. We will get people from the hospitals who know that certain people should be left out of the hospital and should go to other places.

But the policy that we're going to have is going to be much better. My honourable friend said we took care of our old people. How in the hell did we take care of our old people? By shoving them in the hospital or a personal care home. And I don't call that. . . that's not going to satisfy my conscience to say I've got him in the old folk's home when he doesn't belong there at all. This is something new. It's a new field. It's a field that there are not too many people that are familiar with. It's a field that many doctors are not interested in. It's a field that is not glamorous at all. You know that if you go to the medical school, or something - one of the doctors was telling me, he said after a certain age if you diagnosed an illness, if you had two or three different things, you'd fail your exam. But that's what happens with these people, These people, and there are too many people that are saying now I've got to get a room, or I've got to get a bed for my father, and they'll whisper on the side, "He doesn't need one now but I want to be sure because there's a waiting list." I want to give these people a chance to go to hospital where specialists will look at . . . and they're specialists that are worried about the heart, about rheumatism, about everything. There should be specialists to look after these people and there aren't any, or very few. You know, a man 65 years old is not finished. It is not wards that I want to set up. It is hospitals where those people can go and get cured. And there's a lot of people, children of these people, that if they were assured that when these old people need a hospital bed they can get a hospital bed. They can get the proper care. They come in here - they might have pneumonia, they might have all kinds of things. You can cure that, especially if you do it right away. And you send these people back home. I don't think it's anything to appease your conscience. I say we take care of them; we've got beds for them. That's a hell of a way of taking care of people. People don't belong in beds, and you're not an old man when you're 65 years old. I'm saying that I don't believe --(Interjection)-- What?

MR. FERGUSON: What about the 45 year-olds.

MR. DESJARDINS: Some are. I feel old at times, I'm 52.

MR. BILTON: I'm 67.

MR. DESJARDINS: Yes, but you're old all the time, so it's different. Well, Mr. Chairman, I agree with a lot of the things that my honourable friend said. --(Interjection)-- Not you. You're my other honourable friend. I'm talking about . . . and there is no way that we are going to control all the beds, that we're going to do away with ethnic and religious beds. I happen to think that it is very important to older people to be with their own. I happen to think that the worst thing is loneliness, not dying because you haven't got enough food, and so on, and I think that we should do everything that we can for these people. Now, of course, they're going to have to be paneled, we want to put them in the right place. When they're going to come in, they are going to be paneled. They are going to be paneled by doctors, by people who say, "Fine, you've got a certain illness, you should go out there, you'll be treated and then we'll get you back in society." Or a person . . . unfortunately this person will never get out of it, you've got to find a bed. And you've got to move these people in and out of acute hospitals, yes. Yes. You know, acute hospital doesn't mean any guy over 65, don't bother with him, he's had it. You know, no retreads around here, just the people in the prime of life. And that, I want to say to my honourable friend, and I think that he doesn't understand that. I don't think he's trying to be personal or critical. There's a lot of things, when I read this report, that I didn't like either. And there is no way that this thing can work completely the way they have it here, not under our system. Because there is no way that we're going to tell people of St. Boniface, you go to St. Boniface Hospital, and other people you go to the North End. There is no way because they choose their own doctors, and doctors go to the hospitals that they want or where they can get admitting privileges. And I guarantee that this will be maintained as long as I'm Minister of Health. So there's no fear for that at all. There's no fear for that at all. Personal care, personal care, we will be ethnic groups, the

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(MR. DESJARDINS cont'd) . . . only thing we will say to them, if you've got somebody that it's an emergency case, let's say A, B and C and the people that need a bed right away, he's in A category, and those that are B and C, that you're going to have so many A's, and then if you don't find anybody of the ethnic origin served by this group, then you don't back and take somebody in Z that might not need a bed. You will go and take somebody, only if and when you've got these, and they are free to choose the patient that they want but we will insist on having the people - and I don't think anybody will fault us for that - getting the people that need the bed most, they should have the first choice. This is what's going to happen.

Now, what is going to happen in the district though, the public health and the home care, that will be done by the district. I don't think it would make sense to say to the people of St. Boniface, go anywhere you want, and they might be in the St. James district to get home care, or Meals-on-Wheels, or any of this sort of thing one day, and the next day in St. Boniface. That has to stay in the district. So in the . . . and to say to my friend, I am discussing that. He said, you're saying at this time - I'm discussing that now with the people in St. Boniface, with the Grey Nuns who are running the St. Boniface Hospital, the Tache Hospital, and who, no way are they going to be told that they're only going to have this kind of people or people living in this area admitted to their hospitals. There is no way that they would stand for that. They would say, "Here's the key, you run it" before they'd do that.

There is a committee that is working, a group that is working representing those different institutions, the Manitoba Health Services Commission, that are looking at these things, and that they will set up a program. Now a pilot program up to a certain point you try to have an area, you try to say, okay, there might be so many beds for that, to see how it works, because you want to see how you can serve that kind of population. If you have no way of evaluating that it's going to be very difficult.

Now the thing that I took out of this report, the thing that was said is, the main thing, that they felt that there should be geriatric hospitals closer to acute hospitals, and this was the policy, every study that was made recommended that. Instead of having just one hospital and label it, you know, this is for old people, or they're finished, or people that think, many of them think they're going in a morgue or something. You know, they've tried that. We've had in the States - I remember reading that in Reader's Digest once that it was terrific, they had a town for older people. People with money, they had their Gold Clubs, they had a golf course they had everything. But they don't want that. They want to see the kids. Mind you they want to be able to hide when they're tired of the kids, but they want to see the kids. You know, we were taking these personal care homes, we were putting them in the suburbs - very quiet. You know, hospital - silent. These people want to be on the main drag to see the bus go by. They want to see the kids playing outside, and they'll tell you that.

MR. BILTON: So you put them on Smith Street.

MR. DESJARDINS: Well that's not a bad place.

A MEMBER: That's the most popular place in town. It's the most . . .

MR. DESJARDINS: What is on this Smith Street? A personal care home? A personal care home? --(Interjection)-- No. Well then give him hell. Leave me alone on this. That's not . . .

A MEMBER: It's the most popular one in town.

MR. DESJARDINS: And they like it, they like it Jim, they like that place. They like that. --(Interjections)-- Well anyway that's another department. I'm saying that . . . This is why I'd like to say to my honourable friend that this is why I've invited . . . and I want to do more of this. That when we announce the policy, and the policy wasn't saying here is our policy, this was never done. The policy was . . . what did we announce on that day? First of all let me finish my sentence. I said this is why I wanted representation from the different parties, and the Member from Fort Garry was there. And I dare say I think I'm on safe grounds to say that he was quite impressed with the presentation and that he . . . I think he agreed in many of the things that we're trying to say and I don't fault my honourable friend that spoke because that would scare the hell out of me too, some of this report. But the thing is that that is not necessarily government policy because somebody will say something. I will say that we accept some of these things, but we've got a long way to go in this field, and make no mistake about it we can keep these people out of hospitals if we get them on time, if we get them to a hospital bed. I think that: . . . we're gambling, maybe

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(MR. DESJARDINS cont'd) we'll fall flat on our face, but we think we're going in the right direction. We'll be careful, we'll monitor it.

Before I sit down I want to cover one thing. To say that this was government policy - now I want to retrace what happened there, and you tell me how far anybody can go to try to get co-operation, and so on. First of all there had been commitments by this government, by other governments, that the Municipal Hospital would be rebuilt. As Chairman of the Commission I looked and worked with our evaluator, our planners and they said it makes no sense. It's bad planning. I phoned the Minister and I said, I can't . . . I'm sending you two stacks of documents, one is planning, everything that says we're going in the wrong direction; the other one is a stack of documents where you or somebody else, somebody in government has promised that you would do it. Now, what are you going to do? I said, "Could you allow me to plan, to have a final thing to talk to these people, and to have a decision in six months?" He said, "Go ahead." I said "You won't back down"? He said, "No." And there's where I said I tried to get . . . I didn't go to the MMA, and I wouldn't go to the MMA again. I went to see doctors, but there is no way that I'm going to go to a group that's going to send somebody that will report to them. And I give you an indication that it's not possible to do that. I told these people at one time, the MMA, where do you want us to plug in. I can plug in even before the Minister knows about the document on . . . working on a thing like this. And they said well that's pretty hard because the person that's going to be there, if he makes a statement, and so on, he might make a statement that you will accept, or he might make recommendation, and that will not be approved by the executive and by the 12 honoured doctors. And I can't plan, nobody can plan, if you've got somebody who comes in and says, this is what they want, and then you have to call a meeting, a general meeting, to see if the physicians want it. You'll never plan like that because they have their politics, there internal politics, they fight between specialists and GP's. They fight between rural doctors and city doctors. And there's no way that we can do that. There's politics in that. So it's not that I have anything against these people. And they haven't got the mandate. They've got the mandate from their membership to go out and get them as much money as possible, and this is what I was saying. And again there's nothing wrong in what I'm saying. That's fine, and they've done a good job on that, but they're not giving them a policy to say you can go and plan for us, whatever you say, fine, you're an expert in that, we'll try to get the best man. So I went out - that's where I said that I went out and got what I considered the expert, but not out of Manitoba - went out and got - and there's not too many in this field. There's one . . .

MR. EINARSON: Where did they come from?

MR. DESJARDINS: Where did they come from? One was a Director at St. Boniface Hospital, the other one was a Director, and working in this for years, at the Deer Lodge Hospital. The other one was a Medical Director at the Municipal Hospital. Is that a good choice? --(Interjection)-- No, I don't give a damn if they're accepted by the MMA. That's what I've been telling you. If you think that makes it good . . . I went to the people that were the best people, and I've asked them to give me their ideas. If you think that I'm going to wait until everything is passed by the MMA, you've got another think coming. --(Interjection)--

MR. EINARSON: Not necessarily.

MR. DESJARDINS: No not necessarily, that's right. Okay. But they are doctors and they are the best. Nobody could have got the best in this field. All right. And they could because they were not expressing . . . they weren't put on the spot, they weren't expressing what they thought the 1,200 doctors would want. They were expressing without any conflict of interest what they felt in that vast and long experience, what they felt was good for these people. This is what they were saying. And none of them wanted to be the chairman so I got somebody from the Commission to be the chairman, just to get the meeting going. And then I told them whatever staff you want, you got. And they brought this recommendation. Now before that, after talking to the Minister, he said, you're going to have to sell that to the hospital, what is it . . . the Municipal Hospital. I met the chairman, who was very disappointed no doubt, but who co-operated, the chairman and the administrator of this hospital. They didn't like it, they'd been promised this thing for so long. They accepted but they said, you've got to come and talk to our board. I don't remember exactly the date; it was the day that Nixon resigned, because I watched the performance on television at the Municipal Hospital, they accepted that. So I said, in six months we'll have a better idea. I said when this

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(MR. DESJARDINS cont'd). . . committee was just fact finding, not coming out with clear-cut direction either, giving them some of their ideas, they will meet with you to discuss that also. I had also started a bed utilization committee which represented the administrators of all the municipal hospitals when we had so much trouble getting beds. I had asked the MMA to send somebody to represent them, and I had asked the MHO to have somebody represent them, and we had staff. On my own I said, this committee, I would like you to discuss this with this committee also.

But then you know, and let's not be naive, let's not be naive, when this came in, what did I have to do? What were the recommendations? And the recommendations were only based on that. The recommendations were some of the work by Clarkson and some of the work that we had done, and so on. We had to tell the Centre, the Health Science Centre, to find out if they would take . . . recommend that they would have some geriatric beds. We were going to change the whole thing, which had been up to a certain point a political decision by former ministers and so on, at Seven Oaks. I had to touch base with them, I had to touch base with St. Boniface to see if they would go ahead in this pilot project for geriatrics. The Commission met with the Board, the Board of the Municipal Hospitals. They were mad, they called the press conference. Then we acted fast. I called a press conference for the next day, because there was misrepresentation. So this is the way it was done. All these things were done. Now I say again that I'm ready to discuss with the medical profession; I'm ready to discuss with the MMA, any way that they can help the plan, but I am not ready to give a veto to the MMA in health planning.

MR. CHAIRMAN (Mr. Walding): The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Mr. Chairman, I'd like to thank the Minister for his comments. I'd like to thank the Minister for being very very blunt in saying that he does not accept everything in this report. I would just challenge the Minister a bit in saying that we took people and put them in beds because that is not entirely true in Manitoba.

MR. DESJARDINS: I didn't say you, I said society.

MR. F. JOHNSTON: Well, society - because I can refer you to a personal experience in Manitoba where, when my own mother had a stroke and went over the Municipal Hospitals. I see by your report you want to take them down, but you've used the word rebuild, and I certainly hope you do, because they were miracle workers over there. They took a person with a stroke and they taught her how to dress herself and run a wheelchair, and then went from there to a nursing home. We have the process in this province, and have been using it very well. So then I became very perturbed when I read a report such as this. And the Minister may - and I'm glad he doesn't agree with the report because I, you know, I don't like the words on Page 7, that every existing model was also linked to the specific catchment population for its expected services. I didn't like the reference to our elderly people as the catchment population of this province.

So, Mr. Chairman, I'm very pleased that the Minister is taking a look at the program from that point of view. And as I said to him, I'm not interested in doctors' salaries; I'm not interested in the complete recommendations of the doctors, any more than I'm interested in this report being accepted completely. I'm interested in seeing good services in Manitoba for the elderly people in this province. And that's really what we are all striving for. So, Mr. Chairman, I'm satisfied. This is why we have the estimates, and I'm satisfied. When he says the report wasn't confidential, he had given it to Mr. Brown, I happen to have the report and it is stamped "confidential", and I know the Minister knows that it's in many places.

Regarding the people from out of the province, I happen to be knowledgeable of two or three of the people on this board and I respect their opinions. I am not quite in respect of the opinions of Dr. Skelton because I don't agree with some of the things that are in this report, and he didn't agree . . . reference to the British system. But let's leave it at that.

The Minister, Mr. Chairman, has said that he does not completely agree with this report. He agrees with more beds and exercising the rights of our old people to be examined by their doctors, and go from hospitals to maybe a geriatric centre for rehabilitation, and if they have to go to nursing homes from there, fine; if they have to go home, fine, or if they have to have nursing service at home, fine. I think we all agree with that. But I just didn't like that attitude of this report that just looked like channeling of our older people, that we're not quite used to. And I thank the Minister for his explanations.

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MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: I wouldn't want to leave this . . . I think that the word catchment is misunderstood here. This means: It's not anything sinister. It's a technical term, and it means a designated area. Why they want that is so . . . where they're suggesting that, and that up to a certain point should happen, is because of all the other services that you get. Now this Municipal Hospital will not be closed. The only thing that will be, that we are not re-building 400 . . . That is an area that we want more beds, that's an area that we want more beds. We have approximately 400 beds at the Municipal Hospital, and 200 new ones at St. Boniface. St. Boniface is taken care of. Now the Seven Oaks Hospital - well let's face it, it was ridiculous - 100 bed hospital in this place is ridiculous. Now there's going to be another 100, there's going to be 100 acute beds. There's going to be 110 beds, geriatric beds, in that area, serving that area. Those 110 beds will be taken from one of the buildings that's falling apart. That will be closed. Then, and that might be years from now, and if it doesn't work you can change your mind again. But the planning - like my honourable friend said, you've got to plan - approximately 200 beds would go to the Health Science Centre. They're using some of that, so you would have approximately 200 geriatric beds, around that said area. You would have 200 beds in St. Boniface that you have now, 110 beds, and so on. Then you would be left - you have two buildings that would be closed that are obsolete now, and you would be left with about 200 beds in where the Municipal Hospital is now. And I want you to know that I certainly agree with my honourable friend, and I have nothing but praise for the work that they've been doing, and they have been miracle workers and I think that maybe we could provide more facilities for all these people so that they can even do better work and not under the hardships and handicaps that they've been working.

MR. F. JOHNSTON: Very briefly, Mr. Chairman. I would like to ask the Minister, does he not think the area of the Municipal Hospital at the present time, let's say along the river with its park-like area, is probably one of the finest areas you could possibly have for the type of work you're thinking of?

MR. DESJARDINS: That's right. That's right when everything is fine. But you also should have . . . it's preferable to have these kinds of beds, and that will not be closed completely. But it is better to have that near a centre that has acute beds where you have lab facilities and all the other . . . Because a conflict to the hospital now is not just the question of beds, there's all kind of services that you need. You have a lot of those services there, and a lot of that work would be done there, so the idea is to have a mixture of both. We might be wrong. We might find out that it doesn't work. All the recommendation is that you go near acute beds, and as I say there will be three centres near acute beds and you'll have a free standing hospital there, but up to 200 beds instead of 400 or 500 beds.

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MR. CHAIRMAN: The Honourable Member for Swan River.

MR. JAMES H. BILTON (Swan River): Mr. Chairman, I have listened to the discussion thus far with a great deal of interest and it would seem to me that nothing matters other than what goes on in the City of Winnipeg. In the beginning I must say that I support everything the Honourable Member for Sturgeon Creek has had to say, and I think it's gone completely over the Minister's head, what he was endeavouring to do. We talk about personal care, and we have a home in Swan River, a personal care home in Swan River, which, with your permission, Mr. Chairman, I will elaborate on in a few moments. But I want to tell the Minister that he's not breaking any new ground in this personal care home privileges and what is available to the people of the Province of Manitoba, and in what he is endeavouring to do. And I give him full credit for what he has said so far and what his ambitions are. And I would wish him well. But I've lived long enough to know that he's not breaking new ground, Mr. Chairman. In the twenties in England they were known as the Work Houses, and we're coming to that. Word was mentioned by my honourable friend from Sturgeon Creek about people being - or at least the Minister said, that it wasn't his intention to see that people were catalogued and stamped. I want to suggest to him that he'd better be very very careful, we're almost at that stage now. --(Interjection)-- Yes we are. --(Interjection)-- The Minister's not listening to the people. He's sitting behind that desk in his office and he's listening to the experts. I happen to live with people that are in these homes.

And I have a letter here, Mr. Chairman, that I wrote to the First Minister, and it was dated February 18th, and it was referred to the Minister and he replied to me on the 19th. We have a personal care home, Mr. Chairman, for 60 people, for 60 people with two bathrooms. And this home was built only three years ago at a cost of three-quarters of a million dollars, and I'm asking the Minister where were his people that inspected this place that allowed that condition to happen? The lowest contract was accepted by local people; it was constructed. They were \$100,000 over in costs, so they started to cut. What do you think they cut, Mr. Chairman?

A MEMBER: Who got that contract?

MR. BILTON: Minish's. What did they cut? The air-conditioning. We've got people working in the kitchen that are fainting in the heat of the summer. The Minister, and the people he's listening to, didn't care about that, Mr. Chairman. And I tell you again they came to the local Rotary Club asking us to put in a bathtub to augment the two bathtubs that's in there. I've got a letter here from the Minister which says, that's sufficient. How ridiculous can we be? Mr. Minister, you've got to do better than that, much better than that.

And the whole discussion tonight is forgetting one thing. The young people of today are neglecting their parents and expecting the state to take care of them, and this I say to you, Mr. Minister, is all wrong. I realize that you've got problems that must keep you awake at night in this particular direction. But somehow or other, Mr. Minister, you've got to find a way to get back to the families of these old people, that they must do their part and assist the state and not expect the state to take them over carte blanche. You've got buildings around this City of Winnipeg which boggles the mind in the interests of our old people. This is fine. But I'm suggesting to you that some way there's got to be an educational program set up to relate to the families of these people that they've got a responsibility. And I know whereof I speak. I know a widow that turned her farm over to the children on the understanding that they would build her a home in the town, and within 12 months she was on welfare in a brand new home. What happened to the estate? It was gone. Mr. Minister, you must find a way to get to those people and not keep piling it on the back of the state to take care of these old people. You talk about them being happy in these surroundings. I know that the department is doing everything within its power to see that that happens. They would be far better off at home with their people. I know in days gone by that they were in the attic, but they could come down and see their grandchildren once in a while. Somehow, Mr. Minister, we've got to bring it back to the people that they've got to do something about it. And there's no other way, or, sir, this thing is going to be out of control. The people of the Province of Manitoba cannot carry this financial burden that is developing. Year after year we're looking at the estimates and they're constantly increasing, when families should take the responsibility in this direction. It's not asking too much but somehow or other it's got to be done. And as far as I'm concerned, I want

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(MR. BILTON cont'd) you to look at that establishment in Swan River. You've never been in it. It's beautiful. It's out of this world.

MR. CHAIRMAN: Order please.

MR. BILTON: I'm sorry.

MR. CHAIRMAN: I would remind the honourable member that he should direct his remarks to the Chair and not to another member directly. The Honourable Member for Swan River.

MR. BILTON: I thank you for your comments, Mr. Chairman. My wife, reading my last speech in Hansard, said you refer to Mr. Speaker far too much. Now what am I going to do? However, Mr. Chairman, I understand your comments. But at \$38 million under this item I'm suggesting to you, Mr. Chairman, and through you to the Minister, that something's got to be done, that families have got to take an interest in this personally. That's my purpose in standing and standing alone. And you must do something about it. Don't continually be building and building and building and letting these people off the hook.

And insofar as my little problem is concerned in Swan River, the Minister is familiar with it, and I'm asking him now to do something about it and correct the situation that's developed. I know, it was \$100,000 overspent, and the local board had to go to the bank and borrow the money to pay the contractor. He had to have his money. And you argued with that local board for 12 months. Mr. Minister, through you, Mr. Chairman, it's now your responsibility. Bring it up to date and give those people a decent show.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I think my honourable friend can go home tonight and tell his wife that he was unbelievable. First of all when he points to me, Mr. Chairman, and says, "You have to tell these people that they've got to do something . . .

MR. BILTON: I'd do it.

MR. DESJARDINS: . . . \$38 million is too much, you're spending too much, they've got to take care of their own". I say to him, "Don't say 'You have', say 'We have'", and start by saying "Not 'save money up there' but 'give us what we want' in Swan River", because that's what he said. He said this place is out of this world, you've never been in it, but give us what we want, we haven't got enough backers.

MR. BILTON: You wrote it, I didn't.

MR. DESJARDINS: Oh. All right. You know the way that works - but first of all some of the planners that I was talking about, any new construction I want us to work with them before and we would prevent these kind of things. These people were given directives, they came way over the line that they had and then they had to cut. So they found themselves without the proper backdrops. My friend said . . . --(Interjection)-- no, no they were told to go back and cut. We didn't accept. Because they were given guidelines. And my friend said, Come and see it, it's out of this world. But give them more. You're spending too much money, \$38 million. Tell these people to take care of their kids. But not in Swan River. Give them more, give them more in Swan River.

MR. BILTON: No way.

MR. DESJARDINS: I say, Mr. Chairman . . .

MR. BILTON: I never said that. You're lying. You accused my honourable friend for Sturgeon Creek of lying. You're lying, because I never said that. You're assuming I said it. I never said it.

MR. CHAIRMAN: Order please. Order please. Order please. Order please.

MR. BILTON: I never used those words.

MR. CHAIRMAN: Order please.

MR. BILTON: No way.

MR. CHAIRMAN: Order please. The honourable member should know that if he wishes to interrupt another member it should be on a point of order or on a point of privilege. I believe I heard the honourable member accuse another member and use an expression which is obviously not parliamentary. I would ask him to reconsider his remarks. The Honourable Member for Swan River.

MR. BILTON: Mr. Chairman, Mr. Chairman, --(Interjection)-- I've been addressed by the Chairman, you sit down. You sit down.

MR. CHAIRMAN: Order please.

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MR. BILTON: He's talking to me.

MR. CHAIRMAN: Order please. The Honourable Member for Fort Garry has a point of order.

MR. SHERMAN: My point of order is that the Minister had the floor, Mr. Chairman.

MR. CHAIRMAN: Order please. The Chair called upon the Member for Swan River to reconsider a remark that he used to the Honourable Minister. The Honourable Member for Swan River.

MR. BILTON: Thank you, Mr. Chairman, I appreciate this opportunity before the Minister speaks again. I do apologize to the House for having made that remark.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I also apologize to my honourable friend, I misunderstood him. He doesn't want to spend any more money in Swan River, everything is fine. No, but seriously, the only time that this is going to work is if we all do it together. Not when it's Joe and Jim's constituency or area, cut, but at home fellows you've got to do something. And my friend, I accept that when people write to me find, this is good and I'll try - but there is no way that I'm going to worry about what political party anybody belongs to because I welcome any correspondence from other people. But he said today, he referred to some of the correspondence. My honourable friend told me if this isn't going to be done there might be another letter. My friend came to me not too long ago and he was worried about some people that we put a lien on them because they got welfare they weren't entitled to.

MR. BILTON: Do you want that story too?

MR. DESJARDINS: Yes. I want that story too.

MR. BILTON: . . .

MR. CHAIRMAN: Order please.

MR. DESJARDINS: Fine. So I'm saying to my honourable friend that this is not that easy, that you can't point out at somebody else and say save money, but, you know you've got to help somebody else. You've got to work, if you're going to do that it's going to work all through the province and --(Interjection)-- Do I have to be subjected to this?

MR. CHAIRMAN: Order please.

MR. DESJARDINS: Now I say that our young people, the time has changed, there is no doubt, my honourable friend is right, that we haven't got the respect for our parents that we had in the past. That is true. Things have changed, but there is no way that we can only blame these people. You know there is many of these people that would take care of their parents if they knew that if they were sick they can go to the hospital for a little while and then come back, if they knew that they can get a bit of help they would gladly take care of their people, and many of them do. I am trying to do exactly what my honourable friend is doing, by encouraging them to do that, by trying to bring in some day care for the elderly, where those people that are taking care of them can have a day's rest, can go and shop and so on if they're alone and they can't leave these people; where they can have a bath and so on because they can't be manoeuvred and lifted by their daughters and so on. This is the kind of thing we're doing being able to help them around the home with home care. And also through this geriatric program where we can go and give them the care of the hospital, they are human beings the same as anything else and there is no law that said after 65 you're finished, you retire, you get your watch and a pat on the back and go and sit down somewhere. I couldn't agree more. And that's exactly what we're trying to do, give them a chance to live their life in happiness and so on by providing the care when they need it, not wait. And this is exactly what our Geriatric Program is all about.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. DAVID BLAKE (Minnedosa): Thank you, Mr. Chairman. I think it would be a good time to make one or two observations that I had. I was interested in the Minister's remarks of saying that co-operation and working together was probably going to arrive at more of the solutions to some of the problems in this particular area in the Personal Care Home Program. I certainly want to see more co-operation, I'm concerned with the problems that we've had with the doctors because I think that's an extremely important area. I am raising a family and I certainly don't want to see doctors leaving my area. We have excellent facilities there now and we want to see them remain that way.

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(MR. BLAKE cont'd)

But one of the areas that concerns me was touched on to some degree by my colleague from Swan River, and it's to do with a personal care home in Minnedosa and goes back to probably some of the problems that the Minister touched upon, because back in 1972 when they were requested to build their care home there I think they were allowed \$10,500 per bed, something in that area. They had some tentative approval possibly by the former Minister but they were warned at that time by the contractor that they couldn't build for that particular amount and - oh it was sometime probably in '73, there was about a years delay when the tenders came in and were roughly \$300,000 over the allowable amount for a 50-bed personal care home.

This particular facility that was proposed at that time included some additional laundry facility to take care of the extra beds but through negotiations and various discussions that carried on, it got on to 1974 when they were asked to provide a 50-bed home on slab and grade and the frame and stucco construction, and at that time the limit for beds had been increased to about \$14,000. Now an area like this, I think if the Commission had probably been maybe more on top of the escalation features that were occurring in the construction industry they may have got this ceiling per bed up a little sooner and this particular facility might have been built a year earlier at a considerable saving in cost. But at this particular time the contractor started stockpiling, because we all know what prices were doing, and sometime later in '74 the plans were approved by CMHC and they got the thing under way but in some of the negotiations there were various conditions being hooked onto the particular care home by the Commission and one was that they would operate under Phase I and Phase 3, I believe it was, and Phase 3 I think is where the doctors become salaried people, and naturally the local people weren't going to have that and with some discussions again they arrived at an approval with conditions of 1 and 2 and the discussions then took place that the Parkland Laundry in Dauphin would have to be used to handle their laundry facilities.

Now while these discussions were taking place, it was in 1974, when some 17 miles away at Neepawa a brand new laundry facility was established in the personal care home there. And this naturally encouraged the local people to - the chain had been broken so to speak - and they felt that their request for some additional space to handle an extra laundry facility would be handled, because if a laundry facility was placed in Neepawa there was certainly no way that the laundry facility from Dauphin was going to be by-passing Neepawa each day bringing laundry to Winnipeg when there is no connection between Minnedosa and Dauphin. If they have to go anywhere they would go to Brandon. Geographically the tendency is to move to Brandon from Minnedosa because it's only 30 miles and everything south of Riding Mountain tends to gravitate south to the Brandon area. Their laundry facility which created the problem at that time was going to cost around \$24,000 I think and without getting into all the technical details of 22 cents a pound laundry cost in Dauphin versus 7 or 8, whatever they could do it for in Minnedosa, the cost now through the procrastination and whatnot on the decision by the Commission, the cost has gone up to about \$49 a square foot. So that extra space now is going to cost something over \$50,000.00. But the big concern is that there's local jobs involved and naturally we want to see them maintained at as high a level as we possibly can, and you know we can go back to the stay option where they're saying on one hand we have to have jobs in rural areas and decisions like this that seem to be somewhat autocratic to the local people are being made and jobs are being taken away. So they're only giving lip service to the stay option that we've heard so much about.

But I think that one of the important things, Mr. Chairman, that should be pointed out on local facilities such as the personal care home, and the one in particular is the one in my home town, is that the local people have contributed something over \$35,000 in cash donations for furnishing the various wards in that home in addition to providing the serviced land for the home. And these are the things that are important to local people. The Chairman indicated to me last week that some little old elderly lady who was in her 80s had approached him with an envelope with five \$20 bills in it, she wanted to donate \$100 to this particular personal care facility in Minnedosa. But when you look at a contribution of something in excess of \$35,000, and these are cash contributions that have been given to the

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(MR. BLAKE cont'd) home to provide furnishing for the wards, and when you hear the story of the problem and the squabbles that they've had with the Commission over obtaining some additional space to provide the additional laundry facility required, it just leaves one to believe if there is a real feeling of co-operation and working together existing. Because I understand there were two people from the department - I suppose they would be experts - had been out there and checked the facility over and said you are not getting any more space for additional laundry, and this seemed to be a final decision.

Now, Mr. Chairman, we all know that in these personal care homes many geriatric cases and we know, or it doesn't take much imagination to know what a problem laundry is, because they do have dirty laundry there there's no question about it. And to send your laundry some 100 miles to Dauphin to a regional facility just seems unrealistic because the additional linen required, you're going to have a set of laundry going and one coming, and if you happen to have a blizzard or bad road conditions the additional cost of having enough laundry to go around is a bit unrealistic.

I just want the Minister to explain to us why these decisions are made and why they can't sit down and come to some realistic decision with the local board when there is such a strong feeling and some strong arguments that they're able to put forth. I realize there was a laundry facility existent in Dauphin, it was expanded considerably. Whether it was expanded to hold the seat there last election remains to some conjecture, I suppose, but it has been expanded to the point where it has to be utilized to its full capacity I suppose but it just doesn't seem wise or prudent to foist or force a decision on the local board such as has been made in this case. I would like the Minister to possibly comment on it and I would certainly like him to go out and look over the facility himself and talk to the local people and get some idea of their feelings on it. But I would like him to comment on this particular case that I may go back to the board and try and satisfy them in some way that we are getting a feeling of co-operation and working together such as the Minister has suggested earlier.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I'd be very pleased to comment on this. I guess we can wash our dirty linen tonight here in public. My honourable friend talked about co-operation. First of all, I would like to say that Minnedosa didn't do too badly. They have a new 50 bed personal care home added to the hospital that was \$745,000. That's not bad. I think it's a bit of co-operation to say also that the Minnedosa Board gave the contractor the go-ahead before they received the MHSC approval. --(Interjection)-- That's not the point, that's not the kind of co-operation. If everybody decided that they would go ahead and build --(Interjection)-- Do you want comments or do you want to make another speech? All right, I'm making a statement that co-operation is a two-way street, and I also want to remind some of the people that were speaking a little earlier that told me you've got to be tough, you've got to do certain things because you've got to save money because you're going to bankrupt the province. And I hear parochial things, people that are worried about their - and I don't blame the fellows I guess you've got to make your speech, you've got to show that you're fighting for your constituency, that's not bad.

This problem is not one that I am unaware of. I did meet with the people when I was at the Commission. I invited them in and I had a consultation with them and my staff. I took their word as much as my staff, and I told the staff - I was pretty rough on them - all right you go ahead and prove the things that you told me. And the paper that they gave me was placed right on the table, and I told them that I would bend backwards to help them. But, Mr. Chairman, we must start saving money. And this is one of the areas that we do, is by having people do the laundry for different areas, and we're going to save between 20-25 thousand dollars by doing that, we're going to save. We're going to save. And they will have their service. They will have this, and the mileage doesn't mean that much when they're going on the run and they're traded in that area now. And we are ready to look at it. If this is not the case, we're ready to look at it again but we are going to save, and we've got to start saving in this deal and while we're providing the services. And this is what we're doing, we're going to save money. We can prove that, and we are saying to the people, "sorry". Now they say they're going to lose five jobs, and you know, my job here as the Chairman - I am not the Minister of Industry and Commerce. --(Interjection)--

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(MR. DESJARDINS cont'd) All right I've got to worry about the stay option, and so on, but I spend one third of the budget, that's the complete total budget of the province, and I've got to start making economies. And this is one of the ideas.

Mind you I'm talking now as the Minister, I wasn't the Minister, but I accepted the responsibility because I was Chairman of the Commission at that time, and I met with these people, and we had a meeting that lasted all morning at least, and I talked to them in different areas. It's right that I haven't seen the . . . since I'm the Minister, I haven't seen the house, I haven't seen them all. I hope that I will. I very sincerely hope that I can go in the country and see these facilities. But the thing is, that's fine, these people - every member of the House can stand up and tell me what is wrong and they would like to have things, and then they will say, but save money. What the hell are you doing? You're getting people - are you planning? Well, you know, that's what I'm trying to do. And I'm going to save here 20 to 25 thousand dollars for the taxpayers a year by having this laundry built somewhere else, by not doing laundry, of having areas like this. You're doing the same thing in the city also. That's one of the areas. It's recommended all over. It is a new direction and it's not pleasant. The people like to have everything in there. And there's the economy also that I can look at but it can't be the only factor. I've got to first of all, as was mentioned so many times, provide the patient with the service. Make darn sure that they get the services, and so on, and then try to save money.

Now, it's true, it might be true, it might be true that they're going to lose a few jobs, but it is also true that this new personal care home will give them about 30 jobs that they will gain. So that's something. You know it's not that difficult to have some of those people working there. It's been said a while ago, that there wasn't very much for the rural - I think it's my friend out there that said there's not that much, we're only talking about the City of Winnipeg. Well there are now I think 7,082 personal care beds that exist. There are 3,968 in Winnipeg and 3,114 outside of Winnipeg. Now we have the beds per thousand population. I'm talking about . . . no, the active treatment beds - and I'm cheating again because I'm not on this item - but there are 4.4 per thousand for the people of the city, and 6.7 in the rural areas. Now the personal care beds are 1.1 in Winnipeg, extended care, and 1 outside of Winnipeg. So this is the information. So I think that there is a pretty good balance. Mind you I must, when I'm saying this, there are some people, and that's figured in this, there are some people outside of Winnipeg who occupy beds here, a certain ratio, and they are a very small group of resident city people who are in hospitals outside of Winnipeg also.

MR. CHAIRMAN: The Honourable Member from Minnedosa.

MR. BLAKE: Mr. Chairman, thank you. I'm encouraged by the Minister's remarks where he said that possibly this could still be looked at, this facility. I didn't want to get in . . . I know the problems, or the dispute that they've had with the Commission. By starting early I think they've saved considerable money on it. I think the board is an extremely responsible group of people, and if they were to undertake some small bending of the rules as was the case, they were certainly responsible and they knew what they were doing, and I think that was resolved quite satisfactorily, and that's why I didn't go into it. I think they saved a considerable amount of tax dollars by starting when they did because the costs have gone up since then.

I can agree with the Minister's comments on a certain amount of regionalism and centralization of laundry facilities, especially in this city. There's no question about it that that's a saving. But I would like him to explain to me a little more satisfactorily that the Neepawa Home used to have their laundry done in a modern laundry, a private laundry in Dauphin, and within the past year have had a complete laundry facility established in Neepawa, 17 miles away. And you insist on Minnedosa sending their laundry to Dauphin, and it's just not realistic. I think this something that you can sit down and work out with these people, and they have got their plans firm in their minds. They know what they have to do, and they know what their costs are, and they don't need very much additional space to provide that extra laundry facility. They have a laundry facility now doing their hospital laundry, and they have excellent credentials to exhibit to you from the American Laundry Association on the quality of their laundry product, their sanitary conditions and whiteness, and all the various tests that they do, excellent credentials. And I think there's certainly

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(MR. BLAKE cont'd) a case for some further discussion in the particular problem that they have. But if the Commission is going to insist on them going to the Dauphin laundry, you have to explain to those people a little more satisfactorily on why a laundry facility was established in Neepawa a year ago. Hell, you could have saved another \$60 thousand by sending the Neepawa laundry up there.

MR. DESJARDINS: That's right.

MR. CHAIRMAN: The Honourable Member for Rock Lake.

MR. EINARSON: Thank you, Mr. Chairman, I've been very interested in listening to the Minister's comments tonight. And certainly I can say I agree with him when he comments on trying to save taxpayers dollars, especially when he says he is responsible for almost a third of the total budget of this province. And I would like to take him back to the election of 1973 when, as I understand, if I recall, part of their election platform was to get into the business of providing geriatric treatment for our senior citizens. And, Mr. Chairman, I want to say that I agreed with the government on that, I thought that was a commendable part of their election platform that they were going to get into that business - to provide personal care homes. And I think when we talk about personal care homes, we're talking a good deal about geriatric treatment for those senior citizens who require it. Now there are a number of, I suppose, personal care homes that have been built throughout this province that have a complete unit and have all the staff that is required to take care of those senior citizens who cannot look after themselves. And I think this is basically what we're talking about here, and it's a very important subject, Mr. Chairman.

And something we talk about, the money we've got to spend, and we have to deal with priorities - and I think this is very important, and I think the Minister recognizes that. But in so doing and my colleague from Minnedosa made a comment - and it was I think justified - in a complaint to the department in the way the administration is being handled. And you know, Mr. Chairman, I'm wondering how many personal care homes are contemplated to be built in the province that are going to be attached to the hospitals. And that's what this government said they were going to do. And you know - and I commend them again for that - but, you know, if they are now planning themselves in a box financially, that they're not going to have enough money to do this, then I say to the Minister - because he was one of those candidates who was running in that campaign, he has responsibility and he could not go out on the basis of campaigning to win an election to provide those services - now saying, I'm sorry, to the people of Manitoba, we don't have the money to do these things that you promised the people in 1973. And this is the basis, Mr. Chairman, I think that we have to debate. And this is very important.

And I want to give the Minister an example, Mr. Chairman. While I'm concerned about the senior citizens who require geriatric treatment in the province, I have one case in my own constituency. You know, if the administration had been operating, I think, properly and effectively, then probably the hospital or the board in Treherne have been working for three years with the Commission trying to decide the number of units, and they have done their homework. They've submitted their plans - and I'm not going into a lot of details - but it's been going on for almost three years. And they yet, to my knowledge, they have not come to a decision as to what's going to be done in Treherne. And I want to say to the Minister that if that had been done in the first year, those units would have been built for roughly \$10,000; and now I understand, Mr. Chairman, I think they're asking for 20 units, and the cost today is \$23,500 or thereabouts - I hope you won't hold me to a definite dollar figure, because that is how the price has jumped. And one of the reasons is because, Mr. Chairman, the Commission has not . . . because they've said, you know, you submit your program, we'll deal with it; and I thought they would give us some guidelines, but it was sent back and they had reasons saying, well, it costs too much money, you'll have to change it all.

I think, Mr. Chairman, I think, Mr. Chairman, I think I have just criticism in the way the Commission is operating when they are dealing . . . and the co-operation the Minister has talked about - and you have a valid complaint, sir, or a valid comment when you talk about co-operation with the local boards and the Commission in trying to work out the details and the plans in order to derive a satisfactory solution to provide that kind of service, whether it's in Treherne or any other town. And I can say to the Minister, his department - and I know he

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(MR. EINARSON cont'd) wasn't the Minister but he's still part of that government, so I hope he accepts it in that context, while I don't blame him personally but he's part of that government and I speak on that basis - that he sent, or that department sent out their officials right after the last election to visit with the hospital boards and gave them good confidence that a certain number of units were going to be attached to this hospital and were going to be attached to another hospital. And I'm talking about now, Swan Lake as well as Treherne. And we've had nothing to this date has happened.

So, Mr. Chairman, I register my complaint, I hope in constructive criticisms, and hopefully the Minister will look at it. I'm sure that there must be many other areas in the Province of Manitoba that are facing similar situations. Now we have here a figure, Mr. Chairman, of \$38 million. I'm wondering, is that the amount of money that the province is putting up? If so, how much money is the Federal Government putting into this personal care program? Those are the two things I'd like to know, and those are my comments tonight, Mr. Chairman. Thank you.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The total cost is \$38 million the federal contribution is \$15 million; \$15 million for the federal cost. --(Interjection)-- No, altogether it's \$38 million; 15 million and 23 million. Okay?

Now you must know that this is not something that is cost sharable, this is people on welfare and so on. This is what is shared, but the ordinary people - it's not a universal program like we have under Medicare, and there are only three provinces in Canada who are paying for these nursing homes. There are only three provinces --(Interjection)-- Yes, and that is not capital, that is operating. Yes, the Federal Government doesn't make any contribution to any capital in this at all.

MR. EINARSON: What's the 15 million for?

MR. DESJARDINS: That's the contribution in total of the Federal Government. But I'm telling you some of the things they don't make any contribution. So I might say that Treherne - the information that I have here - has been given the go-ahead, and what I've got here they will have a hospital renovation and a new 20-bed personal care. The hospital estimate is \$125,000 and the personal care home is \$316,000 and they've got to go ahead. I think that they received that last week.

Now, you know, there's one thing - oh I forgot something - in Neepawa - my honourable friend is absolutely right. And if this was being built now they would be told the same thing. We will centralize that. This was built - they had the permission before it became policy; unfortunately you've got to start somewhere, and the first one was Minnedosa when the policy was made. And that I did explain when I asked the same question, because this was brought in by the Board. I asked that, and I gave them the same - so this information they have. They don't want to accept everything, but that is the information they have. We had discussions with them, and my friend said, construction you won't need very much, just a few spaces, and they're doing a good work. That is not an issue, nobody is denying that they're doing excellent work. But the construction is peanuts - it's the operating cost. And if we say, is my friend ready to tell me now? No, you should not want to save 20,000, \$25,000 a year, you should let them build there and spend that extra money. --(Interjection)-- Well, you know, awhile ago they were saying, you've got a project - and this is the best information I have - I'm not sure either, because I'm not going to be there. This is the best information that I've had, and the Board hasn't been able to convince us otherwise, and I've given them all the chances in the world. --(Interjection)-- Well, that I'll have to get a little more information. I'm told that this is the setup for one thing. Dauphin - I suppose that'll be the next question, and I'm not too sure - Dauphin had the facilities and so on, and this was one of the things, they weren't going at full speed. And when I'm talking about the costs, I'm talking about the cost of delivery, the whole thing; I'm certainly not talking about the construction costs - and it's unfortunate.

Now, the last two speakers said if we would have built then we would have saved money. Well, you know, we could have in 1932, we could have built 20,000 personal care homes, we would have had them next to nothing. You know, I can't help that, there's planning and so on. And then besides that, again, the construction is not the big cost, it's the operating cost - and you've got to have policies. You can't just say, well, we want this, let

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(MR. DESJARDINS cont'd) us build now - we've got to send them back until we're satisfied. And there's no excuse for Minnedosa, there is no doubt that they saved money, but they went ahead and gave the contract before they had approval. We could have said, now pay for it, and that would have been dangerous. We realize that there were factors. But this is why I was asking for staff. I admit that we have problems, and I thought I stated this, that we have a situation where we have no facility, no staff; we say to them, okay, go and develop something and they come back and they've done their best and they're frustrated because we say, "Holy God this is way over priced, go back and cut." And it takes a long time. We are trying to give that service and I think that we will save money by doing that and we will save a lot of headaches and a lot of the work of those people if we can provide that.

Now we said that we would build as much as possible near the hospitals, and we are doing that. I didn't really understand what my honourable friend was saying. I don't know if he was saying we weren't living up to that.

Now another thing, there is a lot of people, they want hospitals all over the place. Now we've got different districts and we looked at the population and beds that should serve the districts. And that doesn't mean that every little town will have their personal care home or their hospital. I think that we are trying more and more again to save and to plan properly, we are trying more and more to get these groups together, to get these different communities together and come in and participate in the planning and so on and say, "All right this is where we're going to have the beds" but that will be for an area. And I'm telling you right now, I'm serving notice on you that I'll be a heck of a lot tougher especially when it comes to acute bed hospitals because I will never approve these 8-bed hospitals anymore. And if they ever lose their doctor, they've lost it and that's it; and in fact if I can convince my colleague I will try to close some of these hospitals. It doesn't make sense to have 8 beds or 10 beds or 15 bed hospitals. So this is the direction that we've got to go, that has got to go. Oh, I know, politically, it's going to be dynamite. Politically, there's going to be dynamite. But an 8-bed hospital is not a viable hospital. --(Interjection)-- All right. And, you know, I don't say that's going to happen tomorrow and so on, but you might as well know that this is the direction that I'm going to go.

When there is an application, somebody wants a personal care, we go out and we look at the district and we see what they have, not only in that town, where they're served, and the population that they have and so on. And then we allow in an area so many beds, and that's it. So there are some people that will be disappointed. We're not going to build one in every area, and we try to be near an acute hospital if at all possible. Now, you know, because of the situation, this is modified and we've had some difficulties in areas and some of the decisions that we made in the past, as we suggest, were political. And I want to, as much as possible, get away from these political things and let the blame fall if it must. But, you know, you told me, all of you told me not long ago, you've got to start saving money, you're going to bankrupt the province. And it's going to be tough. You'll have to go back to your constituency and you'll have to say, darn it, you know, the province is spending that much money and they've got to save. And this is what they're doing, you know. There's no point, there's no point, it's great for people to make a speech and say, as I said before, you save in every other constituency but in mine you got to spend the money. --(Interjection)-- No, that's not bad. I'll only have to spend money in one constituency. But then everybody else gets up and they say the same thing, so then I'm stuck. So, you know, we can't have it both ways. If we save money, we've got to take measures to do it, and this is what we're going to do, and let's hope that the people will not suffer, that we can have these programs. So I hope that I've got one member pleased anyway, to know that Treherne had received a . . . Eh? --(Interjection)-- Well, tell me which policy you want to change? Go ahead. That's what we're here for.

MR. CHAIRMAN: The Member for Rock Lake.

MR. EINARSON: Well, Mr. Chairman, the Minister says that we say on this side, we're telling him that he should start saving money - or not saving money, but curtailing the expenditures of money. And I said, when I rose a while ago, that I fully agree with the Minister. But when he talks about trying to cut down the costs, you talk about - you know, you have your Priorities and Planning Committee within your Cabinet, and that's where you do that. You know, if I understand the operation of government rightly, then you establish

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(MR. EINARSON cont'd) your priorities. Because within your department, Mr. Chairman, to the Minister, you have to establish priorities, where you're going to cut your costs. Is it going to be for those senior citizens who need geriatric treatment? Are you going to start cutting across on that? Or is that an area which you think or you feel it's very important, that we should spend money that is required to provide geriatric treatment to senior citizens, or to people in this province. And that's why I said earlier I agreed with the Minister, when that was a part of their election platform about providing it. --(Interjection)-- Well, part of your policy is - here we can go on a little further then. You talk about you took away the premiums from everyone and you took full responsibility for it, and, you know, when people don't have to put out any money out of their own pockets, then it doesn't matter what is wrong with a person, they may go to see a doctor. And here we're talking about the human element, and my socialist friends don't understand that - at least they don't appear to. They don't appear to. So this is one of the reasons why your costs have been escalating in your health field, because people do not have that sense of responsibility themselves when the Medicare premium has taken it away completely. Mr. Chairman, I've had many people say to me it was only two or three dollars a month. They had no objections to paying that. No objections at all.

MR. CHAIRMAN: Order please.

MR. EINARSON: I know, Mr. Chairman, I'm getting off the . . .

MR. CHAIRMAN: May I remind the honourable member that we're on Line 2, Personal Home Care Program. The Honourable Member for Rock Lake.

MR. EINARSON: Mr. Chairman, I see I'm out of order, so I will leave it at that and say to the Minister, the comments are made and probably in the final analysis, when they come down to the last item, if I want to make some comments, I can do that.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Well, I think my honourable friend - I didn't quite understand what he meant. Now I know that is his complaint that we removed the premium, and that's not giving any responsibility to people. Well, that's something that could be discussed, but there are no premiums under this and there were no premiums under this. Now, my honourable friend is not saying that they were cutting down enough on this human element that you mention on the Personal Care Homes. I thought you were suggesting, I thought my honourable friend was suggesting that we were changing our policies on that, because we're not. I misunderstood. I think my friend is suggesting that we should have premiums. Well, he's entitled to that. I think there's no use arguing on that. I think that the feeling was that the premium should be reduced. I've stated, when I was sitting on that side, I said that I would like to see a utilization fee, and I wasn't popular then and I wouldn't be popular with my colleagues here, but I happen to believe in some utilization fee. I believe in that and I'm not going to deny that. I said it when I was sitting there and I'm saying it here. Okay. Now, the premiums are a different thing. To say they were only paying a cent or a . . .

MR. CHAIRMAN: Order please. Order please. Can we stick to the topic and not open up another debate? The Honourable Minister.

MR. DESJARDINS: I'm sorry. I'll go back to personal care. But I want to say to my honourable friend that we are not getting costs shared from Ottawa for these things, just on the welfare part of it, and there are only three provinces in Canada that are insuring the personal care home under an insurance service, yes, what is it? A universal plan, or whatever you want to call it. Are there any other questions on Treherne that I have . . . ?

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I just have a very simple question to the Minister, who is being honest and candid, and I would hope that he'd be the same on this question. It just simply comes down to the fact that, is the present government sort of discouraging or encouraging the maintenance or continuance of private nursing homes? And the reason I ask is simply that, having visited most of the nursing homes in my own riding, which is about 15 or 20 or so, there seems to be a feeling, whether it's true or not, but there's certainly the feeling that in questions where there is to be a transfer of ownership from one nursing home to another, there was a great difficulty in getting the transfer of the licence for that, that there is really no encouragement for the continuation of private nursing homes to maintain some responsibility in the personal care field. And can he indicate what role does he

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(MR. AXWORTHY cont'd) see for private nursing homes in terms of the overall program of personal care homes, alternative care, home care and the rest of it. Where do they fit into the scheme of things? Are they going to be a continuing important part of it or does he really see himself dir.inishing and slowly eliminating personal private homes from this area?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: We're paying approximately \$11 million, no, \$15 million, to the proprietary nursing homes. My honourable friend asked me to be candid. I will. We are not going to do anything to encourage any more proprietary nursing homes. I'm not saying that they're not doing good work, but I think that once you start having a universal program and so on, and you got to worry about the standard and so on, I think it is quite difficult. I see what's happening in the south, the abuse they've had in personal care homes and so on, and it's the same as the hospital, I think, especially when you have universal coverage and so on, that the public has to own these homes. And I'm not saying that - I might be branded socialist again - but I think that this is the only way. These are my own personal views. I think that the personal care homes, and we want to look at that, we were looking at that, I think they have certain beefs. I think that we've got to give them a break. I think that we've got to start and if the policy is not final on that, on the transfer of nursing homes, I think they've got a beef. And I want to make sure now that I'm not giving you policy, because there hasn't been any finalized policy on that, but I think that we've got to be in a position, if we're going to phase them out, that we've got to buy them or do something. I think it's very difficult to say they can't sell at all. So this is a policy that we'll have to determine fairly soon. We've discussed - I've had meetings with them also. It has been very difficult now. At times they want more per diem rate, but they don't want to give us the information, and there's no way that we can set up a per diem rate without having a chance to see their budget, not only the budget that they put in, but their operating costs. And the most important thing in that, we've got to be able to control, we've got to be able to insist on certain standards. There's a tendency of cutting corners and so on, cutting staff and so on, and the care could go down. I'm not saying that they cost more money. In fact, I think they cost less money than some of the other nursing homes. But I don't think that the service is the same, and the complaints that I get - and I don't want to tar all the proprietary nursing homes now, but in general the percentage of complaints that I have, there's an awful lot more in the private nursing home. It is a difficult thing and so on, if you're going to make money, and the only way you're going to do it is try and economize and cut corners, but that's very serious and we could be in trouble with our standards.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I have a second question which again relates to the nature of the service that is proposed to be provided. It again comes back to the proposals that we talked about earlier in the skelton report which I had also read. The thing that concerned me about it was that once you set up this network on a local level of different services - home care programs and day hospitals, or enriched day care hospitals, or whatever the services may be, one of the missing areas that strikes me is the way of transmitting the information that such things exist and can be used. Again, I would point to one of the activities during the past year, when I worked with a group of constituents who were older people, who worked in some of the nursing homes, in one of the senior citizens' homes in my riding, was to find out to what degree do older people sort of make use of the available services, things like Meals on Wheels and the various programs that are presently available for elderly people. And I found out, to my surprise, that in fact you'd have circumstances where on one side of the street, say a nursing home, there'd be hot meals they provided and therapy programs, and across the street would be an older person who wasn't being fed properly or wasn't getting any therapy. In other words, it was simply a matter of having 60 feet separating somebody from a service and not being able to connect them into it. One of the reasons was that a lot of people simply didn't know the services were available, didn't know how to get plugged into them, and in many cases couldn't get plugged into them because, as I said, there was this kind of illogical thing where you would have a private nursing home on Roslyn Road and across the street four or five apartment blocks with a number of elderly people in them who couldn't use the services and, at the same time, the nursing home was providing them.

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(MR. AXWORTHY cont'd) And I'm really wondering, as this new kind of reorganization takes place, what is being planned in terms of whether an information system or whether a network of communication or control would be put into the different communities and the different districts that you're talking about, to make those things plugged into it.

Mr. Chairman, I just have one final aspect of it that also gave me some concern in terms of reading that particular policy proposal, that I didn't see within it and I haven't heard the Minister comment any further, the degree that, as these districts are established and this network of services are supplied, that there is an opportunity for residents in those areas to have some involvement in the planning and operation of that care program, particularly elderly people who use the services. In other words, there doesn't seem to be any place to plug in the user of the service. It tends to be a plan, as I read it, which is dominated by the professional planner, medical person, you know, the social worker, and all the rest of these sort of very concerned individuals, but it didn't seem to me that there was any place where the person who was going to have to use the service was going to be given an opportunity to say whether the service was good or bad, or how it might be changed, or how it might be better or whatever it may be, and it would seem to me that that would be a serious omission in the development of this network of home care, personal care services, if there wasn't a very critical role given to the user of the service to make sure that their voice and concerns were heard.

MR. CHAIRMAN; The Honourable Minister of Health.

MR. DESJARDINS: I'm told that my answers are too long, so I'll try to cut down a little bit because we'd like to finish this department tonight. I might say to my honourable friend that that's exactly what we're trying to do by having these district boards. In the past, you've had home care and so on, that might originate just a program from a certain hospital or a certain personal care home. It might be oriented to the hospital. They might be looking at, you know, they've got to empty some of their beds and there might be some people in the community that are not in the hospital but that could be there just as easy, that are patiently waiting and so on. So I think that certainly this will be done and I think certainly there has to be an education, that doctors must know that this happens so they can refer their patients to that and so on, and it has to be the community working together. The pilot project that we start on is just that - a pilot project to start, and that certainly will be evaluated. And I would imagine one of the best ways to evaluate it is to see what the people think about the service, so I am sure that this will be done. --(Interjection)--Oh, I don't know. I don't know. You mean the patients - what? I don't think it's a good idea to have the patients sitting on the board, but I think that they should be . . . oh yes, in certain areas. You mean a resident committee from an institution? Oh yes. That could be a committee. I thought you meant in the general board, but you have . . . Not only that, but we want to organize teams in these homes also to give this kind of service. I thought you meant the the overall board.

A MEMBER: Like a tenants' association.

MR. CHAIRMAN: Line 2, Personal Care Home Program - passed. Line 3, Hospital Program - passed. The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, I think there are some matters that came up recently in respect to the funding of hospitals by the Manitoba Hospital Commission that became clearly in focus during the recent negotiations that were carried out with the various nurses' groups at hospitals in Manitoba, and it indicates a problem that may appear again and again unless some different policies perhaps are undertaken in this respect. I recall that when the Nursing Association bargained with the individual hospitals that the hospitals were under certain budgetary restraints and they were limited in respect to the amount of money they had to provide for nursing services, nevertheless they were required to go through a process of collective bargaining and to negotiate settlements with the nurses in order that the services might be maintained, and it was rather obvious, Mr. Chairman, that the negotiations were very difficult and very restricted on the part of the boards of the hospitals because they had been instructed in advance to the limits to which they could go in respect to meeting the demands of the nurses. In the final settlements, it seemed to me that the amounts that were budgeted and the amounts that were given in the funding of the MHSC were exceeded by the hospitals in the settlements.

Now, Mr. Chairman, it's not my intention at this time to discuss the merits of the settlements. That is not really the problem that we're facing here tonight. The problem really is, how do hospitals conduct meaningful collective bargaining when the amount of money

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(MR. MCGILL cont'd) that has been budgeted and the limitations that are imposed on the hospitals are given without any opportunity for relief, and it's the MHSC in the final analysis that really determines the full extent of the ability of the hospitals to meet the demands of their employees, whether they be nurses or whatever. So we have a collective bargaining process that bears some relationship to the problem that surfaced during the University collective bargaining: limitation on the budgets, a very limited revenue source available to hospitals, and yet going through the motions at least of being able to make offers and then to amend their offers and to try and meet some acceptable level.

It was interesting, too, Mr. Chairman, that during those bargaining sessions the major employer, the Health Sciences Centre, took an active part - a leading part I'm told - and I think it was really the leadership of the Health Sciences Centre bargaining group that brought the settlement to the level that was accepted. This set the levels and pretty well dictated what the other hospitals in that group throughout Manitoba were able to and were pretty well directed to offer to their nurses, and yet that Board that represented that negotiating team was comprised of, by the Minister's Report, a considerable number of government-appointed representatives. It seemed odd to me at the time, Mr. Chairman, that the Board that offered and finally obtained acceptance of a salary settlement, and because they were the leaders and the major part of that group of bargainers more or less imposed the same settlements on the other hospitals that were bargaining at the time, it seemed odd that those people who were exceeding the government guidelines, exceeding the government appropriations, were to some extent government-appointed people.

Mr. Chairman, I'm wondering what the Minister's policy is going to be in future in respect to this kind of bargaining process that's really not very meaningful on the part of the hospitals. I'm wondering, and I'm asking the Minister, if it's going to be the government's policy to force the hospitals to live with the limitations on salaries as imposed by the budget restrictions and the funding of the MHSC. If that is the case, Mr. Chairman, we have passed one hurdle, but there are others in the future, and we're wondering how the present trend, which seems to be a net outflow of our ends from the Province, how this is going to be controlled if the ability of the hospitals to meet current wage demands of nurses is restricted by the government funding policies. This really is the problem. I would be interested to hear what the Minister has to say in the light of and having had the experience of the bargaining of the last month or two when this became almost a crisis situation, and when settlements were made which exceeded really the financial ability of the hospitals to make those settlements, to meet them out of their funding from MHSC and either it meant that now they will have to cut some other programs or in some way find money that is not apparent, to meet this increased cost of the service they're providing in the hospitals.

MR. DESJARDINS: Mr. Chairman, it's clear now why my honourable friend was fishing a little earlier, and I'm sorry if we disappointed him that we don't appoint more people on the Board, but it is not a fact that the members of the Health Sciences Centre took a larger role or more important role in negotiating. It was through the MHO, and there were one or two persons from the Health Sciences Centre and they had the same thing from all the other hospitals except there was one hospital that the contract came in a little later and the Chairman was - what do you call it - the Chairman of the MHO, it was Major Thornhill from Grace Hospital, the Co-ordinator, so I don't want to let it pass that the other hospitals were forced. There is no way - you don't know the boards of these hospitals if you think that one is going to dictate to the other. I would think that they did co-operate; and furthermore, I don't know what difference that would make, you know, what my friend was saying, and I kind of took it as though the government is going to control again, is going to decide who's going to be on the board. It doesn't matter who's on the board, and that should give you an example - that they've got a mind of their own, and that we didn't pull any strings if it was the Health Sciences Centre that led; so it doesn't matter who appointed them, they had a responsibility.

Now as far as to say that the system has to be improved, I agree with my honourable friend, it can't keep on like that. But let's look at this situation. They were told - I met with them and they were told that the total money . . . They didn't tell them how to negotiate, but the total money would not take care of more than a maximum for the salaries of nurses. They knew that. In fact they invited me to go down, and I don't think that was a policy of government. We didn't want to interfere with the board and so on, and usually we stayed out of it.

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(MR. DESJARDINS cont'd) But, at their request, I attended a meeting on the Saturday and I told them very very clearly, this is the amount of money. I went with the Executive-Director of the Commission, who had also asked me to go with him to accompany him - they wanted to hear somebody from government. We said, this is the amount that you are going to have, and they chose to . . . You know, in the final analysis, if there is a strike in force you can't fool the public. We pay the bills and they would blame us; and we were gearing for this, and we said, "This is the maximum" and they chose to go for . . . I'm not blaming them that much. They looked at their hospitals and they wanted to satisfy the hospitals, whereas the government has to look at Hydro and has to look at all these people, and we made a decision.

But we're going to come in the open; we're going to change the policy, and this will be announced in - I was going to say in due course - fairly soon, and I think you know that I'm not trying to play games or keep anything away from you, but you told me not too long to discuss policies, working policies with our people and so on, and this is why I had a meeting this morning - no, yesterday morning, all morning - with the representatives of the MHO representing the rural areas, and also the administrators of the different hospitals. We had a good frank discussion. They are to go back to their boards and they are also to meet again with the Commission. The Commission was represented at that meeting also. And I believe, it is my hope anyway, that we'll find a way to straighten all this thing out. I think it should be announced fairly soon, and I don't think too many people will be hurt. But the reason why I don't want to say any more at this time is because this was left in their hands to come out with some suggestions; this was left in the hands of these people that I met with today and the Commission, and I wouldn't want to decide or ask them to bring in a recommendation to me. I wouldn't want to announce a policy at this time and I don't think it would be quite proper, but it will be rectified.

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MR. MCGILL: Mr. Chairman, there is a problem here, and we have been reading recently of a continuation of the problem in the Thompson area, where there has been some necessity to close down beds because of withdrawal of nursing services. Without going into that, I suspect that maybe something of the same problem is apparent there that has been recently undergone and settled for the time being, at least, in some of the other hospitals in Manitoba.

But, Mr. Chairman, the difficulty remains that there has been, from the point of view of the hospitals as a result of the budget restrictions of MHSC, a shortage of money to pay nurses' salaries, which they allege are necessary to be comparable and competitive with other parts of Canada. The Minister - and rightly so - says that we must find ways to save money and to reduce our spending, but at the same time it's possible for his department to find money for new programs. We are embarking on new programs and, without debating the value or otherwise of the new programs, there are new hospitals being built: one at Seven Oaks; there's a new Pharmacare Program, all of which costs quite a bit of money. Now, it's a question of the priorities here. Are we going to be able to be competitive for nursing services in the health field, or are we going to continuously be under this type of pressure of budgetary restrictions from the MHSC? I don't know what the answer to this is. I imagine the Minister has given this some thought. And what will the policy be in future negotiations?

MR. DESJARDINS: As I say, I don't want to give the details because this is under review and I hope that I will be advised on that. I have some idea of the things we are going to do but this will be announced later on when these meetings are finished. Certainly we're going to have priorities. I think there is no question that we are very competitive now. I think that the assessments that were made are certainly not something that place us in a position where we're not competitive. I think this is a repetition of the previous question.

But I want to deal with Thompson. I was asked the question of Thompson. There is a problem at Thompson also, but the fact is that we had a contract with the people in Thompson. They had a three-year contract and that expires on February 1, 1976, or February 3 - February anyway, of 1976. When they signed that contract they were ahead of other people, there is no doubt about that. Now the hospitals were organized, mine are organized, and unfortunately all other hospitals, their contracts are together and Thompson is left alone. So that has to be straightened out. There is a problem, but there is no way that we're going to try to straighten out anything with a gun at our head. This is illegal; they had a contract; they've got to live up to the contract. So I am told, I just received the news, that the nurses are back at work, going back to work, with the understanding at least they're satisfied to have a month anyway, the guarantee of a month, because I had stated that I had requested the Commission to look into it because I recognize there's a contract. You know, we've got to straighten this thing somewhere, and I think that there is no point in having one hospital in Manitoba negotiate and then the rest of the hospitals. So I think that maybe it's a little more dangerous to have all the nurses then they can paralyze the whole thing, but we've got practically that now except this hospital in Thompson, so I think one of the main things is we've got to put them together. And right now they have asked - for instance probably there will be three contracts in Flin Flon before they come back to another contract, because the things that were on that were set up to March of this year, now they have a contract going to the end of December, and the other hospitals the end of December, and these people have to go to February. So I recognize there's a problem; we're looking at it now, but I will definitely not move, not one inch, with any gun at my head or anybody striking, especially an illegal strike, but I'm told that this is rectified - I was just given this information - that they've agreed to go to work. They understand that I'm aware of it and that the Commission is looking at the situation.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, well if the Member for Swan River has a point on this particular area, I'd defer to him, Mr. Chairman. I was going to move into just a slightly different area there.

MR. CHAIRMAN: The Honourable Member for Swan River.

MR. BILTON: Mr. Chairman, on this matter to do with Thompson. What did it cost to bring those 30 patients to Winnipeg, and who paid the bill?

MR. CHAIRMAN: The Honourable Minister of Health.

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MR. DESJARDINS: I haven't the amount of the bill. We will pay the bill, and if it happens again tomorrow we will pay the bill again tomorrow. We have no alternative that these people will have to be taken care of, and if we have to fly them to Jamaica we'd pay the bill.

MR. MCGILL: Mr. Chairman, earlier in the debate there was some discussion about acute care beds, and we have on record some of the Minister's comments in that connection. There was some announcement during the past few months that there would be a reduction in acute care beds at the Health Sciences Centre and that there would be some redistribution; and there'd be some additional beds at the new Seven Oaks Hospital, but there would be an overall net reduction of acute care beds in the Winnipeg area.--(Interjection)--Well, at the present time there has been a reduction of acute care beds in this change-over that is taking place? Well there has been, I understand, in the last short time some difficulty in gaining admission to the major Winnipeg hospitals, specifically in the Health Sciences Centre and in the Misericordia and St. Boniface. Now has there been a reduction in the beds at the Health Sciences Centre, and if so, how will this situation be equated with the construction plans that the Minister has in mind? I know that he is phasing out some beds in certain hospitals.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: That's the danger when we covered the waterfront earlier, and we've covered this earlier maybe in the absence of the member, and I don't want to rehash that. But I will give him the specific thing about the Health Sciences Centre. There was no, and there will be no reduction of acute beds. Phasing out is dangerous. It's not phasing out. Phasing out would mean that gradually we'll close beds.--(Interjection)--If you're talking about phasing out in an area, yes, but it would be reallocating beds. So you'll have a situation where it is too large at the Health Sciences Centre. There would be roughly 300 beds that would be - when normally they would have to be rebuilt . . . I hope that my friend is listening, because I'm giving this for his benefit. I'm saying that there's 300 beds that will eventually be taken when it's time to rebuild them, and that will be over a period of years. They will be rebuilt somewhere else. It is a little too large. Now by then also, 200 new beds will be replaced there, but for geriatric people, and they have geriatric people in some of those beds that'll be closed, so they're not losing any beds. This is fine, this is acceptable and so on. But there will not be less beds. Some of these beds, they will be phased out of one but reopened somewhere else. The first ones that will start being built immediately will be what - another 100 or 110 acute beds more than we were supposed to have at Seven Oaks to make it a viable hospital. So that will be done, and they would be the first ones to go.

And eventually, if we could keep on with that policy, and it looks like this will be done, they could be somewhere else. We have quite a few hospitals in the Greater Winnipeg area who are over-billed as far as services are concerned. The Grace Hospital in Assiniboia could handle many more beds, for instance, the Victoria Hospital the same thing. So eventually these beds - and I think the ideal thing is if you had hospitals of approximately 400 beds - a hospital of 100 beds in the city is too small, that's not practical; and a hospital too large, especially at this area is also dangerous. So this will be done. But it's not enough to say you're closing the beds and that's it. This has to be done in a very orderly manner, because it's not only the beds that have to go, it's the beds, the patients - when I mean that, I'm talking about the type of people and the doctors, and these facilities. So that is being worked with - first of all, the beds that are being built right away - with the Seven Oaks. There is no way that you can leave the same amount of doctors at the hospital with less beds, because they're going to have trouble. I think that was the question of my honourable friend. So it will be determined.

Working together on this is the Commission, the Board of the Seven Oaks Hospital, people representing the Health Sciences Centre and the University of Manitoba - the School of Medicine. And this will be done in an orderly way, that's the only way that it can be done. And it might be that Seven Oaks might become a teaching hospital for different areas too. Not to have all this teaching just in one phase; many of these people are taught in a certain way, then they're practising in another way, which is completely different. But that is being looked at. I can't tell you exactly how it's going to be done, but this is being looked at now by the Commission, by the Seven Oaks, and I would hope by the Municipal Hospital also, as far as Seven Oaks and the personal care beds and the Health Sciences Centre and the University Medical College.

MR. CHAIRMAN: The Honourable Member for Roblin.

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MR. McKENZIE: Mr. Chairman, I have a couple of questions. The bed costs in-patient bed costs in Manitoba in '73 were what, around 18,500 per bed, then it went up. The in-patient average bed costs were what, 18,500 in '73, about 21,500 in '70--(Interjection)--Yes, average. Yes. Can the Minister - has he any idea what it'll be - it'll be 25,000 this year or higher?

MR. DESJARDINS: Well, 25 for 25 years my friend.

MR. McKENZIE: Well it was 18,500, the figures that I looked at, in '73. It is about 21,500 in '74, and now I'm wondering if he's any projections, what we can expect for the year ahead.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I was thinking of the General Hospital and so on when I said there . . . Yes, the average is approximately 25,000 right now. But the average of course, you know, by building less acute beds and more of the others, putting people in the right care, that's going to go down.

MR. McKENZIE: Then the next question, Mr. Chairman, relates to the hospitals, like in '73 the Commission provided what - about 130 million to the hospitals. This is the general across the province. And then it went up to 150 million I believe in '74. So this year we can likely expect about the same increase, 175 - it'll be up to about 175 million.

MR. DESJARDINS: What, the operating costs of the hospitals?

MR. McKENZIE: The generals, yes, the general hospitals.

A MEMBER: It's not that much.

MR. DESJARDINS: Are you asking for a particular group or what? All the operating costs of all hospitals in Manitoba? I'll see if we can find that. The budget facilities in '74-75 was \$146,240,500 and now it is 174,913,000, for an increase of 28,602,000. And I could tell you that we will come back to the Cabinet for more money when all these wages and so on are settled. But 70 percent of the budget deals with wages.

MR. CHAIRMAN: Line 3 - Hospital Program. The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Mr. Chairman, I'm going to be very brief, because I'd like to say to the Minister while he's in the House what I said to a couple of other members of the other side the other day, I feel sorry for the Minister. I feel sorry for the fact that he has to be tough on nurses and he has to be tough on hospitals and he has to be tough on doctors, and he has to be tough on all these people. And he says, also you can't cut services, which would ordinarily lead to a deterrent fee for many of these people if they have to collect money elsewhere. It's the same as a deterrent fee to keep in operation.

So I would ask the Minister if he saw the cartoon the other day in the paper, of the Minister of Mines and Natural Resources flying along in his aircraft dropping dollars - if you could get him to drop some over your hospitals so that you could have the ability to keep these hospitals from having to gather money elsewhere. Or if he could turn to the Minister of Agriculture some day when he's sitting there and say, that \$10 or \$9 million you're going to spend on a whey plant, could I please have a million of it, because I think I could keep the hospitals out of trouble and the nurses out of trouble. And if he turned to the Minister of Autopac and said, could I please have at least a couple of million of your 30 million-dollar loss to help the people who are sick in this province.

So I say to the Minister, I feel sorry for him, that he has to be as tough with people as he is being, because we do have to have an orderly fashion of money spending in his department. But couldn't you please, please ask those fellows on the other side that you have to live with, could I have a couple of million, or two or three million to help the medical people and help the people of Manitoba with their medical problems?--(Interjection)--

MR. CHAIRMAN: Line 3 - Hospital Program-passed. Line 4-Medical Program. The Honourable Member for Brandon West.

MR. McGILL: Mr. Chairman, in the report of MHSC it says that the Health Insurance Plan covers a wide range of medical services. There have been some notable exceptions over the years in the health services provided; and one of those that comes to mind is the service of physiotherapists except in institutions, and another one that has come to my attention from time to time is the services provided by podiatrists. Now there probably are reasons why specific kinds of medical service are not included in the wide spectrum of services offered by the Health Insurance Plan. But these do come up from time to time and questions are asked,

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(MR. MCGILL cont'd) and I'm sure the Minister might be able to give us some rationale for what appear to be anomalies in the general total health care that is provided by the plan. Those two I mentioned are ones that are not new, there have been some mention of them in previous debates on estimates of the department. I'd like to hear the Minister's comments on the position of a physiotherapist. It is covered in institutional type of care, but not I believe when a physiotherapist is operating independently of a hospital or other institution. And the other type of care that is required sometimes on a continuing basis is the service of the podiatrists. Those people who are having to pay for those services find it difficult to understand why that particular service is not covered.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Well, here again is the question of priority. Nearly every day I meet some people that ask me why a certain thing is not under the plan, acupuncture, or more money to the chiropractors and so on, the physiotherapists. And when I was sitting around the vicinity where my friend is sitting, I remember asking the then Minister - pushing so that the - and I was fighting for my constituency too at the time - that the physiotherapists at St. Boniface Hospital should be covered because there was only one at the Rehab. Now I'm pleased to say that all those that we have in the hospitals are covered and that we are studying the possibility of covering more. One of the difficulties is that we have a shortage of physiotherapists, and another one that these people should be under the supervision of the medical doctor. This is being studied now though. But I think we've come a long way because all those in the hospital are covered.

MR. MCGILL: Mr. Chairman, I'm sorry I missed the Minister's comments on podiatrists as well.

MR. DESJARDINS: They're not covered at all. They're not covered at all.

MR. MCGILL: Mr. Chairman, the question was why? I was aware they were not in the plan.

MR. DESJARDINS: Well why? I think I gave the answer why. It's a question of priority. I know that probably if I had my first priority, probably the dentists in certain areas and so on . . . So, you know, I'm not going to stand here and say they're not doing good work and so on. There are certain things covered. And a big reason also is that we don't get cost-sharing from the Federal Government in some of these things. Now we do cover some of the things that are not cost-shared by Ottawa, but there's a limit to what we can do alone.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I'd like to ask the Minister about the question of the manpower supply - I guess that's really the wrong word to use this day and age - but the supply of people for the different health services programs. And there's a series of related questions. Perhaps the first one goes back to the statement the Minister made about two months ago about how he had some plan that he was going to use to try to retain the services of medical students who had gone through the University of Manitoba Medical College and had graduated. I gather that it costs about \$100,000 to taxpayers in this area, and I think the figure that time is we lost about 70 percent of them to other jurisdictions, other areas. The Minister at that time said that he had some way of dealing with the particular problem and that while he was going to - in fact, it sounded like - provide some degree of coercion to ensure that that didn't take place.

And that just simply raised to me a series of related questions. The first is, whether in fact there is too much of a restriction on the entrance or admission policies to the faculty, and that whether we're in fact just not allowing enough people in by creating a little bit of a closed shop, and whether part of the problem would be solved. Secondly, whether in fact, because the selection procedure is one that would tend to benefit those who were urban based, and that we don't get enough people going into the Medical College who in fact themselves are from rural areas and therefore might have more of a feeling or aptitude for going back into rural areas where I think there is a serious problem related to it. And the third area really comes back again to the question of medical training, whether we can foresee in the near future the provision of adequate supplies generated from our own sources and whether our position is relative to the use of foreign trained doctors. I noticed that one of the other provinces has now begun applying some serious restrictions, I think, on the use of doctors from outside the country. I'm wondering if that will have to happen in Manitoba, or will be happening in Manitoba in terms of controlling it; or whether we're going to increasingly rely upon foreign trained doctors to

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(MR. AXWORTHY cont'd) keep our manpower supply up, because as I understand it, if we hadn't had a very heavy input of foreign trained doctors, we'd be in a very serious shortage here in the province.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I have some of the same concern that my honourable friend has. It is true - I think it was my honourable friend that asked me a question and I signified that I was going to look at it and maybe bring something that could be considered radical. Many people guessed. I told them that this was not government policy, it was something that I would want to bring to government. I didn't give them any details, but all of a sudden it was all over the press. And I don't mind. I didn't mind flying a balloon because I wanted to see how people felt about it. I still feel the same way.

I would like to give you some information now. In all, Manitoba's not doing too badly at all. We have one - for 629 people, we have one doctor. The best is British Columbia with one, 575. Then Ontario, one on 585; Nova Scotia, one on 599; Quebec, one on 602; then we come in, we're fifth. Now, I'm pleased to know that there has been - the information that I had of course, was not for this year - the last year or so, it has improved an awful lot. We are keeping the last few graduating classes, we are keeping more doctors. I think that there's room for 100 students at the Medical College. B.C., who has the most doctors, has about 65. I'm told that they might close that and send some to Calgary and so on. And, you know, they are getting doctors from other areas. Now, the Federal Government - and this was introduced by Ontario - are concerned because they're getting to have too many doctors. They're getting them from other areas and they would like to prevent any doctors from coming in, any foreign doctors from coming in. Manitoba fought that because we're not in a position yet to be able to say we're not going to have any foreign doctors. And I think the decision was made that there would be no more points for doctors. They start with no points at all. But then, if the province - and this is something that the former Minister fought for - if the province has a need for a doctor, then they will be given points. And the staff of the Federal Government is meeting with our people fairly soon to start setting up mechanics. And I say this - I don't care if I'm going to be criticized - if need be, if we have to go outside to recruit, we will certainly have some kind of an agreement, and I don't apologize for that. My first responsibility, and especially when you have a universal plan, is to see that we have doctors serving the people. And there is no way that I'm going to get somebody just to say for this freedom of operation, do what you want; to let them come in and come back into Winnipeg where we have too many doctors and too many, in cases, too many specialists. If we have to go and recruit for the rural areas, that's what we're going to recruit for. And I make no apologies for that at all.

Now, I think that there's certain areas that we maybe train people from underdeveloped countries - and I would like to see the Federal Government in there - these people that are coming here, to get them to go back to their country. I don't mind, even as a Manitoban, spending a few bucks to help those other countries develop their doctors, but unfortunately these people don't go back, many of them don't go back, and I think that we're not helping these countries. I saw a beautiful hospital in Jamaica that wasn't open at all because they had no doctors. So this is one of the things.

Now I've got no magic secret, but I want to look at it, I want to discuss this with the College of Physicians. For one thing, I think, out of these 100 - I think that preference is given to the people around the area, they're closer and maybe they've graduated from the University of Manitoba. I don't know. But I would like to see us make an effort, maybe keep a few places out of those hundred, maybe reserve 25 and say okay to these people. Let the College decide on the 75, and then you will have an area of maybe 25 at least, that we will accept only if they agree that they will go where they're needed. I think that we should go and try to recruit, maybe around Thompson; maybe some of the teaching should be done in those parts. Why should it all be done in Winnipeg? If you're going to train people to have some kind of a regional hospital, referral centre, such as Thompson and so on. . . . But I'll be criticized again by the Free Press and the Tribune, but I can tell you that we're going to try. We're certainly going to try to keep more of our people here, and if we have to take radical measures - and even if we have to say to them, all right, you know, freedom is one thing, but the first responsibility, our responsibility, especially when we say - we had a contract with the people, especially when we had premiums; and we said to them, you have premiums, we're going to

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(MR. DESJARDINS cont'd) deliver the service, and we haven't been delivering the service all across Manitoba.

And I think - you know, when you look at it, who in the hell are you to tell these people where to go and practice? I think they should say, who in the hell are you if you can't deliver the services for people that you've contracted with to deliver the service. And even if this has to come, I'd be ready to say to a person, it costs \$50 thousand to train you. We don't have to train 100. We can say, you're welcome to train, but you're going to pay for more of that. You know, fine, you've got the chance, but if you're going to go somewhere else, either they're going to pay us or you're going to pay for part of it. But if you stay here, we will give you this kind of incentive by having some kind of a bursary system. This is what we were doing in the field of psychiatry, for instance. We have a bursary system there. These people were the old, you remember when we used to call them orderlies? Now they're residents. Now they are paid through their hospital. They were paid before . . . I remember they were getting nothing at all; it was part of their education. Now they're getting about \$8,500 - \$10,000 through the hospital, of course. This is paid, the Commission pays the hospital; it's in the budget. Now we said to them - we needed people in psychiatry; we needed, as my friend knows, people in Brandon and so on - we said, okay, if you go into this, if you train for that, we will guarantee, for you practising two years here, when you're finished, in Manitoba, we will make up the difference between the lowest paid doctor - and that's where the trouble came, when all of a sudden the MMA started negotiating on contract, and the contract said we will make up the difference between what you're getting now as a resident in these hospitals and the minimum salary that we have at MO I, which was \$19,500 at the time. And that was approximately \$10,000 that we would give them. --(Interjection) --Yes, \$10,000. They were getting the full 19. . . , in fact, all of them were getting a little more than that.

So I might as well say this at this time, that was one of the things that I fought with. In no way were they going to be considered as doctors, that we would go to \$29,500, and we would give them \$20,000 just because they're going to be paid. So what we did - we felt that they have the cost of living also, and I think that's pretty damn generous - we said, whatever the hospitals will be given, those residents, I think it was July 1st, I think it's around \$1,500 or something like that, \$2,000 - and whatever is passed on by that, we will let them keep. Do you understand what I mean? In other words, if they are getting \$8,000, and if they were given \$10,000, we won't say, well, we're giving you \$2,000 less. We'll let them keep that. This is what we're ready to do. So this is one of the programs.

I've seen lately that - again I'm going to be tougher - I've seen where we have incentive programs, but I'm getting all kinds of applications, "Can I buy my way here by working in Winnipeg? My husband is staying there," and so on. Well, no, they can stay here if their husband is here, that's fine, but I think they should pay back this money because this is not, this bursary is not going to work if we make all kinds of exceptions. So, this is one thing I want to discuss with the, well, both the College of Physicians and the University. And I think that we will have to bring in some incentives. If the incentive doesn't work in that way, well, we'll say, okay, there's 25 places, that these people then will have to go to up north. And if the Free Press and Tribune want to complain, and that's socialism and I'm trying to force the people to go somewhere else, well, that's fine. That's exactly what I want to do.

MR. CHAIRMAN: The Honourable Member for St. Johns.

MR. CHERNIACK: Mr. Chairman, I've been waiting to make some comments for maybe years on this problem relating to the provision of health services. And . . . pardon?

--(Interjection)--Now is the hour. I won't take anywhere near an hour--(Interjection)--I've just received a threat from a colleague that he's not going to listen very long.

Mr. Chairman, I have been feeling that there's been a little too much of political posturing in the last number of years in relation to the nature of the provision of health services. And I think it's very unfortunate that we in Manitoba are almost blind to the problem that is being recognized throughout the western world. And that we are even slow in knowing and in acknowledging what is being discussed in other parts of this continent.

Mr. Chairman, it is clear that the system that we have had up to now, if continued on the same basis, will just produce ever escalating costs to the extent that we will run ourselves out of the market of being able to provide health services. And there has to be a radical change in approach, and that is being recognized throughout the continent. And if you find a, what is

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(MR. CHERNIACK cont'd) considered a stodgy organization such as the American Medical Association, which in its day was the fighter on behalf of the doctors to maintain incomes and, much more important, independence of doctors, who are now beginning to recognize the need for some rationalization of the provision of health services, we have to recognize here that this is a problem that can never be settled on a partisan basis. It's a matter that has to be discussed with the doctors and amongst ourselves, and we all share the responsibility of trying to recognize the future and what it holds in store if we don't adapt to change. And I think one of the important things is the recognition that we need team effort in the provision of health services, which means a much greater use of para-medical people. That we have to make sure that no person - and this applies not in the health services alone, but in every field - that no person should be expected or should demand the right to provide a service which a lesser trained person can do adequately. And, you know, I think there's an awful lot of meaning in this little phrase that I use. It simply means that if a person is qualified and trained, let's say 5 years, 6-7 years to do a certain field of service, let's say in the health field, that it should not be expected that that person should do something which a person trained for 2 years can do "adequately," is the word I use.

For example, I have discussed with an ophthalmologist the hang-up that he had about optometrists. Members present will recall, was it 2 years, 3 years ago, that there was a big to-do, are we going to permit the optometrists to call themselves doctor or not? You know, it was almost laughable, that we got into that big discussion. Because this ophthalmologist I spoke to, who is a highly skilled specialist who went through general practice training, then took a specialty course, and I suppose put in 8-9 years of training, who now after 25 years of practicing ophthalmology probably doesn't know the structure of the foot or the leg or the veins, the arteries that go into a leg. He knows the eyes and all the diseases of the eye and all the problems of the eye. And he admitted to me that maybe 80 percent of his practice was in refractions, in doing nothing more than measuring the lenses that were needed for the eyes of his patients. And he admitted to me that an optometrist could do that job as well as he could. But he said something which is important, which I think optometrists will recognize, that he is much better equipped and trained to recognize whether the patient needed a refraction or whether the patient had some disease which needed another type of treatment. That was his specialty, and yet he was spending maybe 20 percent of his time in deciding that very important field of whether or not the patient needed a refraction and doing operations on cataracts and other eye oriented operations, but the vast part of his time was spent doing what he admitted an optometrist could do as well. And he told me that the best way that we could provide a service in his field would be to have one room, one ophthalmologist, maybe 6 optometrists, several opticians, and he, as the ophthalmologist, would take the responsibility of looking at the eye and saying this is a refraction problem, send them to one of the optometrists there who could do the job adequately. And he actually did say that 6 optometrists with one ophthalmologist would make a good team and would reduce the total cost of providing that service substantially.

And I'm saying this in relation to many other fields. While I was in Rochester at the Mayo Clinic talking to one of the directors of the Mayo Clinic, he was telling me of a quarrel that was taking place between the Mayo Clinic and the Minnesota State Board dealing with nursing; and the disagreement was that that Board insisted that in order to take blood out of the arm for a blood test, you needed a fully trained qualified nurse. And the Mayo Clinic said that they had a person trained in the Mayo Clinic who was trained only to take blood from an artery for a blood test, and nothing else. Maybe it's from a vein, but from some blood vessel. And they said that person could do nothing else, wasn't trained for any other job, but nobody could do that job better than that one person, that specific task, and they said they had trained the person and that person could do that job. And it was ludicrous, they said, to waste the talent of a fully trained nurse who would, in the concept of the State Board, do nothing but take the blood for the blood test.

And that, to me, is an example of something that we have to explore, the use of para-medicals in the provision of health services. Mr. Chairman, we can't decide that now, but we have to start talking about it. And we have to force the people who provide health services, the doctors, the specialists, the general practitioners, the nurses, the lab technicians, all the way down the line, that there has to be a much better understanding of the team effort that's involved in providing health services in order to maximize the service provided by the least

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(MR. CHERNIACK cont'd) number of people that are available to do it. And I mention this at this hour, not knowing whether my saying so will make any difference whatsoever in attempting to have further conversations, further discussion take place along these lines. Because if we permit it to continue - and we're dealing with all these professions as separate union type organizations that protect their own, then I think we're going to just lead ourselves into harsher and more difficult negotiations, more problems, more cost, more confrontations, and in the end a lessening of the provision of services to people.

Mr. Chairman, I want to point out one other thing, and that is with the introduction of Medicare - and by now all parties accept it, it's no longer some socialist, terrible arch-socialist scheme; we all recognize medicare, we all recognize its need. Mr. Chairman, we have also to recognize that now it is possible for the poorest to - well, that's not entirely true - but many of the lower income people can now avail themselves of health services that never could before. And the result is that there's a greater demand now than there ever was before per population for the same number of people than ever before that have the right to ask for decent health services. And in doing that, we have to recognize that even though Manitoba is really far ahead of the national average or of the continental average of per capita service, that is more concentrated in the urban area, it is less available in the rural areas or the northern and the further areas; but even in the urban areas it's more available to the affluent than it is to those who are less able to pay for it. And nobody has to pay for it, but somehow the affluent know how to get to the doctors, how to get to the specialists, how to get into the hospitals, and the poorer people are just not that sophisticated somehow to do it.

So we have to recognize that as we make the services available more and more to the people in need, so must we have to find a way to reduce costs. And I believe that we have to carry on that conversation in society, in this House, wherever we go, with the professions, and not leave it at that confrontation which is likely to take place if everyone protects his own vested interest. And it's really - what I'm saying - is a kind of an appeal to the people who are involved in providing the service, to make sure they start talking to each other and start to rationalize the provision of services on the basis of the dedication that so many of them have to improve the health standards of the people. And I believe in it, that they have that dedication. But too often I think they get sidetracked into parochial, personal vested interests and forget what is the overall need, and that is to provide the services in a way that we can afford to do it, as is our responsibility which we've assumed. I apologize for the time I've taken at this hour, but I just felt I had to try and start this kind of a conversation, not for today and not necessarily in this committee or necessarily in this House, but hope that we will hear more and more from the professions that provide the health services, that they are talking to each other in a real attempt to rationalize their provision of services.

MR. CHAIRMAN: Line 4 - Medical Program. The Honourable Member for Brandon West.

MR. MCGILL: I think we shouldn't leave this item without referring the Minister to some comments he made, and these probably resulted from the discussions which took place with the medical profession during the recent negotiations. I wonder whether the Minister could indicate what the future relationships are going to be as he sees them, between his department and the Manitoba Medical Association. He made some statements about that that were recorded in the press in recent weeks, and I think it would be interesting to hear now, after these negotiations are for the moment complete, just how the Minister feels about that relationship in respect to the operations of the department.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I hope - and I'm pretty well certain that things will be much improved. I think there had to be a period or a time where they were told that we expect respect; that co-operation is a two-way street, and that we were going to be pushed around to a certain point and that was it. Approximately a year and a half ago there was a contract signed with the MMA and so on, we set up a consultative committee, and it did an awful lot of good. But at times - and I don't know if it's this militant thing - and again, there's a, I was going to say an NDP Government, but the same situation is pretty well true in every province. But it seemed that the requisite for the chairman of the MMA was, if you really can kick the government, then you'll be a good one. I don't think that that's true of the majority of the doctors. I think that of course they're going to try to get the best possible deal. I think that

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(MR. DESJARDINS cont'd) they're reasonable people - and I'm not in a personal vendetta with the former chairman of the MMA, I think he's done an awful lot of good work. But we have a consultative committee, we discuss many things. Things were going well, and all of a sudden we'd see in the paper there was a statement and so on attacking the government for this and that. I haven't got this file today. I looked at the situation all the time I was at the Commission and this time here, there wasn't one thing said against the doctors or about the doctors or anything in all that time. We refrained - and maybe it was a bit of fear, saying, well, we're supposed to be fighting the doctors so we've got to be careful, and we bent over backwards. I didn't have the guts to fight back. Then when this thing happened, all of a sudden again we were acting in bad faith and so on. Well, that was enough.

Now the situation is not getting worse than it was. It was very bad, except there was one of the adversaries, and that's what he was, that shut up and took it all, and nobody complained. In this big fight, there were three things that they thought they wanted to put in their agreement, that we could not hire anybody on contract without their permission. And there is not one of us in this House that would buy that. This is not acceptable. This was turned down. They wanted to deal for these people that I was talking about - these residents, they call them now - and they wanted us to give them \$29,500; we refused. There is no way that people on bursary, all of a sudden we're going to give them \$20,000. That is a little much. There was a lot of misunderstanding with their group. Many many doctors when they were talking about contracting out, felt that the government - there's that big socialist government again - that want to prevent the doctors from opting out. They understood we were talking about opting out. The settlement was a good one. The story wasn't coming across. We put an ad in the paper from that day on. The next day the statements were made that the wages wasn't the issue at all, and why was that big bad Minister insisting that it was the wages. I think that we had a fair settlement. Since this thing was done, they are saying that we're trying to break the union because we have applied to the Labour Board to have certain people exempted.

From Day One when the MMA were certified to represent the doctors, we said some have to be excluded. We sent them a list that was longer than this one, and I wasn't even involved in that. This wasn't settled. They felt we started first - their representative of the MMA was away, and then our representative on that was sick, so it kept on, and it's unfortunate that it wasn't settled right away. We were told that it wasn't up to . . . decide who was going to be management. We agreed. So we put in a list, and it's going to be up to the Labour Board. We're not trying to break anything. But there is no way that I'm going to stand for a situation where my Medical Director at Selkirk doesn't go on strike, is responsible to keep the services, and then will leave there and come to the city here at the meeting of the MMA and encourage them and vote for them to support these people and to have and to go on strike. You know, if that's not a conflict of interest, there isn't such a thing as a conflict of interest. Certain people, like everybody else in every other department, are management, they have to be on management side for a situation such as this. They are talking on policies and so on, when you have a Deputy Minister and so on, and we've applied on that.

Now I intend to when this Session is over, to, like my friend said, maybe take him to the Fort Garry, take the new president, and tell him straight that I want nothing better than to have co-operation from him, but that co-operation is a two-way street. I never said that we would not talk to them any more and that we would set a fee without talking to them. But I want to remind the members that they are all free enterprisers; that they insisted on having the privilege of opting in or out of the plan which they've got; that they belong to a profession that asked legislation of the people of Manitoba to have the privilege and the right to licence themselves, to police themselves, to set the standard, the ethics, to reprimand, to suspend and so on. And the point that I want made, never again will I accept - I'll be concerned like everybody else - but never will I accept the threat that if we don't do what they want, they will withdraw service. If they withdraw service it is on their shoulders, it is their responsibility.

MR. BILTON: I'll . . . that.

MR. DESJARDINS: No, it's not my threats at all. It is their responsibilities. All right, it's my threats then.--(Interjection)--It is, because there is no way that I'm going to accept the responsibility for that. If they want to withdraw, they are withdrawing their service from their patients, and the people that will deal with them will be the College.--(Interjection)--As far as I'm concerned, this is the way it's going to happen because they had - the only deal

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(MR. DESJARDINS cont'd) that we have with them, we say to them, we are ready to pay that much because we feel that this should be uniform, that we should pay the service cost for the care of Manitobans. So we are saying to them, if you accept that - if you accept that as full amount, come in and we will give you the money. If you don't want to accept that, you just say you opt out, and you are no better or no worse than you were before. No better or no worse because you charge your patients. You're a great free enterpriser. What is wrong? Can anybody say that this is wrong - that I say, is that right or wrong, that they don't have to be in and if they don't like the amount that we're giving, all they have to do is withdraw and opt out and charge their patients directly.

Now, to think that, you know, that there's no sweat and it's a one-sided deal, is not true, because there is no way - there is no way that I want this to happen, and I'm on the spot. Because they can withdraw, and we don't want that. But the only difference is this - threaten me to withdraw service which I don't want to see, which I'll do everything possible to see that it doesn't happen - not to withdraw service, I mean to opt out of the plan, that's your right - but don't threaten me to withdraw service from your patients, because you haven't got the right. All you have to do is opt out of the plan and charge them directly, charge them everything you want. Now this is all I'm saying.

Now, we will have more and more qualified staff to look at what's going on in other provinces, to discuss with them in a friendly way, I would hope, without threats. We will look at what can be done, and we will try to arrive at the best possible - because there's pressure on us, because if we're too cheap, they'll opt out, and then it'll be embarrassing and there'll be egg all over my face. But there is no way that I'm to accept the threat that it is my responsibility, or the responsibility of government that they withdraw, that every little thing they're going to withdraw service.

Now, somebody mentioned socialist. They're probably better off in this province than anywhere else. I'm not talking the highest salary. I'll give you a Liberal province for instance, where they have a set-up - you know how they treat their - instead of having the opted in and the opted out, they have three categories. They have the opted in, they pay them direct, the fee service. They have those that on a question of principle they're opted out, but they accept the same schedule. The government pays the patient and the patient in turn pays the doctor. They have a third group who are opted out, but are extra billing. The government doesn't pay those doctors, the government doesn't pay the patient, the patient has to pay the cost. So you know, let's not have this whole thing - because, if anything, on this we certainly are not socialists, because we are saying to them we'll give you so much; if you don't want, you don't have to. Who can stand up and fault me for saying that? Who can stand up and fault me for saying that? And I'm not putting all the pressure on them. I'm saying, threaten me - threaten me to opt out, which I don't want you to do, that'll keep me honest. But don't threaten me to withdraw service because I, under no circumstance, will I accept this responsibility.--(Interjection)--

All right, well, I challenge the honourable member to stand up and tell me what the hell he would do?--(Interjection)--Tell me what you'd do. --(Interjection)--No, I challenge you. You haven't got the guts. You haven't got the guts because you don't know what the hell you're talking about.--(Interjection)--You're a gutless wonder. You're a gutless wonder.

MR. CHAIRMAN: Order please. Order please.

A MEMBER: Don't talk about guts to me.

MR. CHAIRMAN: Order please. Order please.

A MEMBER: You're the gutless wonder.

MR. CHAIRMAN: Order please. The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Mr. Chairman, thank you, and I have listened. Maybe I shouldn't have come back in the room at this time, just to hear that. Maybe I missed the best part but I didn't miss something that's very crucial.

Mr. Chairman, I agree with the Minister the doctor can opt out. He can extra bill. He can be in free enterprise and not be in any system at all. But when the NDP Government says we believe in negotiation, then I would expect the NDP Government in all forms and in all departments would believe in negotiation. So therefore the Minister has decided what the doctor will receive . . . --(Interjection)--Well, he says it's not true, but he says, I am going to say that the rates will be set and there'll be no--(Interjection)--there'll be no negotiation.

MR. DESJARDINS: I did not say that.

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MR. F. JOHNSTON: Well, that's the way we interpret your statements earlier, and that there's no negotiation. So therefore if the doctor wants to make more money, I have no question that he might, then let him extra charge. But don't have the NDP Government in Manitoba saying they're paying all the medical costs in this province, because that's not true. Because you won't negotiate. You've said you'll set the standard of their living; if they want to go and make more, fine. But don't - don't stand up hypocritically and say you're paying all the medical costs in this province.--(Interjection)--

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I don't remember saying we paid all the costs. But right now we are, and the day that we're not, I'll be the first one to admit it. Now my honourable friend did miss something. I said that I would not negotiate with a gun at my head. And I said that the gun at my head is when they say, we're going to withdraw service, which is something--(Interjection)--Now, just a minute, just a minute--(Interjection)--Who? No, they have no right to strike.--(Interjection)--No, because they are working for - they're not working for us, they are working for their patients. Their first right - those, yes, those 70 doctors working for us, yes. But those doctors, who are they going to strike against? Against their patients. Because they're not working for us. And I'm saying we're going to negotiate; the only thing is, don't threaten us that you're going to withdraw service, because my honourable friend is fair enough - although he's blinded at times - but he's fair enough to know that they have an option and they fought for this option. They either work inside the plan or they opt out, and if they opt out you'll be fair enough to tell me that's exactly what they were before Medicare came in. They charge their patients whatever they want.

I'll give you an example. In 1974 - I'm talking about internal medicine now - those who were getting between \$1.00 and \$50,000, there's 91; those between \$50,000 and \$70,000, there's 25; between \$70,000 and \$89,000, there's 8; between \$90,000 and \$110,000, there's 1; \$110,000 and over, there's 8. You know, and I could go on. That is just internal medicine. There's some that are getting up to \$122,000. Nothing wrong. I've heard people on those radio shows when it's going on, you know; "The Minister, I wouldn't want to have my appendix taken by him." But that's not my job. And those that say, you know . . . and there is that. I had a daughter that died, and I was ready to give everything for this doctor. Well, all right. If there are some who want to be extra-billed, they want to pay it, that's their business. But there is going to be discussion, discussion as equals, not discussion that we're going to be threatened every stop. And we're going to provide staff, and we're going to get the information, and we're going to discuss with them. And, as I said before, exactly what my honourable friend said, if they opt out then we are not doing what this party wants to do, because we want . . . I'm not as strong as some of the members on that and I wouldn't mind to see a little bit of a deterrent fee. I wouldn't mind. But I'm with a party that is dedicated to something else and I can carry this on. In fact, when I was on the other side of the House, I was saying deterrent fee. In the corridors a lot of people were agreeing with me, but here it was political dynamite; not too many were agreeing with me. And I still feel the same way - I'm not afraid to admit that.

But I'm saying the threat can be on me. The threat can be on me. "Tell me where you're going to clear your policies, because we are going to opt out and we're going to extra charge." That threat will keep me honest, but not the threat that we're withdrawing service and we're going on strike. How in the heck can they go on strike against us? They work for their patients. They insisted on having the right of opting out. And the government is saying, for instance on Pharmacare, we say you pay the first \$50.00. That's utilization fee. We say we'll pay 80 percent, after that you pay 20 percent. That's utilization fee.

How would you like it if a druggist came in and said, "Okay, we don't want any part of that. We're going to go on strike if you don't pay 100 percent"? We're the government. The policies are our responsibility, and if we say this is the best that we can go - and it might be that even my friend will have to go for a utilization fee because what's going to happen is exactly what my friend said. If there are no limits to what we're going to pay these people, and you want a situation that we're going to have, that they're going to tell us, if we can hire anybody else, and that they can all withdraw service, and it'll go \$110,000, \$125,000, \$200,000, \$500,000, \$1 million, is that what you want? Is that what you want? You know, be fair. Be fair.

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(MR. DESJARDINS cont'd)

What we are doing is exactly doing this. We are saying to the people, "If you don't want to work for the plan, you're not obligated to do it. Go back to where you were before. Collect your own bills." And it's not going to be that hard because at least we are giving a certain amount to the patient. He's got that to help you. It's not like a guy that has to buy a house. The government is not . . . well, yes, there are some programs there, but not in this extent that we are saying we're going to pay that. So, you know, it's not the situation. If you want to make capital on that, go ahead. Be my guest. But you'll never make it stick. There is no way. Especially you free enterprisers are going to say to me that these people are forced to take their plan or that they can strike against it. They have no contract with the government. They are free to choose their patients. They are free to refuse patients. They are free to charge them anything they want. Anything they want.

Are you telling me that now the government and the people of Manitoba have to guarantee anything they want? No way. No way. Now if you want to add, if you want to go like some of the newspapers and go ahead and try to start a confrontation, well, there's no confrontation as far as I'm concerned. Be my guest. You'll make it a little tougher, but it's not going to be the end of the world. You're going to see that it's not the big bad socialist; that this problem exists in every province and so on. You'll see that. And if you want to say okay, under whatever they want, you pay them, and they've got the right to strike, they've got the right to withdraw services, if they've got the right to withdraw service, don't let them tell us about their ethics. Don't tell us about that they want to police themselves, they want to licence themselves, and they want to look after standards. Because this is one thing they requested us to place in their hands - and we have.

I'm not that worried because, as I say, I think the majority of these people are reasonable people. But reasonable people that can get away with something will do it. If you got somebody on the run, hit 'em. I played some football. The first thing you do is get a rookie on the line, you give him an elbow on the first bloody play, and if he backs away you had a picnic the rest of the year. If he hits you back, you said, "hey, I respect this guy." I want to be respected. I want to be able to respect them. I don't want to be threatened. I want to sit down, look at what the traffic will bear, what is done in other provinces, what we're ready to do, what the people of Manitoba are ready to do, do the best we can. If that satisfies them, fine; if not, we don't have to get mad. They can charge their patients direct. The patient will get the most that we can give him. Then he'll have to go and get the rest.

MR. CHAIRMAN: The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Just briefly, Mr. Chairman, the Minister tied it all up in a little ball, just the last statement. He played a lot of football and if he hit that rookie along the line pretty hard the first time, he had a picnic. Yeah; well, you've hit the doctors a couple of times, and now you think you're going to have a picnic. Mr. Chairman, let's not get technical about who pays what. This government knows that they brought in a medical care situation for the people of Manitoba. This government knows . . . yeah, fine. All right. There's a medical care situation in the Province of Manitoba. This government knows that the doctors rely on a lot of their income from the province and from the taxpayers, or from the taxpayers through the province, and they have the right, if their costs go up and what have you, to come and negotiate. Anybody else . . . okay, you say they could negotiate; you say that their contract is with their patients. Everybody else has the right to strike. Oh no. No, no. This government is after professionalism and that's just basically what it works out to.

The Minister, one half hour, an hour ago, is a socialist, and now he's a big right-winger. Listen, you are not paying the medical services in this province, and all your technicalities that you want to throw up in your argument just doesn't wash. You people say that you are paying it and you're not paying it all, because you refuse to negotiate with them, and you say, "Because he holds a gun at my head, I won't negotiate." Well, if a plant is going on strike, if a plant is negotiating, the right to strike is holding a gun at somebody's head. That's their privilege. And you say they can't do it, and you want to get technical about it. Now you want to get technical about it. No, it's just fair game to go after professionalism on that side of the House, and that's what you're doing, and you're not paying the whole medical fee with your attitude, and I don't care. You say, "Fine. They can opt out." But, for God's sake, don't sit there and say, "I'm saying the whole thing." --(Interjection)-- I didn't sit down. I got some

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(MR. F. JOHNSTON cont'd) words from the honourable member. How does the manufacturer's agent strike? That's my privilege. How do I strike? I just don't go and sell the product. That's right. That's right. But the government's not paying my salary. There's nobody brought any legislation in that I'm going to get paid by the government, part of my salary, when I go to work. Don't give me that technicality. No public money is paying me as a manufacturer's agent. Public money and legislation has put the doctors in a position where they have to rely a lot on public money, and you guys play around with facts, figures and statements that are just not there. Just not there. You're not paying the medical in this province.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Just plain B. S. There is no way that they rely, that they must rely on the government. There is no legislation that said that we are paying the salaries of the doctors. This government did not bring Medicare. Medicare was brought in by a Liberal government in Ottawa. The Conservatives fought it, but then voted that it should come a year earlier. A Conservative government brought it in. The doctors have never had it so good. The doctor doesn't have to rely - there's no legislation. The legislation is this: that the government is trying to make it easier - because this is something that is quite difficult, this business of sickness - and they are helping the individual insure his services. We are giving money to him. To him. Nobody else. Nobody else. We'll give him so much on everything.

Now, doctors come in, and we say to them, those that want to accept this as full payment, instead of sending it to the patient we'll send it to you direct. You know, if you're willing. And if they say no, they're exactly the way they were before, with some guarantee that a large portion of their bill - I'm not saying all because I'm talking about the guy that wants to extra bill - a large portion of their bill is going to be paid, that the patient will get the money to do that. And they've never had it so good.

My honourable friend said that we are against professionalism, and he's got his blinkers on and that's all he sees. Well, damn it, I can tell you that the labour force in Manitoba would love us to be after them the way we're after the doctors. The internal medicine, the average of internal medicine is \$43,650; psychiatry, \$42,140; surgery, \$59,780; surgery, \$79,820 - surgery, heart surgery; plastic, \$65,690; neurologists, \$73,000; orthopedic, \$56,000, \$64,000, \$63,000, \$69,000, \$82,000, \$59,000, \$59,000, \$41,000. All right. They pay salaries. They pay salaries.

Now I'll give you another. There are some doctors here, there are some doctors that are getting anywhere from \$30,000, \$30,000 just out of Medical School, \$30,000 to what amounts to \$45,000 or so. They pay nobody. They pay nobody. They don't work after 5:00 o'clock. They don't work --(Interjection)-- Plumbers pay people. These people have no expenses at all. They work for the government. At 5:00 o'clock, they quit. They have holidays; they have sick pay; they have a chance so they can go and listen to a lecture. They have pensions. They have a chance to make up to another \$4,500 by being on call on weekends. We're after the professionals. We're really after the professionals. There are some that are making \$122,000. Sure they pay people. And another thing, let's remember a little thing, that they are, by their rights, saying that our fees . . . all of a sudden, nobody talks about that; that fee is supposed to be 85 percent. So if we want to look at their real fee, it should be another 15 percent over what I said. Because this is what they agreed to for collecting their bills and all the work that we do for them. So, you know, this thing just won't wash. You're trying to make a big thing out of that. If you had the guts, why didn't you squawk about the . . . and why don't you squawk now about the deal that we made with the doctors? If you want to tell the people of Manitoba, if you want to tell everybody that we should have paid them more, tell us. Tell us. And if you feel that they're not getting enough money, tell us. To say that I said we will not negotiate, is a lie. I've never said that. I said we will not negotiate with a gun at our head. And I repeated that, and I'll repeat it again for my honourable friend with the blinkers. There is no bloody way that somebody's going to tell me, "If you don't get me everything I want, I will withdraw services." Because if I did that once, I would have to give them \$200,000, \$300,000, half a million, and \$1 million. There would be no end, because if they're right and if I must give them that because they're going to go on strike . . .

A MEMBER: What about the post office?

MR. DESJARDINS: What about the post office? The post office are working, are not free enterprisers. Isn't there a difference? Aren't you preaching to us there is a difference

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(MR. DESJARDINS cont'd) with money? Should the lawyer go on strike? Should the lawyer go on strike? Why not? The lawyers should go on strike. They've got a hell of a lot more reason because we don't guarantee part of their payment. We don't give their client so much money so they can get it from their client. --(Interjection)-- Oh, all of a sudden, we're not taking over . . . You're inviting us to take over the medical profession right now, you bloody socialist bugger.

MR. CHAIRMAN: The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Mr. Chairman, . . . the honourable member one thing, and the word "manufacturer's agent" has been used by the member from St. John's, and I sell a product . . . You know, I can work all week and not get paid if I don't sell something. I have to sell something to get paid. Same as a doctor. He's got to treat a patient. But let me tell you that if the government decided that the product that I am selling should sell for this price, and if the government decided that the other product I'm selling should sell for this price, and they --(Interjection)-- Wait a minute . . . and they published the rates across Canada as to what I should receive for that product, you're telling me that I can walk in and say, "Okay, ladies and gentlemen, I can now charge you more than the price that's been set by the government, and I can have the money." As you really believe - you're being naive, aren't you - you really believe that the people are going to say, after the government has set all the prices and rates, that I can get any more money for it? I can, I can, but I won't get paid, and you know it. I won't get paid. No, you guys don't care if anybody gets paid if they're a free enterpriser.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: That's exactly what will happen. That's exactly what will happen. But if the government . . .

MR. F. JOHNSTON: You're a price fixer.

MR. DESJARDINS: That is exactly what will happen.

MR. CHAIRMAN: Order please.

MR. DESJARDINS: You know, the poor . . . in private life is not completely stupid. So if he can find, if he can find a doctor, if he could find a doctor . . . we haven't changed one damn bit in your Act, fellow. Not one damn bit. Not one word. It's your Act, your Act of the Weir government. That's the bill. That's the bill. Now we are saying there's only one thing that can happen, and that's what you don't like, and I feel so sorry, you know, because the poor sucker is going to say, and if there are some doctors that work in the plan, of course he's going to look for him; he's going to look for him and he's going to get it. All right. This is what they don't like. This is what they don't like because some people, of course, are going to get the best deal, and if he says - not everybody, but if some people say I'm getting from the big Socialist Government, I'm getting so much money to pay my doctor, if I can get one I'll shop around, and if this guy will do it for nothing I'll go to him. That's right. And what's wrong with that? They never had it so good. Their income jumped a heck of a percentage when this plan came in, and you know it.

MR. CHAIRMAN: Line 4. The Honourable Member for Portage la Prairie.

MR. GORDON E. JOHNSTON (Portage la Prairie): Mr. Chairman, I didn't intend to get into this debate. I must say I didn't intend to get into this debate, but I must say that the Member for Sturgeon Creek has re-spelled out the position of the Conservative Party, which I always found very repugnant when it came to the matter of Medicare in the Province of Manitoba. I can recall, I think it was about 1964 or 1965, when the Honourable Duff Roblin grudgingly introduced the program into Manitoba, and I say "grudgingly" because he didn't like it, but he brought it in because the Federal Government had supplied half of the funds and he had to bring it in; he was compelled to bring it in because the money was there on the table, and he had to bring it in. But even then, members of the Conservative Party said they didn't like it; they said they didn't like it, and they gave all sorts of reasons, and the Member for Sturgeon Creek has spelled out the reasons once more. In effect, he's saying if you can afford medical care, you pay; if you can't afford it, you go on Welfare. That's what the Conservative Party position is, and it has been ever since, ever since 1964 to '65, and I'm saying right now, although I have my differences with the now Minister of Health, I have my differences with him, but I must stand and support him in what he is saying here tonight.

MR. BILTON: That's fair enough.

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MR. G. JOHNSTON: Yes, that's fair enough. I stand on principle. I would wish the Member for Swan River would stand up and tell us his principles. He sits in his seat and he complains, but he doesn't suggest another alternative. And I say the Liberals are part of this program, and we support this program, but when it comes to negotiations with the medical profession, then it's a negotiation, and if the medical profession is unreasonable, then the opt-in or the opt-out plan comes into effect, and the people will decide. If the people say that they are being held up, they will decide by a vote in an election whether they like the program or not. And I say to my honourable friends of the Conservative Party that you're out of touch with people when you defend the position you're taking tonight.

MR. CHAIRMAN: Order please. Can the Chair just remind honourable members that they should not make interjections from their seat. If they wish to speak, the Chair will be pleased to recognize them when the previous member has sat down. The Honourable Member for Rock Lake.

MR. EINARSON: Well, Mr. Chairman, I had no idea, about two or three hours ago, that we'd be involved in a debate at almost two o'clock in the morning such as this, but, Mr. Chairman, it cannot be allowed to go unchallenged, and I have to quote by memory but I think we all agree that the Federal Government brought in Medicare, and if we do get slightly out of order, we're involved with a subject matter here that pertains to the problem we're facing at the present time. But the Federal Government brought in Medicare, and it was presented to every province in this country, other than Saskatchewan, but they had it. It was a 50-50 proposition.

I've made this comment in the House before but I want to have the record straight. The Federal Government made this proposal and it was presented to every provincial government, and I happened to be on that side as one of those, my colleagues here from Swan River, from Roblin, and we discussed the program, we discussed the plan that we were given to consider that was proposed by the Federal Government. As I said, it was a 50-50 deal, and I think the amount of money was somewhere in the neighbourhood of 23 million. I know the Minister of Mines and Resources, with his excellent memory, could correct me if I'm wrong, but I think, --(Interjection)-- \$28 million.

So when we talk about a 50-50 situation, Mr. Chairman - and I think this is the thing that has to be said in fairness, in fairness to both we in the Provincial Government and the Federal Government, when we talk about a 50-50 share, you know, Mr. Speaker, the taxpayers in the Province of Manitoba, the total Medicare cost comes out of the same pocket, whether it's federal or provincial. And the catch here, Mr. Chairman, was that the Federal Government said, "You know, we're providing a Medicare program and you can take it or you can leave it." But, you know, Mr. Chairman, --(Interjection)-- No. I want the Member for St. Johns to just hear me out. But the Federal Government said, "You know, if you don't accept it - it's a voluntary thing, but if you don't accept it, that \$28 million which is our responsibility, it stays on the table, and that better be known to the people of Manitoba." And so my colleagues and I, we spent a full day trying to devise a plan and a program, a plan that the people of Manitoba could accept, one that they could afford, and it was taken to Ottawa by our then Minister of Health, Dr. Johnson, and his colleagues.

And, you know, Mr. Chairman, we had a slight deterrent that was involved in the plan that we proposed; and so when we got down to Ottawa with it, the Minister of Health and the Prime Minister said, "No, I'm sorry, we can't accept it." Because it meant the changing of the Act and they wouldn't do it. But, Mr. Chairman, the point was, the people in Saskatchewan had it. And, you know, the honourable members to the left here stand up and talk about it, but I want to say, and I put the question to them, was that fair on the part of the Federal Government? And, you know, sir, it wasn't so many years after when my colleague, who was Minister, was out of politics and I realized that the program that we had suggested for this country was so good that they wanted him to go down to Ottawa to establish the kind of health program for the whole of Canada.

So, Mr. Chairman, in fairness, in fairness, I say, the Federal Government must take full responsibility for the Medicare program of this country. And we were burdened. We didn't sell out, but we had no choice, and so we had to do the best we could to accept the program that they had provided and get into it, because if we didn't we could have been damned by the people of Manitoba for allowing \$28 million - for allowing \$28 million to sit on the table, and I challenge the honourable members, if they were in our position, what would they do?

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MR. CHAIRMAN: Order please.

MR. EINARSON: That's right, Mr. Chairman, the people of Saskatchewan had it before. But the point I make is that the Federal Government is responsible for the Medicare program, and you know, Mr. Chairman, one other thing that was attached to this thing, when it was inaugurated, when we accepted it, we had no guarantee that, I believe it was in five years' time, that the Federal Government were going to continue to support it; that they had that right to pull the rug from under the Provincial Government if they so desired.

Mr. Chairman, those were the conditions under which we got into Medicare, and I just want to make that clear, Mr. Chairman, that it's not just that, you know, we're for the doctors and so on. And I say, Mr. Chairman, that it is important that we're going to have things run as smoothly as possible, that there should be better negotiations, and I have no way of saying to the Minister of Health, because they've changed so many times over there you never knew who was Minister of Health today or the day before; they were changing so fast you couldn't keep up with it.

A MEMBER: Changes like the weather.

MR. EINARSON: Their Deputy Ministers were changing about every few months, and the Civil Service all the way down were changing. I know myself, because I would enquire about various problems that I had in my constituency, and they'd say, "Oh no, so and so is no longer here - we've got somebody else that's doing the job."

And so, Mr. Chairman, I just wanted to make those few comments, even at two o'clock in the morning, that, Mr. Chairman, if we're going to have the kind of health service and the kind of service that doctors are going to be expected to give, I think that it's going to be important that we have better negotiations between all those concerned.

MR. CHAIRMAN: The Honourable the House Leader.

MR. GREEN: Well, Mr. Chairman, you know, for the last approximately hour and a half it's really been one of the better debates in the House. I'm not trying to suggest that it hasn't been. As a matter of fact, I've never subscribed to the rule that when it gets late the debate somehow degenerates. I think that it's been a good debate, but it has been a debate on an old question which has opened up, and we've gone back to 1963, '64, '65. There is provision in the rules for a motion to be put that the question be put, but we've not used that, nor has any member on that side put such a motion, and I am reluctant to cut things off unless it becomes absolutely necessary, but do not the honourable members feel that this subject has been thoroughly canvassed and that this item should go and we proceed to the next one? It can go on for a couple of hours if we get into the question of Medicare. It would be appropriate to put a motion, in which case it would be not debatable and we would pass on to the next item. That is not something that I'm going to pursue if there is some understanding that we're going to move the item, but if we're not going to move the item, then it seems to me that that should be done.

Now everybody's had a fair go at it; the Member for Sturgeon Creek, the Minister, the Liberal Party, the Conservatives. I notice the Member for St. Johns says he would like to say a word. I'm sure that everybody may have words in them, but is it not appropriate now that the item be put, and without making a motion, I'm asking the honourable members.

MR. CHAIRMAN: The Honourable Member for Swan River.

MR. BILTON: On a point of order, I appreciate the attempt of the Leader of the House and I understand it thoroughly. But I listened to some words from the House Leader of the Liberal Party and I feel that I'd like to reply to them.

MR. CHAIRMAN: The Honourable Member for Portage la Prairie.

MR. G. JOHNSTON: On the point of order that was raised by the Government House Leader, well I would suggest that the House Leader should consider the temper of the House and call for an adjournment, or allow the debate to go on. Don't suggest that everyone's had their say. His duty is to adjourn the House or to allow the debate.

MR. CHAIRMAN: The Honourable House Leader.

MR. GREEN: Mr. Speaker, I thank the honourable member for informing me as to what my duty is. There is a rule that when debate has continued for a good length of time and everybody has had their say, there is a rule which permits a member to move that the question be put, which is then not debatable. And I assume that employing that rule would also be the duty of any person who wishes to assume that that is his duty. I ask the co-operation of honourable members that we not continue this indefinitely. The Honourable Minister of Health would like

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(MR. GREEN cont'd) to, if it's possible, get his estimates passed tonight, and we are at the tail end of them. I have the right to do it. I do not think that I would be doing an injustice to the House if I gave the members an opportunity to vote that the question be put. But I'm not going to do it. If there is one member who says that he has something desperate that he wants to say, then let him say it.

MR. CHAIRMAN: Line 4, Medical Program. The Honourable Member for Swan River.

MR. BILTON: I appreciate what the Leader of the House is attempting to do and I'm quite prepared to withdraw my earlier remarks and comply with it.

MR. CHAIRMAN: Line 4, Medical Program - passed; Line 5, Pharmacare Program - passed; Line 6, Ambulance Program. The Honourable Member for Rock Lake.

MR. EDARSON: Mr. Chairman, I'm just wondering, in the ambulance program that the government has introduced and given support to the municipalities throughout the province, could he indicate whether a survey was made as to the total cost of ambulance services to the people of Manitoba as it has been under private enterprise, and compare that with what it would cost now when the government takes it over?

MR. DESJARDINS: Mr. Chairman, I'm pleased that this item did not pass without question because I think my honourable friend doesn't understand the program. This is not a take-over by the government at all. This is a per capita grant that we are making available to the different municipalities. This is based on equalization assessment factor. It is a minimum of \$1.00 to \$1.50, and with this money - of course this has to be approved - it could be used for capital expenditures, for buying ambulances or equipment, for communication if need be, and for operational expense in contract of service. The government is not involved in it at all. It is not paying all the bills. It is making a grant, a per capita grant, of approved things in the areas that I talked about. This is something that was requested by many municipalities. It is felt that it will cost - well, I think it's a little over what we've got depending how many municipalities will take advantage of this, and the indication is that many of them will. Municipalities can unite together to do this work also, to have a system for their area, and they are free to use this money. I think there's a lot of freedom and flexibility in this, but the government does not intend to take over the ambulances at all. I think it has been something that, amongst others, certainly the City of Winnipeg has been trying to do, because it's been a bad set-up here for quite awhile and I think most people are very pleased with the system, but it's a grant and you run it yourself.

MR. CHAIRMAN: Line 6, Ambulance Program - passed; Line 7, Other Health Services Programs. The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, the Minister might have an opportunity here to explain just what changes were made in this Health Services Program that reduced the cost from 2.5 million down to \$400,000.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Gladly. In 1974 there was a Winter Works Program of \$2 million and that has been discontinued.

MR. CHAIRMAN: Other Health Services Programs - passed. Resolution 60. Resolved that there be granted to Her Majesty a sum not exceeding \$157,236,900 for Health and Social Development. Passed.

I would refer honourable members back to Page 23 of their Estimates Book, Resolution 55, the Minister's Compensation - pass? The Honourable Member for Brandon West.

MR. MCGILL: This isn't the time for a lengthy discourse. We've had a good opportunity to review the Minister's policies during the discussion of the various lines, and it doesn't leave a great deal to be said. There've been many outstanding contributions to the debate tonight. One of the best, I thought, came very late in the evening when the House Leader of the Liberal Party said of the Conservative Party, "They are out of touch with the people." Coming from the Member of the Liberal Party, this, Mr. Chairman, is quite a statement. But I would like to just conclude my remarks in respect to the Minister's salary by saying that early in his appointment as the Minister, he did make a statement that was quoted in the Free Press, in which he expressed reservations about his Deputy Minister, Dr. Tulchinsky, and in the light of recent appointments in the department perhaps the Minister could explain and express the nature of the organizational responsibilities of his senior deputies and his associated deputies.

MR. CHAIRMAN: The Honourable Minister of Health.

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MR. DESJARDINS: Mr. Chairman, if this is what my honourable friend thinks I said, I'm glad that I'll have a chance to set him straight.

At no time did I express reservations of my Deputy Minister. I did say, however, and I was speaking for myself, that I thought that a large department such as that, I thought it was very difficult to have all the responsibility to one man. I've also said, without criticizing any other Ministers of any other party, that I felt that our system was an old one where you had a Minister that might have been a farmer or a businessman and so on, who would come during the Session and be the Minister, and then he would leave; most of the work was left to a Civil Servant. I felt that it became now, with the system being so big, that everything having to go through many Deputy Ministers, it became a bottleneck, and at no time did I criticize or show lack of confidence in Dr. Tulchinsky. I said that I would reorganize it to suit the times, and taking into consideration the big department that we had, also to relieve Dr. Tulchinsky to do the things that he can do best.

I felt that I should have an administrator, a person in charge of resources, reporting directly to me. I've brought in Mr. Ron Johnstone as the Associated Deputy Minister reporting directly to me, in charge of administration and so on - and there's an awful lot of that. I think that's a full-time job. I've brought in a medical consultant to try to take advantage of the doctors that we have with us, to bring somebody that could talk to the medical profession, to the College of Physicians and so on, in my office with the language that he could understand and they could understand, an adviser real close to me that was a medical man. I brought in Dr. Tavener as the Chief Medical Consultant reporting directly to me. I then relieved Dr. Tulchinsky, who would be the first one to admit that he's not an administrator, that he had to rely on somebody else - he had to practically get a Deputy Minister to do that - and he is now in charge of the programs that the department run.

I realized at the time that I spent at the Commission that we needed somebody at the Commission to report directly to me the way I reported to the previous Minister, to help us. There's so much areas now where we need co-operation, where the left hand wants to know what the right hand is doing. I've done that. I can announce, and I think that my colleagues won't mind too much, that Mr. Edwards, who is sitting here today, will soon be named the Chairman and Executive Director of the Commission. I think that we should have a full-time chairman. I think that is imperative. So these are my four senior people.

We reorganized in the department also the social - part of it's social development and some of the other programs, by elevating Mr. Hikel to the position of Assistant Deputy Minister to take care of the social development, the social welfare, Minicome and so on. I set up a policy committee where these senior people that I'm talking of - and there's another ADM that was brought in just to replace a former one, and that position was there, it's Mr. McLean, who is working with the region delivering these services. And these became the senior people who are full-time members of the Policy Committee - my Policy Committee in the department, and I don't want you to misunderstand that. We still have to have our policies approved and so on. These people come in now. Any other member, if we're talking about ambulance and so on, we'll go and get Mr. Chapman, who's certainly not at the top ladder, but who is the most knowledgeable man we have on ambulance. He comes to the Policy Committee, not with hat in hand and so on, and having to watch what he says to see if it's going to meet the approval of Mr. Edwards, he comes in as a full-fledged member. We invite periodically people of HESP and other departments also. Most of these staff people are resource people, and will also provide resources for the Minister of Corrections. The Chief Medical Consultant is also helping him. There is the Chairman of the Commission who will have to work with him also. We are in the process of doing two things to finish our reorganization. We are in the process of finalizing our planners, our evaluators and our implementors and so on. This is being done.

We have to beef up the staff and get, I think, a bit of a system to deal with outside agencies; that there is a budget of \$28 million, as my honourable friend's got, close to that. So we have to provide the service. We have not been able to deliver the service as fast as we can with all this action going in the department. That also has to be done. What else? I guess that's about it.

But I want to dispell the thought that I didn't have any confidence in Dr. Tulchinsky or that I was trying to get rid of him. I just wanted to use him to the best advantage and I think I'm doing that right now.

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MR. CHAIRMAN: Resolution 55(a)(1), the Minister's Compensation - passed. Resolution 55. Resolved that there be granted to Her Majesty a sum not exceeding \$351,700 for Health and Social Development. Passed.

That concludes the Department of Health and Social Development. Committee rise. Call in the Speaker. Mr. Speaker, your Committee of Supply has considered certain resolutions, recommends them to the House, and begs leave to sit again.

IN SESSION.

MR. DEPUTY SPEAKER: The Honourable Member for St. Vital.

MR. D. JAMES WALDING (St. Vital): Mr. Speaker, I move, seconded by the Honourable Member for Ste. Rose, that the Report of the Committee be received.

MOTION presented and carried.

MR. DEPUTY SPEAKER: The Honourable House Leader.

MR. GREEN: Mr. Speaker, I move, seconded by the Honourable Member for Roblin, that the House do now adjourn.

MOTION presented and carried, and the House was adjourned until 10:00 a. m. Friday morning.