

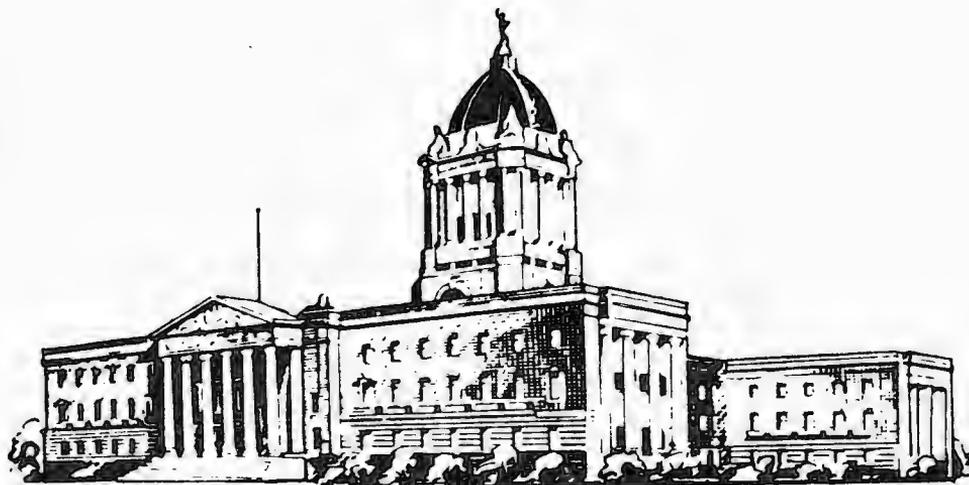


Second Session — Thirty-First Legislature
of the
Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

26 Elizabeth II

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 18, 1978

Time: 8:00 p.m.

SUPPLY — EXECUTIVE COUNCIL

MR. CHAIRMAN: Gentlemen, we have a quorum. Prior to closing down before supper, I had a list of speakers. The Member for St. Johns, Burrows, St. Vital, Inkster, and the Minister of Finance that had indicated they wished to speak.

MR. CRAIK: Mr. Chairman, I move the Committee rise.

MR. CHAIRMAN: We have a motion before us, gentlemen.

MR. CHERNIACK: Well, Mr. Chairman, is that debatable?

MR. CLERK: It's not debatable.

MR. CHERNIACK: It's not debatable, all right.

MR. CHAIRMAN: The Clerk advises me that the motion is not debatable.

A COUNTED VOTE was taken the result being as follows:

Yeas: 11; Nays: 8.

MR. CHAIRMAN: I declare the motion carried.
Committee rise.

SUPPLY — HEALTH AND SOCIAL DEVELOPMENT

MR. CHAIRMAN, Mr. Arnold Brown: I'd like the Committee to come to order and that it recognize the . . .

MR. CRAIK: Mr. Chairman, in the absence of the House Leader we have a conflict of meetings this evening, so only the Committee that's sitting in the Chamber here will sit. The Committee in Room 254 won't sit this evening. So, if that's satisfactory to the members then you carry on with the Health Estimates, but the Estimates in 254 will continue on the next sitting day.

MR. CHAIRMAN: I'd like to direct the honourable members to Page 37, Resolution 58, Clause (g)(1), Salaries—pass; (2), Other Expenditures—pass.

Resolution 58, an expenditure of \$4,156,400—pass.

Resolution No. 59, Item 3.(a)(1), Salaries—pass — the Honourable Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, before we start discussing this item I'd like to hear from the Minister to see if there is any change in policy on the single unit delivery. We hear all kinds of rumours, and then of course there's a recommendation of the Task Force that's before us. I wonder if the government has changed the policy on the district health system also; the Act that was passed a couple of years ago, I think. And of course, I guess I should — no, I'll wait to see if the Minister has any comments on those.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. SHERMAN: There's no change, Mr. Chairman, that's been either articulated or imposed. The system is still operating the way that it did before; I'm not sure whether the honourable member is referring specifically to the district health systems or the concept of community health centres as such, but there's no change in the program or the system whatsoever. Certainly the whole field is under examination and under review by the government as I would expect the honourable member would expect it to be with a change in government, but there have been no conclusions drawn or implemented.

MR. DESJARDINS: Well, I'm pleased to hear that, Mr. Chairman, so the Manitoba Health Services

Commission is still proceeding with trying to organize the district health systems as of this day anyway and the single delivery has not been changed. Now I've heard . . .

MR. SHERMAN: Well, Mr. Chairman, perhaps I should be careful not . . . I don't want to leave a false impression with the honourable member that the Manitoba Health Services Commission is proceeding with recommendations and mechanics to put district health systems together over and above those that are in existence but there has been no change relative to those that are in existence and no new ones have been approved. I certainly don't want to leave the impression with the honourable member that the department has said to the Health Services Commission, "Go ahead and work out the mechanics and the format for new district health systems." No, that has not taken place. As a matter of fact, I would have to say on that aspect that there has been no forward movement whatsoever.

MR. DESJARDINS: In other words, Mr. Chairman, the applications that the Commission might have had, with the change of government they have been halted, they are not being processed.

MR. SHERMAN: That's correct, Mr. Chairman.

MR. DESJARDINS: It's a brand new picture then because then it's not the same policy at all if there's a stop. But this is something then that maybe the Minister would prefer that we could see what direction the government is going when we reach the Manitoba Health Services Commission that it might be a little easier and he'll have some of the staff. But, of course, it is related to this division, because some of the service . . . the idea was to do this service and I thought that the basic principles were some of the principles that were accepted by the present government. For instance, the promotion of community participation in the identification of local health needs and the decision-making regarding the local health and social service delivery system. I thought that this is what the government wanted to do to see more participation. But the Minister is not saying that this is a complete reverse. I understand that this is being studied at this time, frozen at this time, and then the government will give direction when it's ready.

MR. SHERMAN: Yes, that's correct, Mr. Chairman. As the honourable member knows, we're talking about legislation that's permissive legislation and any centre or any board can apply and the Manitoba Health Services Commission or our department will help with their proposals and the government, the Executive Councils such, has not dealt with that specific question or made any decisions. I would have to advise my honourable friend that I have not encouraged the Manitoba Health Services Commission to rush ahead with any proposals because I haven't made my mind up on the concept yet. But there is no policy that has been changed, no new policy has been developed or implemented and proposals can still be received and the subject still requires a determination from me and a recommendation to Cabinet as to whether we're going to continue to expand the district health system concept or not but that's still open.

MR. DESJARDINS: Well, Mr. Chairman, I am confused.

MR. CHAIRMAN: Order please. If the Honourable Member for St. Boniface would wait until such a time as what I could recognize him, just in order to get things straight in Hansard. The Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, the Minister said that there is no change, that it is not compulsory legislation, which of course is right and he is suggesting that the people that want to apply can go ahead. But then earlier the Minister said that is frozen; that the applications are not being processed. So it seems to me a bit ridiculous to invite people to apply for something when it's a known fact that, for the moment at least, the applications are not going to be processed. I think it would be better to say, "Well, we are looking at this and then we will let you know." It's no use having all kinds of applications and have people dealing with them before the situation is known. I don't think that it should take the government that long. It's not something new; it's legislation that was passed in this House. I think that the Conservative Party voted in favour of it, if I remember well. Mind you, yes, in a change of government there is always a certain time to review these things but I hope that this is not going to take too long because I think this is quite important. And from some of the statements that were made by the Minister to different organizations, and so on, you would think that at least some of the principles incorporated in that, or some of the aims of the system would be dealt with, that the system would be carried. -

Now, the single unit delivery of this, that is really the role of the Community Operations Division.

Would the Minister care to tell us at this time, it might be the right spot to tell us if the policy will be the same and if there is going to be any reorganization. I think there was a movement a year and a half ago or so to reorganize the Winnipeg area and, believe it or not, we had restraint in those times, also, and that was curtailed for the moment, knowing full well that the situation couldn't keep on going the way it was or the way it is at this time.

Now, would the Minister like to elaborate at this time on what is being looked at?

MR. SHERMAN: Well, Mr. Chairman, the same answer would have to apply. The fact of the matter is that the department and the government are proceeding with committed responsibilities to programs and services in the field of Health and Social Development at the present time but has not yet formulated its entire approach in terms of philosophy and concept of thinking and application in these fields for the future. And I can only advise my honourable friend that questions of this nature still really remain to be resolved in the long run.

I have made some comments about the single unit delivery concept in statements that I have made to various social service and social development agencies outside the House. We haven't formulated a government position yet. It's my responsibility to bring some suggestions and some recommendations forward to the Executive Council for consideration in this field and I have not done that yet. . We have not changed the existing policy, the group that functions within the Manitoba Health Services Commission to consider proposals of this kind is still active and functioning, we're not inviting proposals but any proposals that are coming in are certainly being dealt with and certainly any help that proposers need is being supplied by that group.

I suppose the basic fact of the matter is that we have not determined as a government that we want to move wholesale in the direction of expansion of the single unit delivery concept, or the district health system concept and that question still remains to be resolved, but we have not discouraged or impeded or put any barriers in the way of groups, persons, districts, or communities who want to apply and certainly the group within the Manitoba Health Services Commission that works with such applicants is still available to help them. We're operating on the existing seven district basis. We've reduced the number of teams involved from 11 to 7. We're still operating on the multidiscipline basis so effectively there is no change. My original answer to the member stands, but I just didn't want to leave any impression with him that we had made a decision that meant we were amenable to continual expansion in that field. We haven't made that decision yet, so we're not actively out soliciting applications. Those applications that come in are certainly being dealt with by the commission. —(Interjection)— They can be processed.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: If I understand, I think this is important enough, and I'd like to make sure that I understand exactly what the Minister is saying. The Minister is saying that as of now they're not committed to make a big push in that direction to promote this. It is permissive legislation and the Minister is then saying that if some people, some community come forward and apply that as of now this can be processed and this could be permitted, although it's not promoted by the department. Then that is a little better, for awhile there the Minister was saying that it wasn't going to be processed at all. I think then the Minister while speaking about the district health system started talking about the delivery of service by this community operation. I think it is in that area that you've gone down from 11 districts to 7, is that it? It's not in the district health system it's in the delivery by the community operation division. Where are the districts or the regions that have been cut, the four regions that have been cut down from 11 to 7?

MR. SHERMAN: Actually no districts or areas have been cut as such, Mr. Chairman, they've been merged into existing districts as a result of a realignment of boundaries of districts within the Greater Winnipeg area.

MR. DESJARDINS: Well, wait a minute. Are you talking about health unit now or are you talking about the delivery of service by the community operation branches? We've agreed to leave the district health system and we'll discuss that later, accepting the remarks — or I did anyway — of the Minister.

Now I'm talking about the delivery of service, the single-unit concept by the Community Operation Division. I think this is the area where you had 11 different regions in the province and you cut down to 7 and that's 4 and there weren't 4 in the City, there weren't 4 in the City so if you cut down to 7, there's . . .

MR. SHERMAN: Well, no, Mr. Chairman. There are 8 districts generally, totally in the province.

What we're talking about at the moment are the districts in Greater Winnipeg where our health teams, the teams of our department, deliver health services. There were 11 districts in which they operated. The same geographic area is still covered but they've been rationalized into 7 districts through a realignment of boundaries.

MR. DESJARDINS: The City of Winnipeg only.

MR. SHERMAN: Yes, yes.

MR. CHAIRMAN: The Member for Seven Oaks.

MR. MILLER: Mr. Chairman, this is too important a subject to just pass with all due respect to the Minister of Public Works.

MR. ENNS: Okay.

MR. MILLER: Okay? Thank you. I'm glad I have his . . .

MR. ENNS: You've got my permission.

MR. MILLER: . . . his permission and concurrence to speak. Mr. Chairman, I can readily understand why the Minister says, "Well, we have to look at it," because from his comments it's obvious he hasn't had a chance to acquaint himself too well with what has been going on and it's not just in Manitoba.

Throughout North American there has been a movement to try to recognize the fact that you cannot deliver services in a splintered fashion. You cannot have certain people assigned to simply deliver a health service, others to deliver a welfare service, a social service, a guidance service, that if you're going to be effective at all, you've got to have it through what is known as a single-unit delivery system because the problems that people face can't simply be fragmented or separated out and have them see 5, 6, 7 different types of social workers or different health personnel, it's what makes the system so awkward. The ideal system is one where there is one port of call through which the various services are rendered and there's a liaison between the various staff who are involved, the different disciplines who jointly get together to review and understand the problem of the family they're dealing with or the person they're dealing with and in that way be more effective in delivering the services that that person needs.

At the same time, it recognizes that a centralized system working from Winnipeg or some other major centre, trying to deliver a system which is so personal and having to meet personal needs just isn't effective, that community involvement by the people in the community will reflect the kind of services that that community needs. Not every area, not every community has identical needs, they vary, and they have different problems, there may be similar problems but they're different in degree and therefore the emphasis which they'll place on certain problems will vary from community to community.

So you need the promotion of the community participation and, frankly, this Minister should be very supportive of this because he has talked about prevention, he has talked about the volunteerism, he has talked about people in the community participating, and the only way you're going to get people participating from within the community is if they feel that they can identify with the delivery system itself, with the services that are being offered. And since they know the people in their community, whether there be a number of small towns that comprise a district, or the area that is being served, whether it's urban or rural, the likelihood is that the kind of system that will develop there will more readily respond to the needs of that community.

And, as the Minister knows, there are various levels of health systems; there's the District 1, which is only the integration of the local institution or the in-patient health facilities like personal care homes and hospitals themselves, to integrate them so they can function more readily and as a liaison and a flow of information between them. The other, of course, is the one that also includes the ambulatory or outreach services from the institutions, because there has to be an interfacing of these. If the institution operates out there and the services in the field somewhere else, then it breaks down; there's no linkage; there's no what is known as the continuum of care that is required when a person moves from, let's say, an institutional hospital setting to the community but needs the supports in order that he can be released from the hospital setting into the community. And that's why home care is so very important and fits in so readily into a single unit delivery

So, when the Minister says, "Well, what exists they have not touched," they have not in any way eliminated them but from his comments I gather he hasn't really — the department has stopped promoting, let's put it that way — the department has stopped promoting the creation of these health systems and within the department itself, I don't know to what extent the single unit delivery system is being still put forward as the way to go. Where all personnel operating out of a Health and Social Development office are — although they may have specialties, are considered part of a team rather than simply called in to do their thing with a particular client, or a particular citizen, and they're simply withdrawn, another problem comes along and they refer that same person to somebody else.

And I'm sure the Minister knows many criticisms that have surfaced in the press from time to time and I think they were valid, of the cases where people on social services, problem families, have had to relate to four, five and six different kinds of Health and Social Service personnel. It's not only not effective, it creates a sort of administrative jungle, which makes it very difficult for people in need of services to operate in, and there's no linkage with the school system of the children involved. In other words, there is no continuity of care, and there's no continuum of care.

So I'm not happy when the Minister says, "Well, what's there we're not touching, but we're not yet ready really to continue to move the system in that direction." And I know that it's not an easy thing to do; you have to break down certain conditioning of many years; you have to sometimes tread on people's feet because the person that feels he is a child welfare worker doesn't like to necessarily get involved with the other parts of the family, which may include adults, and vice versa, but it's inevitable if the system is going to work at all, and if it's going to be effective at all, then you have to break down these sort of barriers, in many cases paper barriers based on degrees; in other cases barriers just built up over many, many years in delivering the service.

So, the team approach is absolutely essential. It is becoming more and more common throughout North America — I know it's growing rapidly now in Ontario as well — and I would hope that the Minister in his response, which I interpret as being sort of lukewarm to it or mostly — I don't know, but I'm not doing anything about it at the present time — that he will in fact allow the system to develop along the lines that have been established in order to do something which I think he would warrant, make the system more effective at lesser cost. Because I think in the long run it will save money if it's done the way I'm suggesting.

MR. CHAIRMAN: Resolution 59. (a)(1)—pass — the Member for Transcona.

MR. PARASIUK: Mr. Chairman, I'd like to ask the Minister if he feels that this particular division is appropriately managed. He said in his introductory comments that he was pleased with the administration of the department; I'd like to ask him a specific question with respect to this division, whether in fact he thinks that it's adequately managed.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Yes, Mr. Chairman.

MR. CHAIRMAN: The Member for Transcona.

MR. PARASIUK: In that light, Mr. Chairman, would he care to comment on Page 97 of the Task Force Volume II it says, "the administrative structure of the Community Services Division in Health and Social Development is simply unmanageable, and that the Assistant Deputy Minister has 18 people reporting to him." Would he care to comment on that contradictory statement that his direct experience, after seven months in office?

MR. SHERMAN: No, Mr. Chairman. I didn't have any responsibility for the Task Force conclusion on that subject, as the honourable member may know, and as I have suggested earlier in examination of my Estimates we have not undergone a paragraph by paragraph assessment of the Task Force conclusions or recommendations. I think I said to the Honourable Member for St. Boniface the other night that I'm sure that 8 months ago there would have been things in the Task Force Report that I would have agreed with, that I would not agree with today.

MR. PARASIUK: Well, Mr. Chairman, you see, we have the Minister get up and say, "Well, I don't agree with that recommendation. I've not had an opportunity to really review it." But Mr. Speaker the recommendation has been made. The statement has been made regarding the quality of

in that particular section. Now, there are at least one ADM who is impugned. There are a number of other staff who are impugned as well and this is exactly the type of thing that the general public likes to feed on. They like to say, yes the bureaucracy or the Civil Service is incompetent. This is the type of statement that was made on April 3rd, and it was made by a Minister, another Minister of the Treasury Branch who's had an opportunity to have been in government prior to 1969 and it was made by a Minister who had the opportunity of being in office for a few months, and it is also made by a number of people who supposedly drew this conclusion after having interviewed staff in the department and after having received something in the order of 500 submissions from civil servants.

Now, this is a type of documentation or conclusive proof that we are given by the Minister responsible for the Task Force and the Minister gets up, the Minister responsible for the department gets up and says, to all intents and purposes that's a bunch of hog-wash. I think my staff are good. I believe in them. I'm working with them. I consider that to be a responsible comment. What I consider irresponsible is the statement by the Task Force and we have a number of those types of statements and in this respect, in this respect when you have some concern as to whether in fact the department should be split in two, split in six, we have an unanswered statement impugning the administrative quality of this department and frankly, Mr. Chairman, it wasn't until we asked specifically of the Minister that he would even comment on that particular recommendation. I assume, Mr. Chairman, that he read that recommendation, or I assume that staff read that conclusion and I imagine that they must have been somewhat startled by it and they must have asked what proof do they have to make that type of statement about me or about my staff or about the division.

I don't know whether in fact the Minister told the staff privately, don't listen to them because they don't know what they're doing and they don't know what they're talking about, but I think he should have told the public of Manitoba and I think he probably should have told the other people — in the regional offices, because there are a lot of regional offices — who see a report like that and say, Wow, this high profile Task Force, this Task Force of insiders, people who have the government's ear, are saying that we don't run ourselves properly, we can't organize ourselves. And, the Minister has never made a public statement saying that that's a bunch of nonsense. He has made it today, and I appreciate it that he has made it. I wonder why he had to wait six or seven weeks before he would defend the integrity and the quality of his staff. Perhaps he'd like to comment on that.

MR. SHERMAN: Mr. Chairman, I don't think I have to defend the integrity or the quality of my staff. If I do, I'm prepared to do it. I owe them the moral obligation of establishing a line of reasonable honest communication with them and I've attempted to do that in the brief time that I've been in office. They know where they stand with me, I believe I know where I stand with them. We all agree that it's a free country, that members attached to a Task Force or to any other agency, any other operation in society have a right to make whatever comments they want. I don't have to subscribe to those comments, when the time comes I'll make my feelings known.

I haven't been asked, we have not considered the recommendations on any kind of an individual way in Cabinet. I have to confess to the honourable member that I've been busy trying to learn in a fragmentary way some of the details of my department and some of the details of my job. I'm not concerned with what the Task Force has had to say at this juncture and I'm not bothered by what they have to say.

MR. PARASIUK: Mr. Chairman, I can appreciate the somewhat defensive remarks of the Minister. I think that having been saddled with this Task Force is an embarrassment and I do appreciate the fact that he didn't consider the Task Force worthwhile enough to really be bothered very much by it and I agree with him and I think he's correct in doing it. However, I have been a civil servant and I really think it's unfortunate when a bunch of amateurs go out and over coffee start taking shots at civil servants because that's the easiest thing to do —(Interjection)— that's right. A colleague of mine says they are sidewalk superintendents and that's precisely the case.

As Ministers get into a department they realize that things are pretty complicated, that the world isn't black and white, that a whole set of judgments are involved, that people have to make judgments, that you have to have some faith in the quality of the staff that's been built up over a number of years, over a number of years. So I'm glad that some Ministers finally are coming out and saying I think we've got a pretty good quality of civil servants because I think that the quality of the Civil Service in Manitoba is very high. I think, unfortunately, it is subject to a lot of outside attack by

amateurs, a mateurs who haven't proved themselves particularly successful in their own fields and I think that it is about time that some of the people on the other side of the House get up and recognize the fact that they do have good quality staff and I think that that's been proven in a number of departments that have been reviewed to date, but I notice that it's only grudgingly, only grudgingly that Ministers will say, "Yes, that was a good department." Yes, the Department of Health and Social Development doesn't have any horror stories and I am very pleased that it doesn't. I think that that reflects well on the Minister and I think it reflects well on the administration. I think they were trying the best within their capabilities and obviously their capabilities were very high, because it's acknowledged that we have a very high level of health and social service in Manitoba. I think that's a credit to the foundation that has been established not just in the last eight years, but some of it's been established prior to that in the sense of getting good people. It's hard to get good people often and that's why I think the quality of the staff often has to be defended.

I will speak later with respect to some of the changes that took place within the department regarding staff, because I think that was quite unfair and I think that a cloud has been left over some of those departed staff which is really quite unfair and was never properly explained by the Minister.

At the same time at this stage, I would like to ask the Minister what he perceives is the relationship between this divisional administration and the regional offices. Is there going to be a direct relationship or is it going to be decentralized and who will the regional directors report to. Will they report to the ADM on a continuing basis or will there be some other fragmentation of the department?

MR. SHERMAN: Mr. Chairman, I must confess I have a little difficulty with the last question asked by the honourable member. We're not going to try to run the individual programs from my office. I have confidence in the ADMs and the branch and division directors and program directors who are running the programs. I, through my senior staff personnel from the ADM level up, am privy to regular and certainly informative communication and that's the way I believe the individuals working to deliver the services can best fulfill their function and best fulfill themselves. I don't contemplate any change in that respect. I don't know whether that answers the honourable member's question, but I'm not sure what he means about centralization versus decentralization. There certainly is no intention on my part and no attempt being made to run those programs out of my office. They're being run under the expertise of people in whom I have confidence and who have demonstrated I think to the people of Manitoba that they're capable of directing those programs.

MR. PARASIUK: Therefore, the Minister really doesn't foresee any great changes in the system whereby 18 people report to an Assistant Deputy Minister which doesn't seem to me to be an unreasonable number of people who might report directly to a senior official.

MR. SHERMAN: Mr. Chairman, in the first place it's not 18 people, I'm not familiar with everything the Task Force report said, it's not 18 people, it's 13 people and in the second place I revert to my original answer, that the Task Force recommendations are something that no doubt will be dealt with by government members on this side of the House, and members on the other side of the House, extensively in the months ahead. I am not dealing with the Task Force recommendations at the present time. I am attempting to do the primary line job that my senior officials and I have to do, and the Task Force recommendations no doubt will be the subject of extensive debate in other areas and perhaps even in other arenas. I doubt very much that the Task Force recommendations and conclusions are really legitimate subjects to be debating. I don't mind the question, but I don't know that they are legitimate subjects to be debating under these particular appropriations, Sir.

MR. CHAIRMAN: The Member for Transcona.

MR. PARASIUK: Mr. Chairman, you know, if in fact we are dealing with an estimate that two months later can be turned upside down on the basis of some recommendations that exist in what the First Minister has called the most important task by the new government, then I think surely when we have that cloud of doubt over these Estimates it is proper for us in the Legislature, when considering these Estimates, to say, "Are these Estimates for real or are they just buying time while the House is sitting because the Estimates that we have before us are possibly less controversial and then what we will do is we'll wait until the Legislature finishes this particular Session and then we will implement a number of the more controversial recommendations when the Legislature doesn't have the opportunity to properly debate the impact of those changes?" When Ministers say that the

Task Force isn't being implemented they are wrong.

The other day a Task Force recommendation that an assistant or a vice chairman of Management Committee be appointed was in fact approved by Cabinet. So we now have a vice chairman of Management Committee with some other staff. I saw that no where. I saw the first statements of the First Minister was that we were going to have a lean Management Committee. There were going to be three people on it, and it was in the Task Force that I saw the recommendation that we will have a vice chairman or that we should have a vice chairman. —(Interjection)— Never, not under this administration. —(Interjection)— That's right, we had one and I'm glad that the Task Force or somebody said, "Well, gee, you know, maybe it doesn't make that much sense to have a very important, almost like a bottle neck at this stage, within the government with only one chairman, because what if that chairman, who also is the First Minister, has to be elsewhere. Will Management Committee meet or will in fact suffer from acute constipation because they cannot get decisions made." So obviously it must have been suffering from something because the vice chairman has been appointed. But the recommendation, that particular recommendation, is in the Task Force. Now is it a coincidence that it was in the Task Force or is it something that possibly is internal housekeeping, possibly less controversial, and it is part of the Task Force that can in fact be adopted.

So when we ask the questions about the future of this let me tell the Minister that I think that many civil servants who may not have been interviewed or may have been interviewed in a very casual manner and then are told by some of these armchair critics that they are not managing things properly. I think that those people probably get concerned and I think that their morale probably goes down. I think that as a consequence their productivity probably deteriorates because they are saying, "We are doing the best we can. I am working to the best of my abilities." Then this outside group that doesn't know anything about the administration breezes through and on a quick basis says, "We can't run the shop."

That is why I think it is important for the Minister to clearly tell the staff whether in fact he believes in them or whether he believes in some part-time amateurs and that is why I raise this point continuously with Ministers so that people in the government, in the government administration, can get a clearer sense of who is calling the shots in this government — the Ministers or some other people. Because it is very difficult often for civil servants to get a clear sense of what the direction of the ministry might be, and I think the Minister tries very hard to sit down with the senior staff, he tries to travel throughout the province and communicate policy direction to the staff. So when you have a document like this with a lot of points and one sentence may affect the future of a program, the delivery of a service to a number of people, and that one sentence recommendation has no documentation to back it up, then I would think that those staff have a definite reason to be concerned, and surely the clients who are in receipt of these services must have reason to be concerned.

So that is why I keep coming back to the Task Force because I do think it is an ominous cloud over all these Estimates. It is no more apparent than in this particular instance where it strikes me that if the Task Force had its way they would probably disband it, because they say that these regional people who report to the Assistant Deputy Minister somehow shouldn't be reporting to him, because if they report to him directly this is unmanageable. I think it has been managing quite well and that is why I asked the Minister whether in fact we are going to have some other system whereby no one will report to the Assistant Deputy Minister, that this \$266,000 will be spent on someone and his staff who will sit there in splendid isolation with no one reporting to the person, because that is the purport of the particular recommendation.

That is why I asked whether in fact we are going to have some type of relationship between the regions and the centre, providing some type of policy direction, providing some staff training, providing some co-ordination, or whether we will have some type of fragmentation, because I don't understand what type of system will continue.

There is a bit more in this respect. You know, will we have one department of Community Operations? What we are discussing here which amounts to \$54,780,000 may in fact be a separate department, it may in fact be a separate department, and what will the relationship of that separate department to a number of other things that we just discussed in the prior section — like Personnel Management Services and all the good intentions of the Minister with respect to affirmative action. How do those jive? That is where the confusion arises. That is why I think we on this side are having a great deal of difficulty trying to take these particular Estimates seriously when we don't really know if they are the real Estimates, because we have had some indication that these recommendations in this Task Force are in fact being implemented — at least those that are more

internal and less controversial. If somehow along the way in two months one department of Community Services is established and people come to me in my constituency or from elsewhere and say, "What is happening?" I will not be in any position to answer that question at all and I think that the best time to ask the Minister those particular questions regarding the future of his department are right now in the Estimates process — because we are not approving Estimates for two or three months or until such time as the Cabinet can supposedly get sufficient time to look at these recommendations in any detail. We are approving these Estimates and we are providing sums of money for the entire year and we are providing sums of money for the provision of services to people in a relatively coherent systematic way over the course of an entire year.

So I would like to conclude by asking the Minister whether he foresees the regional offices continuing to exist, basically the way they are, over the course of the year, seeing as how that is what he is asking money for, and if he expects these regional staff to have a reporting relationship with the Assistant Deputy Minister?

MR. SHERMAN: Mr. Chairman, the delivery staff, the field staff has a direct line of reporting and communication with the Assistant Deputy Minister. In the case of all of these programs, in the case of all of these branches, that will not be changed. The Estimates that we are looking at at the present time are Estimates relative to programs that will, provided the Legislature gives its consent, be carried out according to the description contained in the Estimates Books or any description that I can supply to the honourable member or honourable members opposite if the program definitions are not clear. They will be pursued consistent with the definition of those programs for the 1978-79 fiscal year, with these appropriations, providing they are granted, being allocated to fund them.

The honourable member is asking me whether I, as one member of a 15-member Executive Council, can give him definitive answers at this juncture on what direction this government will take with respect to recommendations in the Task Force Report. I cannot answer that question. I will attempt to answer it for him, and for everyone else who is interested, as early as I can. But I can't answer that question at this juncture. I would only say this, that my leader, the Premier of the province, asks me with respect to recommendations in the Task Force Report and with respect to all programs and services undertaken by the department for which I have responsibility, what do you think? I have known my leader for some considerable time, as the honourable member opposite no doubt has known his leader for some considerable time. I have faith and confidence in my leader. When he asks me what do I think, the only thing that appalls him or bothers him or concerns him is if I don't think at all. And he asked me for my opinion and I am in the process of formulating opinions that I hope to crystallize through experience, not through preconceived prejudices or biases, and I need a little more experience.\$

MR. CHAIRMAN: The Member for Transcona.

MR. PARASIUK: Mr. Chairman, I have some sympathy with the comments of the Minister but you see I think it's fair for us to ask him with respect to each particular appropriation here, even though it's only seven months since he has assumed office, what does he think. Because we are voting \$55 million, and if he doesn't think anything about the programs, then I am appalled. Obviously it is his responsibility to come forward before this House and say, "I think these are good programs; I think these are the right things." Now the Task Force spends a couple of weeks and says, "We don't think so." They have been pretty clear in saying what they think. Now, I would hope that the First Minister and the Cabinet colleagues will ask the Minister of Health and Social Development, what do you think? I hoped they might have asked him already because in fact we were told that many of these recommendations, while they were being bubbled up, were being used in the Estimates process, because I see certain programs in other departments that have already been chopped on the recommendations of this Task Force, and that's not disputable. There is enough documented evidence to suggest that.

So I think when we ask the Minister, what does he think, and he says, "Don't ask me those unfair questions, because I haven't had enough time." I'm saying that unfortunately, the rules of government and the rules of ministerial responsibility are such, that those are fair valid questions to ask in the Legislature when Estimates of the Minister's department are being asked. So therefore, I have asked him what did he think with respect to community operations division and he has told me. He thinks that what exists right now is fine. On that basis, I assume I would be passing this particular Estimate, because he told me he thinks that that's the way it should be.

MR. CHAIRMAN: Resolution 59, (a)(1) — The Member for Winnipeg Centre.

MR. BOYCE: Mr. Chairman, I was a little chagrined earlier this evening because of the cancellation

of the other meeting, but I think we have accomplished just as much in this meeting relative to the Task Force as we would have accomplished in the other one.

We were advised by the First Minister that as we went through the Estimates we should raise questions relative to the recommendations of the Task Force as they pertain to the various departments. And, so far, in the other Committee, we have been totally unable to get anything concrete from the Minister partly responsible for the report of the Task Force, but I was really pleased to hear the Minister, as all Ministers who we have examined so far, or their Estimates we have examined so far, have by and large disassociated themselves with the task farce report. I had really hoped when the Minister was speaking — he started a sentence and he said he didn't think that the Task Force recommendations were legitimate and he paused. And then he went on to say, a proper matter for debate at this time. But nevertheless, in the passing of the amount necessary for the administration, \$54 million — \$54,700,000 — appropriation, I was sitting here wondering whether these people who were on this task farce, who think that the civil servants are lazy, incompetent, a bunch of nincompoops, took a look at the administration, efficiency of the people that are in the service. Mr. Chairman, one of the best jobs, in fact I think the best job I have ever had in my life, was as Legislative Assistant to the Minister, because you really haven't got any direct responsibility for it but yet you have access to the staff, and when they learn to trust you, that you're not there as a spy or anything else, you get to know these people.

But I wonder if these people in the private sector looked at the work that these people do, and paused and looked and saw what the senior administration of their own private corporations who do much less business than \$54 million — I don't know what the final line of this department is — and how much the accountants and all the rest of it in their organizations are given stock options and higher salaries. Mr. Chairman, we have in this province one of the most dedicated group of civil servants. I know for a fact, one particular senior civil servant, who was getting about \$35,000 a year, was offered \$42,000 by another jurisdiction. He stayed here because he wanted to. But nevertheless, Mr. Chairman, I, just in passing, was really refreshed after all the horror stories which don't exist, the fat which doesn't exist, the leakage which doesn't exist, that this Minister sees that his administration, because he hasn't made any changes, is in control. And for the task farce to suggest that management was out of control, is just absolutely ludicrous.

But, Mr. Chairman, on this particular item, Community Operations, I want to put on the record a couple of comments because I did have some small role to play in the Department of Health and Social Development, albeit there was a big Minister and a little Minister, in size only. There was a couple of components which really . . . Decisions were made which the present Minister will have to live with and I wanted to share with him, because I haven't been asked at this particular time by anyone, why I chose to go in a particular direction. Albeit I have said that I would be willing to sit down and discuss it, and I am not saying this in a critical sense because how the Minister survives, I don't know.

Earlier, when the Minister was making his remarks, I don't know if you were listening to him. I believed him when he said that if he knew, he'd share with us the direction that the government is going. And it was almost a cry, that he wished the government would make up its mind — these other fourteen people, so that he could get on with the job. Because in some areas within the department, I have to say that I doubt very much if the Minister would go in any different direction than I would go.

But in two areas; one that should possibly be under Community Operations, and I share your confidence in the staff, by the way, and it being the same staff, they will probably make the same recommendations to yourself as they did to me and to the former government. The movement to a single unit delivery system, the gathering together of different professions to have them work together, is an onerous task. The interprofessional jealousies, and just people problems, it is a fantastic job that we've asked the senior staff in the Department of Health and Social Development to carry out.

You know, Mr. Chairman, this wasn't an original idea in Manitoba — Castonguay started it years and years ago in Canada in the Province of Quebec, and the problems that they encountered, we encountered, so one of the reasons that I opted to recommend to my colleagues in Cabinet, contrary to the advice that was given to us by the senior civil servants, was that two components be kept out of Community Operations. One was the Alcoholism Foundation — now Mr. Chairman, I don't want to be out of order, and I undertake in saying that that I'm not going to repeat myself — the funds that are allocated for the Alcoholism Foundation are other items, but nevertheless the recommendations were made three years ago, or so, that all that money be allocated within the department, for the operations of Community Operations, or under the aegis of the Community

And I share with the Minister, the reason that I decided not to, at that particular time, is because I thought it would be in the public interest if we paralleled the service, and admitting at the same time that in parallelisation, there is a certain amount of duplication.

Nevertheless, the task that was asked of the department in moving towards a single unit delivery system, as rapidly as possible, put on their plate, in my judgment, as much as they could possibly accomplish over a 3 or 4 year time span. And having said that, it was my intention, that at some point in time, to move towards a melding of the services. I give for an example, in this regard, Mr. Chairman, that in Churchill — and as I said, I won't duplicate my remarks — so I won't comment on the allocation or the lack of allocation of funds through the program relative to alcoholism in the Town of Churchill, but nevertheless, in that the Health Board which had evolved in Churchill had arrived at that point where they could handle multi-services, the treatment component, or the dealing with the alcohol problems of the community was done under the aegis of the Health Board in Churchill. In other areas, it was separate.

So I just share that with the Minister, that the reason that it was kept separate and that the funds were channeled to these programs through the Alcoholism Foundation of Manitoba, was because, in my judgment, the department had enough to do, as far as moving towards the single unit delivery system.

Now, there's another area, that comes into Community Operations, and that's the treating of youngsters. Now, the former government passed a new Child Welfare Act, part of which was related to the establishment of a Family Court. Now the present government has backed down on that Family Court, so that it puts the whole program in jeopardy relative to the treatment of people who are in difficulty as juveniles, who are in some conflict with the law. I have to bring into a juxtaposition this difficulty, Mr. Chairman, the fact that the Federal Government has been rewriting the Juvenile Delinquency Act for some ten years, and — the House Leader over there, I don't want to try his patience, either, by going off over in corrections and alcoholism and everything else — but nevertheless, it is related to Community Operations, in that the recommendations that you get all the time is that everything should be put in the same bag. You always get this recommendation.

And as far as administration efficiency is concerned, it seems to make eminent good sense that that be the course that is followed. Nevertheless, Mr. Chairman, until such time as (1) there is backup system of a revised Family Court which is in keeping with the philosophy or maybe the intention of the government is to change the philosophy of the Child Welfare Act, I don't know, the Minister hasn't given us any indication that he is going to amend that particular Act. If there's no amendments to the Act then there has to be serious consideration given to the ramifications of not having the revised Family Court to deal with the problems, as they evolve, and as they are supposed to be treated with the Treatment Panel and the Family Court and all the rest of them.

And I would suggest that the Minister not meld those two services of alcohol treatment and juvenile corrections, into Community Operations, until such time as (1) with the former, the Alcoholism Foundation, until the single unit delivery system is better advanced, and (2) for the latter, as far as the treatment or dealing with youngsters are concerned, that are in conflict with the law, until such time as there is in place — the Attorney-General has said that they will try it next year, maybe, but the Federal Government has said they are going to back off on the funding, so maybe that won't come about — but nevertheless, until such time as the Family Court, which was just conceptualized and not implemented, until that is in existence, and also until the young people in conflict with the law legislation, is passed in Ottawa. And I would encourage the Minister to use his good office to see if he can move that along before we get to his Estimates and some other responsibilities.

But, Mr. Chairman, the fact that the present government in their election campaign said that they were going to cut out fat, and cut out inefficiencies, there was money leaking all over the place — it's really good to hear that the Minister relative to this particular operation, has expressed his confidence in the staff, which I had and have.

MR. CHAIRMAN: 59. (a)(1)—pass — the Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, I won't be very long, but there's a statement that I must make. Yesterday, I congratulated the Minister for not going in like gangbusters and start making decisions about the Task Force, and he hasn't disappointed me, he's repeating the same thing.

Now, I believe that if the Minister, and no doubt I would imagine that he has read the report

of the Task Force, and if he feels that, in certain areas, they're wrong, well, you know, we are actually asked to approve certain things, and I think this information should be given to us. The Minister can say, and in fact he's been doing that lately, saying, well, this is something that as far as I'm concerned shouldn't change. So, you know, I wouldn't want to wait that everybody stonewall this and say we don't want to discuss it, this is not the place to discuss it, because we were told that we should discuss the Task Force with every Minister under every Estimate when we asked where this would be discussed, we were told that.

But I'm satisfied with the answer of the Minister. The point that I want to make is this, that a person that is responsible and a person that for no reason at all, who has no reason to try to help this group, in any political sense because we're opposition, but who would say, well, I'm ready to wait and see. What a difference with a Task Force. Now, the Minister has been there 7 or 8 months, he's been working very hard to try to study his department, and you had a Task Force that had no idea, very little reflect, I know that some of the members of the staff were there, but the main people on the Task Force were outsiders who had no idea what this was all about. In many instances they might have spent about half an hour with a division and knew it all. I think that it comes very clear today when the Minister said: It is my mandate, it is my responsibility, I'm taking it seriously and I'm going to take my time. A few months ago, a few months ago, well, then I would have accepted the recommendation of the Task Force but now I see it differently. He's honest enough to tell us that.

When I stated in another debate that the Task Force, it was all pre-decided, not all but many of these recommendations, they were going on the assumption — they were going on the assumption that we were going to have all kinds of horror stories. They were going on the assumption that there was all kinds of fat. They were going on the assumption that there had been mismanagement in every department. They were going on the assumption that most of the civil servants were friends of the party then in power, and it is turning out that that is not true, and to the credit of this Minister and other Ministers. They are saying now we want to have another look. I think that the public, the people have to know that the Task Force has been a joke.

How can a person that is dedicated to this work, that is going to be held responsible, that has had 7 months to look at it, and say well, I'm not quite ready. You know, he's humble enough to say well, I'm not sure, I've got to know more about my department. But a Task Force of a few outsiders come in and in half an hour in a division are ready to make all kinds of recommendations, that's the joke, and especially when, you know, at least if today, if we had received these sub-committee reports we could deal with this at this time. It would be helpful.

We can discuss with the Minister. We can tell him, we can give him our opinion and he could take it or reject it, but that hasn't been possible, that hasn't been possible at all because we were not given this kind of information. There is one man and now I am sure that it's only one man, because I've listened to too many Ministers. It is one man whose claim to fame was that he was Chairman or Co-Chairman of the Task Force. He's been speaking all over the place. And then when you want any information you won't get it, so I'm not going to prolong this and then subject the First Minister to listen to this because my fight is not with him but with this Task Force. This is what I wanted to know and this is where I had decided that I would not leave these Estimates until I find out where all these horror stories were because I don't like that, some outsiders who've come in and then say to the people of Manitoba, well, this is what happened when they can't substantiate the accusation.

So, Mr. Chairman, I am not going to prolong this or chastise the Minister for not having an answer to every recommendation of the Task Force in this department. I want to congratulate him for saying, well, I'm going to wait. It might be, it might be that later on he will have, it might be that next year he might have some recommendations, he will go along with certain things of the Task Force and we might have to decide. It is unfortunate that the Session is now, and I would hope that this is not just a stall like somebody mentioned, that we're voting millions of dollars as a stall and then as soon as we go everything will explode. This is certainly what I wouldn't want. Now, the Minister is saying that today. One of the points that I don't like too much, not the way this Estimate Debate is going, I think it's going quite well, but at times though, the government and mostly this Minister has been flying trial balloons, have been going and making certain statements in a speech, because he is speaking it seems every night which is certainly his right, and that hits us at times as if it is a policy if it's not explained. Then we find out that it's the opinion of the Minister, not necessarily a policy at this time, and then it is taken up by other members of this House whom might say well, you weren't doing this, you were trying to discourage volunteers and so on, that I don't like at all, Mr. Chairman.

MR. CHAIRMAN: Resolution 59.(a)(1) — Member for Wellington.

MR. CORRIN: Since, Mr. Chairman, we have been dealing very generally with community operations, I was wondering whether the Honourable Minister would deem it appropriate to answer a question dealing with Community Health Clinic Operations at this particular juncture? If not perhaps he could advise where and when.

MR. SHERMAN: I'm certainly prepared to deal with it, Mr. Chairman, I think it's a little further down on this particular section of the Estimates, it would be subsection (j) on Page 39.

MR. CHAIRMAN: Resolution 59.(a)(1) Salaries—pass — Member for Burrows.

MR. HANUSCHAK: Mr. Chairman, before we leave this item there's one question that I'd like to ask the Honourable Minister, and it relates to community operations in general, and no doubt it may apply to subsequent resolutions contained within his department.

I must admit, Mr. Chairman, that I did not have the opportunity to sit in on the entire debate of the Estimates of his department up to this point in time because I had spent some time in the other Committee of Supply meeting in 254. However, Mr. Chairman, despite the fact that I have a tremendous amount of respect for the present Minister of Health and Social Development insofar as his sincerity and his desire to do a good job in his department is concerned but what does worry me, Mr. Chairman, is the attitude of some of the members of his caucus, as expressed in the past, some of whom presently are not here, but nevertheless I don't know, Mr. Chairman, it may be that the ghost of their former existence may still be personified in their successors, that I don't know.

You will recall, Mr. Chairman, on a number of previous occasions when you were sitting on this side of the House, when a colleague of yours, the Honourable Member for Swan River, in speaking on this department made this speech on a number of occasions, and it related to a number of appropriations, not excluding community operations because within this area there is either direct or indirect financial aid of whatever kind, either direct financial aid or indirect by way of medical services, various social services, and so forth. His great concern was that there are people in this province, particularly those whom your department, whom the Minister's department is organized to assist, but they are receiving too much money. That they are receiving too much assistance. His complaint was when he used to go back to Swan River —(Interjection)—

MR. HANUSCHAK: Well, in Swan River, yes. That the people's complaint was they would come up to him, they would say, "Mr. Bilton, we are receiving more assistance from the government which is leaving more money in our pockets than we know what to do with." And that, to a considerable degree was echoed by the then Member for Pembina. I'm just worried, Mr. Chairman, that that same attitude still prevails. I don't know, I don't sit in the Conservative Party Caucus. It may be that the Member for Swan River is a very influential member in the caucus, and if he is of the same mind will have a great influence on the present Minister that this may in turn have an effect on his operation of the department. That if he becomes convinced that yes the needy people in the province are receiving too much money, we've got to cut back. So, I would want to know to what extent the Honourable Minister is being influenced by that type of thinking, if that type of thinking still prevails in his caucus, which I don't know. But I do know that prior to October 11th it did because some of the members of the Honourable Minister's Caucus did express themselves in that fashion.

MR. SHERMAN: Well, Mr. Chairman, I can tell the Honourable Member for Burrows that I have not had communications or entreaties put before me by members of my caucus, the government caucus, to that effect. My problem has been to try to maintain the services and programs that we have within a Budget for which I take my share of responsibility which was designed to meet, as I said in earlier remarks in the Estimates, a challenge and a responsibility which the government, in its judgment, felt was the primary challenge for this fiscal year. That has been my difficulty. It has not been particular positions taken by individual members of the caucus. I have attempted with my department officials to maintain programs and services and put the squeeze, if one can use that term, on administration and that may seem unfair, but I guess it's administrators — and the Honourable Member for Burrows has been one himself, is one himself — administrators who take unfortunately usually take the main brunt of rationalization and restraint programs. So there may have certainly been some strong measures put into place to restrict the growth or the size of the administrative level of various components of this department, not fill vacancies, permit the vacancy

rate to build up through attrition, but certainly in the program and service area, I've attempted to maintain everything I could within the constraints of a Budget for which I have to share 1/33 of the responsibility, as one member of a 33-man caucus.

MR. HANUSCHAK: If I understand the Honourable Minister correctly, and I'm glad to hear that he does not feel that the people for whom the programs in his department are designed for, that he does not feel that they are receiving too much assistance, that they are not receiving more money than they know what to do with, and that it is his intention to do all that is physically and humanly possible within his powers to deliver the types of services and programs that the people of Manitoba deserve.

MR. CHAIRMAN: Resolution 59.(a)(1)—pass; (a)(2)—pass; (a)(3) — the Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, here I have a concern. This is the professional training for the Public Health Nurses. Now, I think it is a very small amount. It's true that it is the same as last year or approximately the same as last year, but if I remember right, last year there was a decrease of roughly \$150,000 I think because we were waiting — and by the way, I'm still waiting for the report of the O'Sullivan Committee on the education of nurses — but this is an area that I'm sure the Minister must have some ideas on. This is very important — I know that the present Minister and myself share the concern in the public health section. We felt that a lot more should be done, and I have the speech that my honourable friend made to the Manitoba Public Health Association also, and I'm aware of that, and especially now that there is an exodus of nurses — I don't imagine and I hope that there's not too many public health nurses because we certainly have a shortage of public health nurses.

If you remember last year, this was one and with the child care, that area was the priority of the department. I think that we were cutting down in staff but we asked for 10 more public health nurses. Mind you, it has to be remembered that a public health nurse is also making a pretty fair contribution in the home care program and we, in effect, were down to — well, I wouldn't even say the minimum — I think that we were even under that, so I am concerned. Maybe the Minister must know something that we are not privileged to know; he saw this report — the O'Sullivan Report — he had it for a few months and he is still asking for only \$25,000 for the education of the public health nurses, and that, Sir, concerns me very much. I would like to hear any comments from the Minister at this time.

MR. CHAIRMAN: The Minister.

MR. SHERMAN: Well, Mr. Chairman, all I can do with respect to the Task Force Report on Nursing Education is apologize to the Honourable Member for St. Boniface again, and tell him what I told him the other night, that I am equally frustrated with the technical delays that have taken place relative to the printing and proofing of the report, but I saw the final corrected report and it was corrected, not edited, because of typographical errors, has now been printed, and I will be tabling it in the House within — I don't know if I can table it tomorrow, but I will certainly table it the first of next week and then we can exchange views on it.

The question with respect to professional training, Mr. Chairman, I would answer this way, by pointing out that there is an additional \$1.3 thousand being asked this year for professional training; that the appropriation is intended to provide funds for post graduate training for public health nurses, social workers, home economists, and for a public health nursing institute held annually with the University of Manitoba School of Nursing.

I can give the honourable member the breakdown on the individual expenditures: public health training for RNs on staff; public health nurse institute, which I just referred to for all of our nurses; social work post graduate training; home economic post graduate training; and miscellaneous short courses seminars — they range from \$2.3 thousand to \$5 thousand; the total adds up to \$25.3 thousand, in a service that obviously is valuable. And when I went through the various stages of the Estimates review beginning with my own department people in December, and working through to the final Cabinet process in March, it was a service that I endorsed and one that I want to see in here and want to see maintained.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, I accept, and I did accept yesterday, the explanation of the Minister on the O'Sullivan Report. I was just referring to it because the point that I wanted to make

is, that last year there was a cut, a large cut, because we were awaiting the report of that Committee. And I am concerned, I think that \$25,000 is not going to go very far. My main concern, and maybe the Minister can satisfy me by saying, well, we've got all the public health nurses we have, they are fully trained, we're satisfied with them. Well, if I know that is the case then he can be convinced right now, he's a lot better man than I am, because in six months if he could clean up this thing where we were so far behind, I take my hat off to him. But I rather suspect that it's not that, that even he can't work that fast, and we have concern in that area. Now are we going to cut in this program? And does that mean that the, especially the public health nurses are going to suffer in that area? If he can assure me that is not the case, that there's enough money there to provide the post graduate training for the public health nurses, then I'll be satisfied.

MR. CHAIRMAN: Resolution 59, (a)(3) — The Minister.

MR. SHERMAN: I should answer the honourable member's question, Mr. Chairman, or try to answer it. First, there was another question of his that I didn't answer and that had to do with the exodus or the recruiting drive to lure Manitoba nurses to the United States, and the honourable member was particularly concerned about public health nurses. To my knowledge, my officials advise me that we haven't received a single resignation yet that they know of, or that I know of, from a nurse resigning to go to the United States.

The second question, which was just asked a moment ago, was relative to the amount and the fact that the amount appropriated or sought for this service underwent a substantial cut last year, and final decisions and conclusions I guess were predicated on the recommendations of the Task Force Report headed by Justice O'Sullivan. We have applied the general target of a 10 percent vacancy rate in this division to the public health nursing sector as well as to the rest of the division. I am not certain that we have achieved that 10 percent vacancy rate yet, but that is the target that we want to test for viability. It doesn't represent that big a change over the current and chronic condition. We have been operating in the six or seven percent vacancy range where public health nurses are concerned, and I am advised by my officials that percent vacancy rate is a reasonable target to strive for and that they don't expect any pressures in terms of service resulting from that. If we do find though that it's not enough, I certainly am not going to go to my colleagues in government and recommend that we maintain a 10 percent vacancy rate in that area. It's my hope that we can find that we can achieve that kind of target, maintain the quality of service, and then through that exercise, find ourselves in a position, as I believe the previous government hoped to find itself in a position, of being able to phase those positions out of the permanent establishment of the public service in this province. But I'm not going to sacrifice public health to do it; if we get the 10 percent and it's pinching, I'm going to go back to my colleagues and say that I can't do it at 10 percent.\$

MR. DESJARDINS: Well, Mr. Chairman, the last remarks of the Minister please me very much. I'm not here to fight with staff, so therefore I won't start a debate with them, but I'll tell the Minister that I don't believe a word of it. I don't believe at all that we can deliver the service; the previous government wasn't delivering the service properly in that area, I must admit. And I'll tell you the reason why — we brought in the home care program and much of the work of the home care program had to be done by the public health nurses, the nurses hired by the government, and therefore we neglected some of the other work.

Now, there is one thing that I will never accept, I never accepted when I was a member of the Cabinet when some of my colleagues brought this up, and I don't accept it now, is that we can make a general rule and say we're going to cut 10 percent. I don't think that makes sense; there's some areas that are overstaffed. I think that is a difficult thing to do and I think that it will be difficult in that department because we had been doing that not only this year but for the three years in a row, and it's going to be tough.

That I can understand, but I can't accept that we will say 10 percent in a global way like you say to the hospitals. If it's good enough for the hospitals, then say, all right, it's up to you to see where you're delivering and where you're going to suffer, and I think the department can accept if the direction of the Cabinet is you must cut 10 percent across. But that might mean 15 percent in certain areas and not even an increase like happened last year when we asked for 10 new positions for public health nurses. And I am saying that now, especially the Minister, because we agree in this kind of service that we want to deliver in this field of prevention in this area and then we want to move in that direction. It is an area that if we don't do that, as the Minister said himself many times here and on different occasions where he spoke to different groups, that this is an idea where you are going to maybe save some money. I think that's exaggerated; I think that if the people

are all healthy, you're not going to save that much, but the people will live the good life. It's not going to save that much because the people that live longer — and you'll have certain cuts like what we see now in the Portage school for retarded where the average was 14 or 18 years old and now it's about 43 or something like that — I think that it is wrong to think that if you have the people in good health and all that, that you're going to save a lot of money. But that's not necessarily the name of the game. The name of the game is that our people will lead a productive life, they will make a contribution to the economy and to the people of Manitoba, but this is one point that I'm not too happy about and I would advise, I would ask the Minister to look at this one particularly and to make sure that the service is delivered because of the things that I know he wants.

This is one of the areas that you must have the staff and I think that the department last year and the year before had a shortage of good public health nurses. I don't mean when I say good public health that those that we had were not good, but we had a shortage of them and especially with a growing program like home care, and now mind you, every indication that we've had, I'm kind of afraid to reach the home care area because it might mean that we'll find out that with the staff and so on that there will be quite a cut. And I think that this would be ridiculous and I think that this government, even if I was a member of the Conservative caucus I would fight for this because I would say you're not saving a cent; you're not saving any money because you will have to build more hospitals if you can't help people because doctors, as I said before, are now releasing people so they can go home and recuperate. And also there are some people that because of this home care don't have to take a bed either in acute hospital or personal care home.

So this is quite a concern to me; the whole principle, not necessarily that \$25,000 or so because the Minister might tell me, well, we're getting good nurses that have already graduated or we are recruiting, I'll be satisfied, we might not need that much and maybe I should have waited until we got to the public health nurses. But I am very, very concerned in that area and I think the Minister should be concerned because this is an area where we don't fight, where we don't disagree, in this question of prevention, because this has been a pet project of the Minister when he was sitting in opposition and for the number of years that I have known him. So I would ask the Minister to be very, very careful and to at least get the assurance from his Cabinet colleagues that he doesn't have to in every division take 10 percent — get vacancies of 10 percent — if it's a global thing, 10 percent of the whole department which I don't agree with, which I think is too high, I don't think there's that much fat in there, but I can understand that, if that is the policy of this government, but please not in this area because we're all going to suffer.

MR. CHAIRMAN: Resolution 59. (a)(3)—pass. Resolution 59. (b)(1) Salaries—pass — The Member for Seven Oaks.

MR. MILLER: Well, Mr. Chairman, this is the Medical Public Health Services and I notice it provides preventive health and medical services. Is there any talk in the department about expanding the vaccination for German measles as the kind of disease which in itself isn't very important, but which is now found responsible for much of the children with mental retardation cases that develop because of the mother during pregnancy contracting German measles. Is there any attempt, any thought, by this government to expand the whole vaccination field, the immunization field, to assure that — because there is no reason in this day and age for some of these diseases to still be prevalent — and is the government giving any thought to how we can get children young and get them back again for the booster shots for any number of diseases which can be prevented providing they can be immunized and will come back for immunization.

I am wondering whether perhaps, I recall when the Salk vaccine first came in, it was done in the schools. We went out into the community when it was decided that the population at large should be checked for TB, it was done through the schools. They went out into the community. And I'm wondering whether we shouldn't move in that direction instead of doing it in private doctors' offices, which simply means that those parents that are more sophisticated — more aware — avail themselves of these services, but a great segment of the population is simply left untouched, and as I say, in this day and age, certain illnesses and diseases which are still prevalent and which can be avoided' and the cost in the long run is fantastic. Whereas, if you can nip it in the bud early enough and maintain it, you are away ahead of the game.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, there are no plans that I know of to expand the immunization

and certainly there is no expansion of a significant nature contemplated in the Estimates being put before the Legislature at the present time, but there is certainly sufficient funding being sought to maintain those programs at their existing level. I recognize what the honourable member is saying, particularly about german measles. That rubella immunization program will be maintained at its existing level. The immunization procedure is, to a substantial degree, carried out in the schools through our department, but there are many people who don't, for one reason or another, take advantage of that opportunity through the schools. Many of them seek immunization outside, from private physicians, certainly through facilities like the Children's Clinic. There are additional numbers treated and immunized within that spectrum. The department will continue to maintain and promote the immunization concept, but I can't assure the honourable member that we are in a position to expand it this year.

MR. CHAIRMAN: The Honourable Member for Seven Oaks.

MR. MILLER: Mr. Chairman, I believe the Minister is on record in one of his speeches that he made, where he indicated that the best Cost Benefit Program is an Immunization Program. I assume that you maintain that what is going on is, I don't think, adequate enough. You see, it seems strange to me, that when society has developed techniques, they have the means — it's a matter of organization — that we still leave it to sort of hit and miss — some of it is done through the schools, the child has to bring a card to the school from the parents and unless the parents agree, it isn't done. Many parents are forgetful or they think they'll go to the doctor, but they don't, and I'm wondering since there is a requirement — for instance the law says that you must send your child to school, if not you can be prosecuted. I'm wondering whether using the fact that the children are in the school system, that just as they are required to attend, we take advantage of their presence there to use the schools as a focal point, and that you can if you want to go to your private doctor, but it should be not that unless you've gone to your private doctor it will be done in the school, do it the reverse; the immunization can be performed at the school, if you want to opt out because you want to use your private doctor, then you can of course claim otherwise. But we do it the reverse way, and that's why, I think, we're so inefficient in our coverage of the total population — not only with the very young, but as I say particularly in the booster shots, where they totally lose track of it, and it's very casual at that point. I would venture to say that for the second and third shots, where as you might hit 65 percent for the initial, I suspect you are down to about 15 or 20 percent from thereon in. And as the Minister himself has indicated, it's the best cost benefit there is, because anything you can prevent later on is dollars ahead, both in the cost of curing and the other costs which flow from certain illnesses like german measles, and you mentioned rubella, which are tied in we now know with the whole field of mental retardation.

I would hope that the Minister —(Interjection)— well he's telling me that they're not going to do any except maybe maintain what's there — but I would hope that if he wants to go down in history as pioneering something new, something overdue which I frankly admit we didn't do well enough, that perhaps he would consider giving thought to introducing in Manitoba a system whereby we can get at 100 percent of the kids, because the kids are at school. They're there — we can get at them, and just as we now recognize the need for screening for hearing problems, for visual problems in young children, so we get at it early enough, and we can prevent children from being classified as slow learners when, in fact, they couldn't hear or see properly, similarly a decent, a good immunization program can save, I'd say, hundreds of thousands of dollars and misery down the line. So I'm offering this to the Minister, he can be a hero and go down in history in Manitoba, if he can marshall the forces we have, marshall the knowledge we have, marshall the expertise we have, and get something going in Manitoba which will have a long payoff in the final analysis.

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

MR. DESJARDINS: Yes, I'd like to add a word or two on the same subject. We should reassure the Minister, I don't think that we're looking for more money. I think it is a better way of doing it; it's not an ideology idea at all, it's not a thing that we want big government or take it away from the medical profession. I'm not saying there is not a good job being done now, I think it could be greatly improved, but it is the utilization, the percentage, and furthermore just as important it is that nobody in Manitoba has any idea of how many people are being — they probably know how many people, but for what — and the important thing is if a record could be kept.

Now I think, when the children start schools, if they have certain vaccinations and so on — I'm not saying to increase them to have more, that'll come in time when it's up to the Ministers — there are different disease that come, and so on, and it might be that they want to institute inoculation

in that area, also. But I'm saying that even what we're doing now, I think that it would be better done by a public health nurse in the schools; this is one of the things that I mentioned when I was responsible for the department, that that was a dream of mine that we could have many of these things in schools. Well there was the dental program, and there was testing hearing, and the eyes, and I don't think anybody can argue with this to say that the utilization should be improved, I don't think it would cost any more money — but I think that more than anything else, we would have a better record.

So I would leave the Minister then with this thought, I don't think we need any more money and I don't think that he's had enough time. We talked about it for a couple of years, and we did nothing about it, although there have been some discussions with the Minister of Education and myself. I think we certainly wanted to move in that direction, so I'm not faulting the Minister even if he doesn't do anything this year, but at least if he can think about it and explore this idea and maybe we can discuss this next year. But it is utilization that I want, and proper record, I think this would be very valuable.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Well, those are helpful suggestions, Mr. Chairman, from the Honourable Member for St. Boniface and the Honourable Member for Seven Oaks, and I will take them under very close advisement. I can assure the honourable members that our department is hoping to move to a more sophisticated surveillance program; we do maintain a surveillance program in which we attempt to follow up by telephone call the assurances by parents and families, that their children will be taken to private physicians, if they're not immunized in the schools. We are hoping to go to a computerized system which would enable us to get and maintain a firm handle on the whole subject area. I'm expecting, as a matter of fact, a formal proposal from officials in my department which I will certainly welcome during the course of this year.

MR. DESJARDINS: I would like to thank the Minister.

I wonder, could we discuss . . . I don't know what the title is, but Doctor George Johnson, this would be the area here . . . could we know what his role is? He is a consultant, an advisor to the Minister, but I read also that he was the go-between representing the department with the medical profession and maybe the College of Physicians and Surgeons, and there was somebody doing that. That's not something new. This was being done by Dr. Tavener; this was why we had him as the chief medical consultant. Now is there a clash, or is Dr. Tavener being re-assigned to another area? I think that at that time, also, he was too busy, I doubt it, but he was also working in Corrections and I don't think that's the case any longer. But Dr. Tavener was the chief medical consultant as well as the chief psychiatrist for the province. Now, are there two doing that work now, which might be a welcome addition, or is Dr. Tavener doing something completely different? Maybe the Minister can tell us what Dr. Johnson is doing?

MR. SHERMAN: Mr. Chairman, there's no change in the status of Dr. Roy Tavener. He still is the Chief Medical Consultant to the department, the Ministry, and Chief Provincial Psychiatrist, and I don't feel that there is any duplication of duties or responsibilities between Dr. Tavener and Dr. Johnson.

Dr. George Johnson, incidentally I might just say for the information of the honourable member, is paid out of the appropriation that we passed a moment or two ago — the Divisional Administration appropriation — and Dr. Johnson is attached to my office. The title that he has, if titles are significant, is Special Advisor to the Minister — Medical, and the functions for which I'm using him are to advise me in sophisticated and professional medical questions in which I don't have the expertise related to the general profession itself, to the overall distribution of beds and facilities, particularly beds of an acute active treatment, personal care, and extended treatment nature throughout Winnipeg and Manitoba — fundamentally throughout Winnipeg. Specific subject areas of concern to the medical profession itself, such as recruitment and retention of personnel, immunization as a matter of fact is a subject area that I have been seeking Dr. Johnson's advice on. Dr. Tavener, by contrast, really functions as the Chief Executive Officer for me, and advisor to me, in the fields of mental health and mental retardation. Anything having to do with the psychiatric area of medicine, and thus far there really has been no duplication or overlap.

I felt, and my colleagues in government felt, that it would be extremely helpful to me to have specific professional medical advice from a person who had seen the subject from both sides of the fence, as a practicing physician and also as a former elected public servant and Minister of

the Crown, and he certainly has been very helpful in that respect. But it's not, in any way, a reflection on the capacity or the work or the value or the status of Dr. Tavener.

MR. DESJARDINS: I thank the Minister for his answer. That has satisfied me, but I don't want to let this pass without making sure that I was very well understood, that I wasn't criticizing Dr. Johnson. I congratulate the Minister for being able to have a person such as Dr. Johnson on the staff. I would have been very very happy to have him on my staff when I was the Minister responsible. I might say that I'm happy that he is a Conservative or was a Conservative, because I think that he was one that really was a progressive Minister, and in fact he was quite left of me in those days. Now unless he's changed completely, like the now Premier, who I felt was quite a liberal or quite left wing of the Conservative Party to an excess right winger now, if he hasn't changed. I think that I would welcome Dr. Johnson there because I think he'll keep the Minister honest and he could be the conscience of the department, so I've nothing but praise and I congratulate the Minister for having Dr. Johnson and I think he's going to be helpful for the people of Manitoba.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: I would just comment, Mr. Chairman, that the mistakes that I'd made thus far are not the fault of Dr. Johnson or the fault of Dr. Tavener.

MR. CHAIRMAN: (b)(1)—pass — The Honourable Member for Transcona.

MR. PARASIUK: Mr. Chairman, I notice that there has been an increase in the salaries here. I assume we've added on some staff. Can the Minister indicate whether in fact this is the section that also deals with epidemics and the possibility of encephalitis? Is this the particular section under which that would be? —(Interjection)— Okay. We are I gather monitoring that possible dilemma. I think it's something that occurs every year with the coming of mosquitoes and everyone gets very concerned as to whether in fact we've got an encephalitis epidemic. Does the Minister have anything to report in this particular area at this stage?

MR. SHERMAN: The difference in salaries, Mr. Chairman, is explainable by the fact that in the previous year there were vacancies that do not exist at the present time. Those vacancies have been filled. The total complement in staff man years hasn't changed, but there have been vacancies that have been filled. The difference in the line having to do with other expenditures is largely attributable to increased drug costs which have escalated really enormously. There is also \$80,000 which represents an increase in the accumulation and availability of polio vaccine. So most of that, or all of that can be explained really in terms of increases in prices, increases in costs. —(Interjection)— Oh, we're still on salaries. Well, that answers the salary — I guess we haven't got to the encephalitis surveillance program yet. The honourable member just asked me about that. That presumably comes down under (2) Other Expenditures.

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

MR. DESJARDINS: The Minister will have to explain. Last year I thought we were asking for 25 staff man years, and the sheet that I was given we were supposed to have 26. So, we'll go on the Minister's figure of 26, he is asking for 26 this year. And he is saying that there is a large increase because there were vacancies, but I'm sure that we must have asked for enough money to pay for these people last year. There must have been a surplus that was used somewhere else, or the staff must have been guilty of wanting to underpay these people because there was 26 last year and 26 this year and there is a big increase. What is the explanation?

MR. SHERMAN: Well, Mr. Chairman, I am advised that basically this reflects a reduced turnover in staff and also reflected in there is an increase in the medical personnel salaries, increase in salaries for that component, and a reduced staff turnover generally. —(Interjection)— Well, there were as I understand it some vacancies last year that do not exist at the present time. There are no such vacancies this year. They have been filled. And what the honourable member is asking me is how come if the establishment was still at 26 SMYs, why would there have been a lower request last year.

MR. DESJARDINS: May I explain, Mr. Chairman. I understand that. Now, it might be that this year, it might be that next week there will be a few vacancies. I'm not arguing with the money that was spent. I accept that if we had vacancies, there was less money spent. But, I imagine that the same

staff that you have in front of you didn't lead me astray last year and if they wanted me to ask for 26 people or 25 I was asking for the money to pay for them, the same as you must be asking now at this time for the money to pay for those 26. It might be that when we come next year, you might say, well, no, this money wasn't spent because I had vacancies. That's possible. I want to know why in the amount voted or requested last year — and my information here is that we asked for 25 last year — even if we had for 25, you've got me asking for 26, but let's say 25 or 26 there's quite an increase. Now, I'm saying that last year when I asked for that amount of people I was asking for the money to pay for them. It's possible that I didn't spend that money, but why such a change?

MR. SHERMAN: Well, I'm advised, Mr. Chairman, that we never ask for full salaries if we have vacancies or are expecting vacancies. For example, the Hearing Conservation Program staff for 1977-78 was for half a year. We are looking at 1978-79, which is a full year, and that represents a difference of \$35,000 right there.

MR. DESJARDINS: I think the answer is that we were last year, knowing that we would have certain staff for only half a year then. That's the answer. All right.

MR. CHAIRMAN: (b)(1)—pass — The Honourable Member for Ste. Rose.

MR. ADAM: Mr. Chairman, I wonder what is happening in the area of Venereal Disease Control? We hear that venereal disease is on the increase and reaching epidemic proportions. What are we doing about this? It seems to me a few years ago tuberculosis was one of the diseases that was almost reaching epidemic proportions and we managed to eradicate that. Perhaps the Minister could make some comments on that.

MR. SHERMAN: Mr. Chairman, there's virtually no change in the appropriation being asked of the Legislature for Venereal Disease Control. The program in that respect, the funding and service in that respect is being maintained essentially at last year's level. The 1977-78 approved vote was \$66,500; we're asking \$64,200 this year. There is however, an additional program that we just launched a few days ago, that will run for the next four weeks, a campaign to familiarize Manitobans with the epidemic proportions to which the incidence of venereal disease has climbed in the view of our officials. The program is intended to take advantage of media communication, newspaper, television, radio, outdoor, and to be geared to acquaint Manitobans with the fact that it's possible to be affected by venereal disease and not know it, to have an asymptomatic form of it or at least temporarily asymptomatic, and that the reported incidents of the disease represents, in the view of our officials, only what has been described as the tip of an iceberg and this is a very serious problem that we want to acquaint Manitobans with. We don't believe that it's a subject that should be swept under the rug. We are trying to address it objectively and carefully without sensationalizing the subject. A four week informational campaign is not going to solve the problem of venereal disease, but I think it should be viewed in the context of a step in a process. We want to alert people to the existence of a serious epidemic and then having established that psychology and perhaps establish that kind of awareness, there are then other things that I certainly would agree with the Honourable Member for Ste. Rose will have to be intensified and will have to be done in the future. That \$16,000 does not appear in this particular vote. That's being funded under Health Education Services.

MR. CHAIRMAN: (b)(1)—pass — The Honourable Member for Ste. Rose.

MR. ADAM: I'm just wondering if there's any education in that direction in the schools, at least at the higher school levels, on the dangers of this disease.

MR. SHERMAN: The problem, the question, and the incidence of this particular type or range of diseases is delivered in message form in our schools by our nurses, by our public health nurses to the degree that the schools co-operate and permit us to do it. The Department of Education of course has some considerable responsibility in this area, but yes, the attempt is being made through our public health nurses to convey the message through the schools that venereal disease is a serious medical and social problem and that all citizens should be aware of it and aware of the danger of it, and aware of the signs of it, and prepared to protect themselves against it.

MR. CHAIRMAN: The Honourable Member for Ste. Rose.

MR. ADAM: Mr. Chairman, it seems to me that in the past the attitude has been that we've been

ashamed or embarrassed to come out in the open and talk about venereal disease, and it's a disease like any other disease. So, you know, I don't know why we should be timid about it. We've had a D-day and we've had a V-day, maybe we should have a VD-day? Let's all go and get checked up.

MR. SHERMAN: Mr. Chairman, all I can say is that we are encouraging everybody who thinks they may have it to go and see a doctor, and we are encouraging all physicians in the province to report cases to our own VD Control Branch, our own VD Control people, so that we can follow up on contacts and on the spread of the disease. I don't think we're taking a timid approach to it. I think we're taking a straightforward educational approach and I think if the honourable member checks some areas of the city and some buses running in the city and some television and radio stations, he will note that our ad campaign is under way and there is nothing timid about it. It's not sensationalized or romanticized, it's straightforward. It simply says that you can have VD and not know it and you should be prepared, you know, everybody should be prepared to take some responsibility for their personal health.

MR. CHAIRMAN: (b)(1)—pass — The Honourable Member for Ste. Rose.

MR. ADAM: Yes, I'm just wondering what the Minister is doing insofar as the remote areas with his campaign of publicity?

MR. SHERMAN: Well, Mr. Chairman, as far as that particular campaign is concerned, I would have to say, as I said at the press conference introducing it, that it is concentrated largely in Winnipeg and Brandon, but it takes into account time bought on radio and television stations which have a broad reach throughout the province, so we hope to reach remote areas that way and our public health nurses are tuned in to the campaign and to the message and are carrying the message themselves to those areas.

MR. CHAIRMAN: (b) (1)—pass. Committee rise. Call in the Speaker.

The Chairman reported upon the Committee's deliberations to Mr. Speaker and requested leave to set again.

IN SESSION

MR. SPEAKER: The Honourable Member for Radisson.

MR. KOVNATS: Mr. Speaker, I beg to move, seconded by the Honourable Member for Dauphin, that the report of the Committee be received.

MOTION presented and carried.

MR. JORGENSEN: Mr. Speaker, I move, seconded by the Minister of Northern Affairs that the House do now adjourn.

MOTION presented and carried and the House adjourned until 10:30 Friday morning.