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DEBATES
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PROCEEDINGS

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LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, March 19, 1979

Time: 8:00 p.m.

SUPPLY — HEALTH AND COMMUNITY SERVICES

MR. CHAIRMAN: I would draw the Honourable Members' attention to page 47 in the main Estimates. We are on Resolution No. 64(3), Social Services and Community Health. (a)(1) Salaries—pass. The Honourable Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, there was a remark from the Minister before the dinner hour that I couldn't believe, that really surprised me. He was answering the Honourable Member for The Pas, and he was saying to my colleague from The Pas that what he was saying, he knew it wasn't true, but he would keep saying it for the next three years or so, for political reasons. And he said that he had agreed, that this is what should be done. Mr. Chairman, I certainly don't buy that. I don't think that the role of the Opposition is to lie or fabricate all kinds of things that aren't true at all, and I don't know if that would indicate the style of my honourable friend, because I think that it does, up to a certain point.

For instance, this afternoon, he was telling me that they had too many wheel chairs, that they were selling them, and then we found out that they were selling those that were obsolete, and they were asking for \$60,000 more. Also, while he was directing his remarks to the Member for The Pas, he was saying also that there was something new, there was some flexibility, that before you could not have people transfer staff man years, vacant staff man years, from one department or one branch to another, and that's absolutely false, Mr. Chairman. That has been done a long time before this government took office this last time.

So, Mr. Chairman, it would seem to indicate that we will have more of that — that when we ask a question, we will have a lot of verbiage, sometimes to kill the clock and so on, but we're not going to have the answer, because there's no point in pursuing this and going around and around three or four times and I'll repeat the same thing, and my friend the Minister will also repeat the same answers, but this is something that we would want the record to show, that we do not agree, that there's been a meaningful change.

First of all, I think that this would be a place where the Minister could explain the reorganization; I say that it's a sham; I say there's no reorganization. I think they're switching a few responsibilities here and there and there's a lot of switching the different items here in the Estimates, switching them around. It's done by the same people. It's done pretty well the same way. Now, I think that this would be the — and I'm not going to press this, if the Minister doesn't give the information at this time, we'll wait until we get to page 50, I think to Regional Personal Services.

I would like to know how the delivery of service is done. Is it still the single unit delivery, or has there been some change on that? Last year the Minister said there was no change at all. There must be something, because we never had that many staff. The regional branch and regional teams that we had, they were all short of men, and all of a sudden, there's over — what? There's about 92 staff man years less.

So the Minister is not going to just by standing up and saying, "We are cutting down the staff man years and we're delivering better service," the service is not being delivered, Mr. Chairman, and if the Minister would prefer us to dwell on this when we get . . . I don't know if you can hear me, but I can hardly hear myself, Mr. Chairman, there is so much . . .

MR. CHAIRMAN: Could I ask the honourable gentlemen . . .

MR. DESJARDINS: Can you count that and find out how many can hear me? There is one, two, we can go through the whole thing. One, two, three, four, five. —(Interjection) — Well, you get a medal. —(Interjection)— Well, you can always leave. In 20 years I've had to listen to a hell of a lot of things I didn't want to hear, I can tell you that, so you can be patient for your second year, you can be patient and maybe learn a bit. Aren't we in a happy mood tonight? Is there a party going on somewhere or what? —(Interjection)— No. All right. If you're asking for it, you're going to get it.

A MEMBER: Outside in the hallway?

MR. DESJARDINS: Oh no, no. Well, if Craik's not around I might go in the hallway, but Norma's not here, so what's the point?

Mr. Chairman, before I was so rudely interrupted, could you remind me where I was. Mr. Chairman, I think that I was saying to the Minister, we can discuss the delivery of service now or we could wait until we get to the item, it's immaterial to me.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, the basic change as far as the restructuring and reorganization of the department is concerned, has been the disestablishment of Corrections —(Interjection)— as a separate ministry and the absorbing of it into the department as a division within the department, and the realignment of the basic functions of the department into two component services; one of which is identified as Public Health and Community Services and the other is identified as Institutional Operations, and that covers both the mental institutional side and the correctional side. On Social Services and Community Health, we have not made sweeping revolutionary changes, although some branches have been shifted from one line division in that component to another, but basically it remains a field delivery division, which was always called Community Operations and is now called Regional Services, and two, support divisions. We still use the . . . pardon?

A MEMBER: Is it still single unit delivery?

MR. SHERMAN: Well, we really use the multi-disciplinary team approach in terms of delivering professional service. The support divisions and their structure really permit a, I think, perhaps a clearer identification of medical public health, of public health and preventive medicine in a more sharply defined profile than was the case before, which we hope will help place an emphasis on public health and preventive medicine. We have insofar as community mental health and community mental retardation services are concerned, moved them into that side of the department, where before they were directly linked with institutional services. There still is a link between them because of the role of the Chief Provincial Psychiatrist, Dr. Roy Tavner, who is the ADM on that side. But, we have them now placed and identified under community health support rather than under institutional services. They have to work together, and the liaison, the bridge, is provided by the office of the Chief Provincial Psychiatrist.

But essentially, there are some refinements that we still have to carry out. For example, the possible melding of public health nursing and home care, the rationalization, perhaps, of program review and evaluation and special studies into one component. Those are being looked at by the Deputy Minister and the Assistant Deputy Ministers, and by the Directorates, so there may be some additional rationalization of that kind. Beyond that, it's not that sophisticated a reorganization.

It was designed, as I say, specifically to bring corrections in, and to recognize the two distinct functions of the department, one on the institutional side, and one on the community health and social services delivery side.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: Thank you, Mr. Chairperson. I'd like to ask the Minister if this is the section where it would be most appropriate to ask what his department is doing with respect to the whole question of affirmative action.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Well, Mr. Chairman, the whole question of affirmative action is, to a considerable extent, really in the hands, at the moment, of the Minister of Labour in his capacity as Minister responsible for The Civil Service Act and the MGEA. There is no change in policy or approach where the affirmative action philosophy is concerned in my department. I know that my colleague, the Minister responsible for the Civil Service Commission, is discussing and studying the affirmative action approach with the Public Service, but that it has not produced any changes in direction or philosophy where our department is concerned.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: Yes, Mr. Chairperson. Perhaps the Minister can recall that I gave him fair warning that I would be asking this question. I raised this matter last year in the review of his departmental estimates, and I asked him what was being done then that he didn't have anything and he indicated to me at that time specific that he could point to in his own department's Estimates and that the Minister looking after the Civil Service, or responsible for the Civil Service Commission was possibly doing something in this area and I pointed out to him that unless you have some real action taking place within a department, that nothing will really happen, that affirmative action will then remain just a lot of rhetoric. I'd indicated that I was concerned about this because last year the provincial government had out-staff within the Civil Service Commission who were dealing with the whole question of affirmative action.

I was assured by people last year in the Estimates process that this year, despite those cutbacks, we would see something coming forward in Estimates. And, obviously from the response of the Minister just now, nothing is happening with respect to this whole area. And yet, we were given the impression last year that something would be happening.

Mr. Chairperson, it's particularly important with this department because this department provides opportunities for affirmative action. It is the department that employs the largest number of civil servants and if you're going to try and develop an affirmative action program, it would strike me that this is an excellent place to start. And, it's this particular division or branch and I don't know how the departments in titling something like Appropriation 3. Social Services and Community Health where the government has a tremendous opportunity if it was serious to do something about the whole set of matters relating to affirmative action. I think last year, in the Estimates review of his department, the Minister of Health and Social Development said, yes, he was sympathetic to this whole matter but this is obviously something that would have to be looked at in the future, that he hadn't had enough time given the multitude of things that he had to deal with as a Minister with a large department like this and that he hadn't had enough time to really get into this matter.

I did indicate to him last year that I was raising this matter. I wasn't going to make a big fuss about it last year but I told him that he should remember that I would be raising it again this year, that I was giving him fair warning that he would have an opportunity and he assured me at that time that he would be doing something about it. I raise that, Mr. Chairperson, because you know on a number of issues that we've raised the Minister gets up and tells us, yes, I haven't had a chance to look at that but I will be looking at it in the future. Trust me, have some faith in me. I'm concerned, I will do something about this. Well, here's a concrete, specific area and the whole matter of affirmative action, I think is something that we've been told that his government has some concern for.

He, I think, agreed with me last year in my arguments that if affirmative action was going to be undertaken specifically and concretely by his government that the place to start would be with his department and the place to start would be with this set of activities. We're dealing with public health nursing services, we're dealing with medical public health service,, we're dealing with home care, we're dealing with health education, we're dealing with dental services, we're dealing with child and family services, we're dealing with the whole areas of income security and surely, here is an area, I think, where women can be given a greater opportunity because of their own past experiences in carrying out jobs that possibly are being denied them because of a whole set of past attitudes and practices of past governments or more particularly, of the administration because I think that administrative traditions tend to set in. And that's why it is important for something like affirmative action to be carried out specifically. And nothing has been done here, nothing at all. And to me this is another example of the Minister undertaking with what we think is good faith to look at something and to come back a year later with something specific. And when we remember such an undertaking and bring it up to the Minister the following year he has forgotten it. And I think it is not good enough, Mr. Chairperson, because I think this is an important area. I would note that this government hasn't done anything on it and it would appear therefore that it doesn't intend to do anything about it. An the seriousness of this lack of action is compounded by the fact that the government has also cut out any type of activity on affirmative action that could take place in the Public Service Commission. There was some type of initiative being undertaken at the staff level within Management Committee but they have abolished Management Committee now —(Interjection)—

Mr. Chairperson, I believe we have another discussion taking place there on affirmative action. I can see that the members Opposite are so concerned with the issue of affirmative action that they are now holding an emergency Caucus to discuss the matter.

I'd like again to ask the Minister if he feels that anything is being done within his Department to pursue affirmative action. Whether, in fact, something can be done within this fiscal year or the fiscal year for the Estimates that we are considering. If nothing has been done to date, fine —

I don't think it's good enough but I'd still like to see something happening. So is the Minister indicating that sometime in June or July something will be done to specifically allocate some positions for the affirmative action program? I think this is a valid question to ask at this particular time. Does the Minister envision any type of activity like that over the course of this fiscal year?

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, I do sincerely believe that the honourable member should be raising this question with the Minister responsible for the Civil Service because it is there that the policies of the kind to which he refers are assessed and judged for purposes of implementation. I can tell him that the Minister responsible for the Civil Service is in the process of generating a new initiative in the New Careers Program area and I would expect that my Department will be involved up to a certain number of persons coming into that program. In fact, I've had discussions on that subject with the Minister responsible for the Civil Service, both on the Corrections side and on the Public Health and Community Services side. I expect that we will be assuming responsibility for absorbing a certain number of those new careerist candidates but beyond that I can't guarantee the honourable member any specific plans in my Department in this field in the months immediately ahead.

We have a wide number of programs and services to deliver as he knows. Our primary responsibility is to deliver service and I assure him that our personnel is fully occupied in delivering those services. If there is a philosophical or conceptual approach that should be developed and implemented in terms of government hiring policies, such as affirmative action, and I don't deny that it is a meritorious principle, that must come from the member of the Treasury benches who's responsible for manpower administration and the Civil Service Commission and we will co-operate.

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

MR. PARASIUK: Yes, Mr. Chairperson. I will get back on this issue. I'd like to just describe to the Minister what was taking place under the previous Administration with respect to affirmative action. There was an affirmative action group set up within the Civil Service. It was contacting the administration of every department requesting each department to come forward with concrete affirmative action proposals for each particular department, and I expressed the concern last year that if you abolish this group within the Civil Service Commission, nothing would happen in each particular department, and that's why I was concerned that the affirmative action program would grind to a halt. It's a difficult concept to implement. \$\$

So I thought last year that the Minister was sympathetic to this whole concept and then would undertake to revive at least within his department, because I think his department offers the greatest opportunity for affirmative action, to have his staff look at what could be done in order to promote that concept, not just in hiring but in training programs, job classifications in some instances, and there are a whole set of things relating to this, and it would appear that nothing has happened in this department, and when we get to the Civil Service Estimates at some time in the future, I know that nothing has happened there. I'm quite certain that the Minister responsible for the Civil Service Commission will say, "Well, we're developing these general concepts but, of course, the poof of the pudding will be in what exists in each department so we'll get the buck passed back on to the department." I think that it's incumbent on the Minister to state whether in fact he has a commitment to the concept of affirmative action and whether, in fact, he will sit down with his staff, and he described on Friday his mechanisms for providing planning and direction to his staff, and he described his management system — and I'm quite certain it wouldn't be too difficult if that system has any effectiveness at all — for him to sit down one day and say, "Okay, on the agenda we have affirmative action. What are we as a department going to do about it?" Now, I'd like to get the Minister to respond, whether in fact he, himself, as a Minister has any commitment to the concept of affirmative action.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Well, yes, Mr. Chairman, I have commitment to the concept of affirmative action; I have a commitment to lots of concepts. They have to be implemented, adopted and implemented carefully and rationally as the honourable member knows. In fact, the subject of affirmative action is on the agenda for the Community Services Committee of Cabinet, of which I am one member, and the ministers responsible for some four other departments make up the rest of the membership. But I repeat that, at this point in time, the basic initiative must come, and is being developed, by the minister responsible for manpower and for the Civil Service Commission. I am advised that,

although as my honourable friend from Transcona points out, and I don't disagree, that there was a good deal of talk about affirmative action under the previous administration, but none of my department officials have identified to me one single person who was hired on the basis of meeting the affirmative action imperative in my department. Now there may have been one or two, but none have been identified to me. There was a good deal of talk about it, but there was much more smoke than action.

A MEMBER: Hear, hear.

MR. PARASIUK: Mr. Chairperson, the previous administration had a systematic —(Interjection)— Mr. Chairperson —(Interjection)— I don't really care what the Oxford Dictionary says. I think it's perfectly possible to call the person sitting in that chair Mr. Chairperson, an I don't think that he objects.

MR. ENNS: You have to take his personal feelings into account.

MR. PARASIUK: If in fact the House Leader wants to make an issue of my calling that person sitting in the chair there Mr. Chairperson, then I think he's making a fool of himself, and I suggest that he don't do that. Thank you, thank you. I wanted to point out to the Minister that there was a systematic way of proceeding with this issue, and it involved departments coming forward with affirmative action plans. And that request for affirmative action plans was going out in the spring of 1977 to departments. I don't know if they responded. I know that some departments were responding when I, in fact, left the government.

I asked the Minister this last year, and I wasn't too pressing about this issue last year. I served notice to the Minister last year. I said there may have been some type of disruption but it's really quite critical that there be more than smoke, that there be more than rhetoric on this. And if there is to be more than rhetoric on this, it has to come about at the level of implementation. It has to come about with administrators in particular departments recognizing that this concept has some priority with the government. I suggested to him at that time that his department offer that opportunity. It would strike me that Social Services and Community Health do. I lament the fact that nothing has been done to promote this over the last year. I'm glad that the issue hasn't been dropped entirely. If it's on the agenda of the Community Services Committee of Cabinet, and I take the Minister's word for that, I'm glad that it hasn't been dropped out of the government's consideration entirely. But I do think that we've lost a year.

Again, I serve notice that I will be raising this next year at estimates, to see what progress we've achieved on the whole matter of affirmative action. And I do that, lamenting the fact that we've lost an entire year with respect to bringing something forward.

I'd like to change my attention somewhat to a related matter, and that's the whole matter of New Careers, and the extent to which the department is indeed absorbing new careerists. I wonder if it wouldn't be too much to ask the Minister how many new careerists are actually employed in Appropriation No. 3.

MR. SHERMAN: Mr. Chairman, in No. 3, the honourable member is discussing this division, Social Services and Community Health. We have 13 new careerists employed in this division. We will, I can assure him, be volunteering to absorb a number of those who will be involved in the new phase of New Careers as it is put in place by the minister responsible for the Civil Service. I can't give him a specific fix on that number, but we will no doubt be asked to absorb something between 10 and 20. We will certainly do our best to accommodate.

MR. CHAIRMAN: The Honourable Member for Transcona. —(Interjection)— The Honourable Minister.

MR. SHERMAN: No. Thirteen, including the eight.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: I thank the Minister for that answer. I am informed by the previous Minister of Health and Social Development, that the previous administration had eight. It would then appear that 5 more had been added. I think that's progress. Perhaps slow progress, but it is progress. I'm wondering if the Minister can indicate if he has any knowledge about the performance of the new careerists in carrying out their functions.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: I've had no complaints or criticism about their performance, Mr. Chairman. In all cases, or certainly in most cases, they need proper professional support. Provided they have that, and thus far we've been able to provide it, I would say they're performing very well.

MR. PARASIUK: Well, I had some limited experience with some of the new careerists in this department, especially in Northern Manitoba. I found that the new careerists were providing excellent service, because the new careerists' program took people who lived in Northern Manitoba, liked living in Northern Manitoba, wanted to live in Manitoba, and would continue to live in Northern Manitoba, and they gave them upgrading to compensate for some lack of formal educational attainment, and they did that with specially tailored programs, which in some respects, in the short run, were fairly expensive, because you were making up within a two year period what a person might not have achieved in formal educational attainment over an eight or ten year period. But I know when I had taken some people from the Alberta Government on a tour of a couple of places in Northern Manitoba, I had them meet with the new careerists who were employed in these two Northern communities, and I know that the Alberta officials were extremely impressed with the new careerists that they met there.

One in particular, at that time, was a 48 year-old person who hadn't had that much formal educational training, had entered the New Career program, had been part of for, I think, two or three years, and was working as a child care worker in this Northern community, and was doing that job in a far better manner than people who had Masters Degrees in Social Work, who really weren't that comfortable with living in that Northern community.

So I think it's good that the department is continuing the New Careers program. I think it's a bit tragic that the New Career program generally has, I think, been interrupted by the government, and that some of the very effective Civil Servants who were involved in starting up that program and taking it forward have been let go but that's not the responsibility of this particular Minister so I wouldn't want to hold him accountable for that matter. But I do think it is tragic that those people who were very instrumental in going out and sitting down with departmental staff and negotiating with them the freeing up or the squeezing out really of positions that might be useful for furthering the New Careers Program in a way that would be beneficial to the overall department, have now been fired by this government.

I think it's important that we, as an opposition, monitor the progress that takes place within this department, especially of the New Careers Program in the future, to determine whether in fact there will be a continuation of the creation of meaningful new career patterns and options for people entering the New Careers Program, or whether there might not be a tendency to say that you've created a new career position, but, indeed you've just hived off something on the side that has no future, it really doesn't have very much meaning to the person and the person really won't perform that well once that person understands that he or she has been conned.

So, I will monitor this program in some depth in the next year and again I will just indicate to the Minister that I will be asking some specific questions next year as to the types of people that have been taken on over the course of this year in this particular program.

MR. CHAIRMAN: I.—pass; the Honourable Member for Burrows.

MR. HANUSCHAK: Yes, Mr. Chairman, after listening to my colleague, the Honourable Member for Transcona, speak about the programs which the previous government had initiated with a view to assisting people in the province of Manitoba who may have been less fortunate than others to become productive citizens of our community and thus make their contribution and derive the satisfaction which one normally does from doing his job as it were. And, programs of that kind being cut back, reduced, some scrapped, it brings me to my feet, Mr. Chairman.

I suppose the main thrust of the whole host of programs which the Minister has under this particular appropriation are designed to assist the less fortunate of our society to become productive members of our community and it's his intention, I'm sure, or at least I would hope, to assist society to bring all its human resources to maximum productivity. But, what the Minister now is left with, in his department and in other departments delivering programs of a similar kind or intended to be of a similar are such that have a certain stigma attached to them. No one, Mr. Chairman, is all that anxious to rush forth and apply for welfare, as the welfare program is being offered now, because of the embarrassment that's attached to it.

I would like to suggest to the Minister, Mr. Chairman, that he would look at the programs for which he is responsible under this appropriation, look upon them in the same light as, well as human resource development programs as part and parcel of the overall economic development programs,

being mindful of the fact that economic development must integrate with human resources resource development. So, if there are going to be welfare recipients of grants for capital construction or whatever in various parts of the province, then let there also be grants for the development of the human resources to put that capital to productive use that goes into the construction of buildings, into the acquisition of machinery and what have you.

You know, Mr. Chairman, under the previous administration we did have many programs that offered, really they were human resource development grants which were integrated with the economic development of various regions of the province. We had a host of teacher training programs for the native people, many of which are being cut back now, or reduced to a significant extent. We're just debating the New Careers Program today, and I'm sure, Mr. Chairman, that after we've completed considering the Estimates we will find that it is not at the same level as it was, nor is it at the level at which we had hoped that it would have been as the program had been expanding over the years since its conception. Those are just a few programs that I would mention at this time.

Now, the problem that the Minister has and I suppose, — now I know that the Honourable Minister of Highways is very willing and ready to assist him and that because he's, as the Minister of Health has indicated to me, he will speaking next, and I would hope that when he gets up to speak that we will not be debating the Highway Estimates but the Estimates of this department. The problem that the Minister of Health is confronted with at this time . . . —(Interjection)— Now that we've settled that, Mr. Chairman, that the Minister of Highways will speak when the Minister of Health calls upon him to speak. It will only be when the Minister of Health calls upon him to speak. The problem the Minister of Health is faced with is that many of the programs for which he was responsible and which he ought to have some interest and have some opportunity to provide some input into, have been hived off to other departments. For example the New Careers Program, which was in the Education or the Continuing Education Department at one time and which through the HESP Committee had the close liaison with the Health Department, now it's been hived off to the Labour and Manpower Department. And, the same is true of many other programs of this kind.

So, really the Minister of Health and Social Development doesn't have the opportunity today to maintain the close liaison with the needs of the people of Manitoba in general and then in response to crank out the types of programs that would in fact meet those needs rather than just keeping people on welfare as it were, to provide them with the necessary financial assistance to enable them to obtain the necessary training in order to become productive citizens of our community. Perhaps, Mr. Chairman, what this government ought to consider is, and this is nothing new, because there was a time even under the administration of this political party a number of years ago, when Health and Welfare were separated into two departments — perhaps this government ought to give some thought to moving, given the philosophy of this government, to moving in that direction again.

But rather than setting up a welfare department, perhaps they ought to give some thought to integrating the Economic Development Department and Welfare. Only on the premise that, to developing a province economically, you must also develop its human resources. And therefore it would make sense to, given the manner in which this government operates, to amalgamate the Economic Development Department and the Social Development portion of this Minister's department. And you know, Mr. Chairman, with . . . at this time, given the Minister that Economic Development Department has, what finer Minister could you have? Mr. Chairman, in the words of the Honourable Minister of Highways, who said, "He's a fine man", and he repeated it twice. Mr. Chairman, here's a man who has, over the past few months, demonstrated his, you know, the concern that he has for birds; now, surely, if he has that concern for birds, he must also have some concern for humanity of the province. And, well, I would like to think that it follows; perhaps it doesn't. But it should.

And you know, Mr. Chairman, if you were to amalgamate the two departments, then all applicants for welfare would then be able to go to the same waiting room, stand in line and make their applications for welfare, those who are applying for the welfare program that the Minister of Health is responsible for, as well as those who are making application for the welfare program that the Minister of Economic Development is responsible for. And then, Mr. Chairman, you would have the Bronfmans and the Taylors and the Westons and the Thompsons standing in line with the unemployed, with the single parents, with those suffering from whatever illness they may be suffering from, standing in line, waiting their turn to apply for welfare.

And then if you could deliver a welfare program to all of them that would be socially acceptable, that would not have any stigma attached, because after all, Mr. Chairman, the welfare program that the Bronfmans and the Taylors and the Thompsons and the Westons receive, they're not embarrassed by it; in fact, Mr. Chairman, whenever they receive a welfare grant, what do they do?

they call a press conference. They call a press conference and they make it known to the world that they had received X millions of dollars to build a factory. Mr. Chairman, all you need do is, if you wish, drive just north of my riding through Inkster Industrial Park, and you will find all kinds of signs of development areas funded by DREE, for which the Minister of Economic Development takes great pride, that he was responsible for getting \$45 million for the province. For welfare grants. Those people, they're not ashamed; they're very proud of having received a welfare grant, and they hold a big press conference to announce the fact that they've received a welfare grant. And then they use their grant to construct their industrial facility, and upon the completion of the construction, they invite everybody to a cocktail party, to the opening of it. And they invite the Provincial government and the Federal and the City. And they take great pride in it, Mr. Chairman.

MR. CHAIRMAN: Order please. I would ask the Honourable Member that we are under clause (3) Social Services and Community Health.

MR. HANUSCHAK: Yes, Mr. Chairman, I understand we're under the first item, which deals with the overall administration of the . . .

MR. CHAIRMAN: I think that when I ruled you out of order, we were down to much further than that. The Honourable Member for Burrows.

MR. HANUSCHAK: Yes, Mr. Chairman, I'm on 3(a) Administration of Social Services and Community Health, \$132,155,000.00. I am on that one which includes welfare, Mr. Chairman.

MR. CHAIRMAN: That's not the item under discussion. I would refer the Honourable Member for Burrows that under discussion is Administration, which includes office of the Assistant Deputy Minister and Resources Training and Development of Staff.

MR. HANUSCHAK: Yes, Mr. Chairman, what is exactly the item that I'm on, because that is the item for which this Assistant Deputy Minister is responsible for. And in turn the Minister is responsible for the welfare program that he . . . within his department. Now, so therefore I would suggest to you, Mr. Chairman, that the Minister seriously consider recommending to — I suppose he would have to make his recommendation to the First Minister — that this portion of his department be removed from his responsibility and include it in that of the Minister of Economic Development, because there it would fit in more appropriately, where the hundred and some odd million dollars could be more properly dispersed than the manner in which is outlined in the Estimates before us. And then, Mr. Chairman, the recipients of the assistance that the government would have to offer under this program, they too would be able to put up a little sign. —(Interjection)— little party, yes perhaps. They'll put on a pot of coffee and they'll invite the Minister down. And they'll put up their little sign, in much the same way as the welfare recipients of the millions of dollars. They put up their signs, you know, "This factory is being expanded."

And now, Mr. Chairman, obviously there are some members on the backbench on the government side that wish to speak. Perhaps this is the night their muzzles were removed and they will be allowed to speak. And when I am through speaking, then we will know whether they really do have permission to speak or not or whether they only have permission to speak from their seats, which really doesn't mean a damn thing. But they get up on their feet, then we'll know where they stand.

But, Mr. Chairman, —(Interjections)—

A MEMBER: Stand up and be counted. That's right.

MRX. HANUSCHUK: Mr. Chairman, —(Interjections)—

MR. CHAIRMAN: Order please. The Honourable Member for Burrows.

MR. HANUSCHUK: Mr. Chairman, you needn't bother with the donkeys on that side. You can just ignore them. You can just ignore them. —(Interjections)— Mr. Chairman, the Honourable Minister of Highways, he took that remark rather sensibly, personally. He was somewhat sensitive to it. I made no reference to him. I said donkeys on that side, I set no limits — that side extends, one can go for 25,000 miles before you come around to this side. I didn't set that wall of the Chamber as the limit. The Minister of Highways did. He thought I was referring to him. So he said it, I didn't, Mr. Chairman. —(Interjections)— Mr. Chairman, I would hope you aren't paying attention to all the rabble in the backbench over there or from some on the front bench for that matter.

In conclusion I would say to the Minister, rather than conduct a program which labels people as living on the dole, which the present program does, develop programs, revive some of the previous ones which will give the less advantaged people of our province the hope of being able to become productive citizens of our community which is what they want to become. And not just continue living as recipients of welfare cheques until they die.

MR. CHAIRMAN: (1)—pass; (2)—pass; (3)—pass; (a)—pass. (b) Medical Public Health Services (1) Salaries—pass—the Honourable Member for Seven Oaks.

MR. MILLER: Mr. Chairman, I would ask the Minister with regard to this particular branch, the Medical Public Health Services, has the Minister made new arrangements with the City of Winnipeg Health District with their health unit with regard to the use of their staff; the joint use of public health nurses for certain aspects of this program?

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman: I know what the honourable member is referring to and in the overall, I would have to advise him that discussions between the City Health Department and our Department are continuing. The overall arrangement which is implied in his question which has been the subject of a joint recommendation from City Council and from my office, or from one component of City Council and my office has not been implemented yet but we do have four City Health nurses, VD nurses working with us in VD tracing and control and the arrangement is working very well.

But the answer to the broader question that I think my honourable friend is asking is that that sort of joint recommendation that came forward from Councillor Jim Ragsdill representing Council and Executive Policy Committee yet to my knowledge.

MR. MILLER: Mr. Chairman, I'm aware of some of the ongoing discussions, and I think that actually appears, or the first movement in that direction I think would appear —and the minister can correct me — under (t) where the reference to the Winnipeg City Health Unit department has been eliminated from the Estimates. And again, I ask him, I don't want to discuss it now, that would account for the transfer of funds in the reconciliation of about \$1.6 million to the Department of Municipal and Urban Affairs. Am I right on that? That's part of the bulk, the \$30 million.

Mr. Chairman, with regard to this specific, though, and I want to limit my comments to this specific line, the minister has indicated the four Winnipeg nurses have been seconded to or co-opted by the provincial department to take on certain duties with regard to the Venereal Disease Program. It bothers me, Mr. Chairman, that what we're witnessing is this: A responsibility that is certainly the Province's, without a doubt, if any program, if any particular problem is the responsibility of the government, it should be in the area of venereal disease. And here you have the province simply saying to the City of Winnipeg, well, you want this program in Winnipeg and we know it's a growing program, the minister has publicly acknowledged that it's a growing program as it is elsewhere in Canada, then you'll have to simply spring four nurses, Public Health nurses, to work in the provincial program, which does two things: (1) it saves the government from hiring more Public Health nurses and of course they're anxious to do that because they want to hold down the provincial end of the expenditure because they want to look good. They want to keep their costs down at the provincial level, and they pass it on to somebody else, namely the City of Winnipeg.

But in addition to that, it has taken four people, four staff from the City of Winnipeg, which has denuded I say, the City of Winnipeg ability to deal with those matters which they have traditionally had to deal with within any Public Health Unit. The whole spectrum of services the City of Winnipeg has responsibility for, it has assumed the responsibility to do, has now been thinned out. They're going to have four less nurses to do the general work whether through the schools, the program in the City schools or through the City of Winnipeg Public Health offices. As I say, it's a broad range of service. I'm not going through all the services the nurses do.

But certainly, what has happened here, because the Province has decided that it will take from the City four nurses because it needs them for a particular program which, I don't doubt is necessary because venereal disease is a very growing problem and I acknowledge that. But, surely, to meet that problem the Province should not have raided the City of Winnipeg and in that way, reduced their ability to function adequately in the traditional services that they've had to provide throughout the inner-city. And it isn't as if the problems of the inner-city have been reduced. We know they haven't. All kinds of medical health problems, particularly the public health problems are on the increase, if anything.

To me it seems wrong that the province should resort to that sort of technique or tactic of

taking four nurses or three nurses I forget the number, from the City of Winnipeg Health Department saying okay they'll be assigned on the Venereal Disease Program, because after all, a lot of the problem is in Winnipeg, but the fact is that this is a provincial responsibility and if any area requires a central focus and a massive attempt and a new approach, perhaps, to try to come to grips with the problem, it's in the field of venereal disease and I deplore the fact that the Minister has chosen to reduce the staff of Winnipeg to meet the necessity of increasing staff at the provincial level, to try to come to grips with the growing problem, which, as I say, I acknowledge, and which I know the Minister recognizes is an important one and simply can't be sloughed off.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Well, Mr. Chairman, I guess the Honourable Member for Seven Oaks and I don't agree. We don't agree that venereal disease control is the exclusive responsibility of the province. The city has a Public Health Department and has always had a public health role and profile, and we disagree that the province should be entirely responsible for the control and containment of the V.D. problem. We have not acted unilaterally in this; we have consulted with the city — a delegation from the city — including the administration as well as the politicians and that particular delegation — I'm not trying to pretend it was the whole of City Council; it wasn't but it was a delegation representing the administration and City Council — agreed with us quite willingly — and they weren't coerced into it — that they could play and should play a role in venereal disease control and they could make four nurses available to us. And the initiative was undertaken on an open-ended basis to see whether it was effective and whether it did in any way impede the city's capabilities in the public health field. The jury is still out on the question, but so far it has worked very well.

MR. MILLER: Mr. Chairman, the Minister is saying — I assume, of course, that there are still public health nurses paid by the province within the city who are on the Venereal Disease Control program — and what he is saying is that the . . . —(Interjection)— I don't know how many there are but perhaps the Minister would know.

MR. SHERMAN: My Assistant Deputy Minister advises me that there are four, Mr. Chairman.

MR. MILLER: So am I to understand that is four on staff of the provincial department and four who are paid by the City but are working within the program, making it eight public health nurses. And he says that was agreed to by the Winnipeg delegation. I don't doubt it was. The Winnipeg delegation, obviously, has agreed to many things, which I think will not be to the long-term benefit of the City of Winnipeg. And they will have to account for some of those things, and we will come to them in other parts of the Budget and in other departments.

But surely the Minister has to agree that although it's true that the City of Winnipeg always did play some role in venereal disease control that it was never their primary function. That is a program that should be and must be under the senior government, the provincial government, and to take four people, four nurses, from the City of Winnipeg is to suggest that they had nothing to do before and that in fact that they are sitting around waiting for somebody to keep them busy, when the facts are otherwise.

The City of Winnipeg, the inner city, has problems galore. To deplete their staff by four is, I think, leaving them with very little ability to deliver those services which are so absolutely essential and vital. And I don't think it's fair to the citizens of Winnipeg, I don't think it's fair to the people who live in the inner city, and it certainly isn't fair to the public health nurses, who are trying their damndest, I admit that, they are trying their darndest to continue to offer the level of services to the City of Winnipeg with less staff than they had up to now. And let's be honest, they were never really all that rich in staff. Public health has never been the beneficiary of the most munificent grants or assistance. It has always had to fight for every staff man year and every dollar it has ever gotten. Public Health is the stepchild of the health system. It fared a little better under our government, although it had a long way to do, but now I see a reverse trend setting in and the reverse trend is if we can unload something onto some other level of government, let's do it; if we can't unload it, we will take staff from them, keep our costs down and let the City worry about it.

My concern is that this kind of manoeuvre or this kind of approach is similar to what is happening in other sections of the department and it simply reflects the government's attempt to, as I say, shuck off as much as it can, or to acquire staff being paid through some other budget. And it's going to leave the City of Winnipeg in a worse position to deliver the services it needs, whether it's in the field of epidemiology or the surveillance of communicable diseases, or visitations of schools, the various and sundry public health projects that the City of Winnipeg traditionally has done. They

are going to have less people to do it with and, as a result, the services will suffer at the other end of the scale, even though, in the case of venereal disease, they will now be more active than they have been in the past. And I think it's wrong to have, as I say, raided the City, even though the Minister says the delegation agreed to it. They may have agreed to it. I'm not sure they realized the full implications because, as I recall — I forget the name of the doctor in charge of their Public Health Unit — Roper Cadham, I recall after the event when news was known, he publicly declared that this is going to put his department under great strain and it is going to mean a diminution of services — the general services usually provided by Public Health.

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

MR. DESJARDINS: If I may, I just want to add something, or another question, and the Minister can respond. I think that there is something that my colleague forgot and the Minister forgot. The Minister says that this has been taken after discussion with the City of Winnipeg. That's possible, but what I want to know is their responsibility. But the province, in effect, has been, for a number of years, financing the cost of health under the administration of the City. It was paying for the full cost outside of Winnipeg and there was a grant to the City of Winnipeg. That has been discussed and I remember that. Most of the members of the House or people from both sides of the House at one time felt that this responsibility should be taken by the province, and we can talk about that later on when we get to (j). But what I want to know now is, was that the responsibility, was the thing that was discussed, but was the grants grant, the cost of paying these four nurses, added to the grant received by the City of Winnipeg? You know, that's an important issue.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, may I work with the questions in the reverse order, dealing with the question raised by the Honourable Member for St. Boniface. There is no reduction in the grant. The nurses are still on the City's staff. The grant still included the amount for their salaries. Does that answer that question?

MR. DESJARDINS: That partly answers it. The Minister said there is no reduction, they're the nurses. So now then the other approach we'll come back to in the other item; it's probably not here. Then there are four nurses less in Winnipeg to perform their other duties. All right, we'll take it on that then.

MR. SHERMAN: Then if I could just deal briefly with the points raised by the Honourable Member for Seven Oaks, Mr. Chairman, he is quite right when he says that Dr. Cadham did raise a public exception but I would just advise him that Dr. Cadham was a part of the meeting between the City and the Province, which agreed to stream the four nurses into that function. I'm sure that Dr. Cadham had his reasons, as the Member for Seven Oaks and I often have our reasons publicly or — everybody in this House — for taking certain positions publicly. All I can say is that he was part of the meeting and I can identify to him the other persons who were at those meetings, if he wishes.

Now, let us look at just the question of depleting Winnipeg's public health nursing resources. That has not happened, Mr. Chairman. The City of Winnipeg has a lot more public health nurses than we do in Winnipeg (sic). The City of Winnipeg has some 60 public health nurses, so when you are talking about the eight provincial ones, four of which have now been streamed into VD control and therefore a reduction of four, you are not talking about a reduction of four from a total of eight, you are talking about a reduction of four from a total of 68 because there are 60 Winnipeg nurses there to begin with. We, by comparison, have, I think 37. So the City of Winnipeg is not — well, I suppose we could argue all night as to how many public health nurses were enough in any given situation — but taking the thing in relationship and in context, the City of Winnipeg is not being short-changed.

MR. CHAIRMAN: The Honourable Member for Seven Oaks.

MR. MILLER: Mr. Chairman, I don't want to get into a numbers game with the Minister about whether 36 or 37 are adequate, or 60 are adequate or what it is. It simply reflects really what the Minister has been saying all along through his Estimates, that money is limited and we have got to cut our cloth accordingly and that we are going to look at the costs, etc., etc., the cost first and the need second. He is implying that the City of Winnipeg and those public health nurses who work for the province itself within Winnipeg, that up until now, there has been such a slackening

off of work that as far as the City is concerned, they could take four nurses, simply lift them out of what they were doing and stream them into the VD Program. All it means is that the Minister has convinced some people on Council that restraint is the name of the game today and they have got to play ball.

Now, he may have been successful in convincing some of the City Councillors, if City Councillors were indeed at that meeting; I suppose some of them were. If he is able to convince them, then he is a good convincer, but I don't think he convinces me and I don't think he convinces the people who were the recipients of the services of these four nurses. This is what is happening all through the programs; there is a diminution; there is a shrinkage; there is a squeezing out of everything. I believe the Minister said, we want to reduce the expectations of the public, of the people, we want to reduce their expectations.

MR. SHERMAN: Not reduce; I said control the expectations.

MR. MILLER: I think somewhere along the line, you said, don't raise expectations. That has been the theme of this government. I think you said it in 1977 and 1978, and you said it again in your comments in your opening remarks of your Estimates.

Mr. Chairman, that business of not raising expectations sounds, in the context he uses it, it sounds very very good in a sense, very noble. But what he is basically saying is this: Look, people of Winnipeg, you have had a certain level of services, now it seems to us that the more you have, the more you want, so we are going to reduce them, or we are going to clamp down on them, so you shouldn't be expecting more and more. Now, what are these services. These are services provided to people, paid through the joint use of all the public funds, and these are services to people who need these services. The nurses of the City of Winnipeg were not hired so they could just sit around. They are needed. You speak to people in the schools, you speak to people in the core city, and they will tell you they need them, they need those nurses more and more.

So, I don't want to get into the numbers game in saying whether four was an appreciable number to be cut out of the Winnipeg system, or a significant number. They were a number who were cut out of the system and to the extent that they were cut out of the system, the system can respond that much less. And that is what is happening all through these Estimates.

The Minister, before we broke for the supper hour, claimed that we on this side were sort of just — how did he put it? — we were going to try to hang his government because that is our role. I'm not doing it just simply to hang this government. I'm saying that the fact is that the Field Services in the City of Winnipeg are now hindered, they're now weakened, just as the Field Services through most of the programs the Minister is administering, are also weakened because of a diminution of staff. Because when someone goes on holidays or is ill, there is no replacement sent in; there is no substitute offered because they haven't got the funds for it, their budgets don't allow for it. So there are less term people. There are less, as I say, substitute people.

The same now will apply in the City of Winnipeg; the squeeze is on and to the extent that they have lost four people who I am sure had a particular job to do in the city, of various programs, they are now withdrawn, they are steered into another area and as a result, somebody is going to have to pick up the slack and it is going to be left to the remaining public health nurses to pick up that slack.

I am saying to the Minister that I don't believe these people were simply sitting around and waiting for work to walk through the door. They were out there, reaching out to people, as they should in the public health field, reaching out for preventative purposes to make sure that enough children were immunized, to make sure that prenatal classes were held, that people who needed those classes came, and not those who really didn't need them but usually they are the ones who turn up. That is the job of the Field Services people and to that extent they are going to be affected.

I have just been handed the comments of Thursday, March 15, Page 1036 where the Minister said, "We have led the way, Sir, in Canada, in the very necessary struggle to contain expectations." To contain expectations, okay, pardon me. To contain expectations. You want to quibble on a word, fine. I say that by containing expectations, it means you out there, reduce your expectations, reduce them because what you have had up to now has been too high and therefore contain them, which means reduce them. And that's what this Minister is doing all the time.

He may call what we say on this side rhetoric, but I'll tell you, if I ever heard rhetoric, it was that last 20 minutes before he broke for hours. It just flowed from him in an endless stream, a beautiful language signifying one thing to me, that the standards of services in Manitoba are on the down. That in 1977 or 78, 78 I think it was, that this minister got up in the House and did acknowledge that the services in Manitoba, health and social services were the leading health and

social services in Canada. Seventeen months later or a year later he cannot make that statement. We have slipped, we are still slipping. Now if he calls that containing expectations, I say that is delivering poor service to people, to our citizens, that's who they are, our citizens, and I don't care whether they are on Mother's Allowance or they're the working poor or they're the middle class or the affluent. These services are being reduced, contained and expectations therefore are not simply being contained, they're being reduced. I say that's a disservice to the people, a disservice to the public and no matter how you cut the cake and how you try to cover it up with a lot of sloganeering and sweet-sounding phrases, that is what's happening in this area and that's what's happening elsewhere throughout the Estimates.

MR. SHERMAN: Mr. Chairman, as the Honourable Member for Seven Oaks knows, it is happening in every jurisdiction in this country, that expectations are being contained and the message is going out from leaders of all parties, of all governments, of all political persuasions across Canada and across the United States, the same message, that there isn't the money that there was 10 years ago. And it doesn't do anybody any service, it's not fair to anybody to build, build, build expectations that can't be met. So I say to the Honourable Member for Seven Oaks, if we're doing that we're only doing what the consensus and the mainstream of North Americans and North American political leaders are doing.

I can't understand why the Honourable Member for Seven Oaks is so exercised about this situation with respect to these four nurses. There was no coercion imposed upon them. As he knows from his own time as Minister of Health and Community Services, as his colleague from St. Boniface knows from his own time as Minister of Health and Community Services, there have been discussions going on for some considerable time between the City and the Province as to who should look after, who should have the responsibility for public health services in the City of Winnipeg. There are those on City Council who say the City should do it all and there are those on City Council who say the Province should do it all. That debate has been ongoing. We have attempted through officials of my department, my deputy minister, this particular assistant deputy minister, the Director of VD Control, Dr. Scatliff, my Director of Medical Public Health, Dr. French, to sit down with the City and determine what is the preferable way for both jurisdictions to go.

In those meetings, we've had the full co-operation of persons like Commissioner David Henderson, of certain councillors from City Council, of some stature I may say, of Dr. Cadham, and of personnel of that kind. The decision was reached voluntarily and amicably, without pressure from either side that there were sufficient resources in the City of Winnipeg public health nursing staff to be able to take on this highly essential role of trying to attack and control and contain, if you don't mind my using that word again, what has become virtually an epidemic in venereal disease.

The Member for Seven Oaks knows full well that he and I and the rest of the people in this building and the rest of the people in this Province, as provincial citizens, as taxpayers to the Provincial Treasury, pay for and supply to the City, all mental health services, all mental retardation services, all home care services. I mean it's not as though the Member for Seven Oaks isn't already making a considerable contribution to public health services in the City, and when it came down to VD control it was determined by mutual agreement that there was sufficient manpower or womanpower, whatever you like, to assist in this function. There has been no unhappiness on the part of the City. If there is we'll hear about it, and we'll have to do something about it. It's not cast in stone. So far it's working all right.

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

MR. DESJARDINS: Mr. Chairman, I think that something should be explained. The Minister's words were, "We have led the way, in Canada in the very necessary struggle to contain expectations and to get public spending under control", and that might be right but — "and we have done so with no significant reduction in the quality or the availability of our health services." That's not correct. The Minister should have read the whole thing. Now, the Minister said that all over Canada, all over Canada most of the people are saying, you have to say no sometime, you have to contain it. That's true; we say that too. We've had to refuse things. But then it doesn't necessarily follow that the Minister is right, that his interpretation of containing and reducing the cost is right.

For instance, you heard the letter that I read a couple of days ago coming from a Conservative member of Parliament, who believes in restraint, but is saying there is a limit where you place the restraint. You know it's all a question — I mean, we can argue on that, but in all fairness let it be understood that we, that I certainly, and I'll speak for myself, subscribe to that. I said so many, many times when I was on that side — sometimes in answer to my honourable friend — that we could not do all that. But if my honourable friend remembers also, another confession that I made, when I was sitting here as Minister of Health, my last time around, the last Estimates; I recognized

the weakness, that we had been weak in my first priority, although I had received a document on August 18, 1976 from my leader entitled, Fiscal Restraint Policy, telling us that there would be some restraint. It's not a new invention. It is the degree and it is where you place this restraint. But the confession that I was going to make, Mr. Chairman, is that I recognized at the time, and I took the blame and the government took the blame, that we did not offer the proper services with the public health nurses. And my priority and the only place that I remember — not including maybe new programs — the only place that we had an increase was in public health nurses. Because we were weak, and this was said and certainly recognized by the then-Opposition, who told us we were in the right line, and who didn't say, well, you have to contain. We don't want to give you these 10 public health nurses, I think it was 10 that we requested. And now, what my honourable friend and colleague is saying is fine. All of a sudden you have a program, and it's a good program. It's something that had been in the making and I think it created a problem all over Canada, and I congratulate the Minister for doing something about that. He earmarked, he assigned four of his nurses, of his public health nurses, he tells us in the program, and he discussed with the City — would they do the same? And that's also good.

He negotiated with the City until the Province decided to take all the responsibility for delivering health care in the City — fine, the City was doing it and I'm sure, I'm sure, I have no doubt that at the meeting that the Minister held with the responsible people, that they accepted, that they would do the same thing. But, and I think that's where Dr. Cadham complained, is that all of a sudden he realized that he couldn't replace these nurses. It wasn't only accepting the responsibility for a program, it was cutting down on a program that was already weak, because I think the Minister — and if this is going to be a point we'll debate, I'll certainly accept the challenge and debate the necessity of public health. Especially with a Minister who repeatedly talked about prevention, about the good health, and so on. Well where are you going to have that? Even the Minister of Highways understands that, that you need public health nurses for that, Mr. Chairman. And that is my concern.

I agree with the Minister that you have to be careful, that you have to say no, and we said it and I'll back him on that; I'm not saying that he should say yes to everybody that wants something. But this is a program, and I'm not just saying that as the Minister said earlier because I want to score points politically. This is something that I said when I wasn't scoring points, when I was admitting a failure, a failure that we had, that I had in not providing enough public health nurses and where everybody agreed that it had been a failure and everybody said, well at least you're going on the right track, and we will give you these public health nurses. That is my concern. Not the priorities, not the discussions with the City of Winnipeg. That is my concern. I wanted to discuss that later on because this after all is only administration.

But while we're talking about administration also, the Minister said, well, the City of Winnipeg has a responsibility. Well, the City of Winnipeg might have a responsibility; if he means of administration I'm with him 100 percent, and they'll accept that. But of delivering the service and of financing they'll have a responsibility when the rest of Manitoba has a responsibility. And we are delivering, this government and the Minister is delivering health in rural Manitoba — in Manitoba, outside of Winnipeg. An arrangement was made that there was a grant, in lieu of that, repaying the City of Winnipeg for the service they were providing. And the Minister very proud stood up and said, well you know, they got this program, we didn't reduce anything. But you agreed, they agreed with you to start another program. Now if the Minister, you know, instead of fighting on words, if the Minister said while ago, or a few days ago, that we were throwing money, I want to know if this is one, and we'll make this a point. If this is one area where he feels that we have too many public health nurses, all right, well the Minister is saying no. And is this an area where we have to contain, because contain could be explained in many ways. Does contain mean a reduction of nurses, of public health nurses? Because that I want to know. If that's contain, then there's restraint. Is restraint well placed in cutting down in this area of public health nurses. And if it is I want him to explain then how we will proceed with prevention. You know Lalonde also made a lot of speeches about prevention, about safety belts, about the change of life styles — not one thing that he was providing one cent to help in that direction, in volunteers, to help in that — and the Minister, with him. I the Provincial Minister is doing the same thing. I agree would like to see more prevention, I agree with his program of ear testing, the program that we had started, that he froze and now he's going ahead. I think he said that there were two more stations, one more. At least he's going. I had announced that — not announced, that's not true, that we were working on it — that was for the next Estimates, there would have been two.

Well, he's not going quite as fast as I would like to. He calls it restraint, I think it would have been good saving to do it immediately, as many people as possible. I would like to see our dental program go all over, and if you remember, Mr. Chairman, no — I don't think you were in the House, but the Minister certainly remembers, where I said that my dream was that we would have

and prevention and testing of ears' eyes, teeth and everything in the schools, in that clinic.

I think this is false restraint. I think this is false economy. I agree with prevention but we must do something about it, and this is the place. Well I shan't say I'm disappointed because I don't know exactly how many public health nurses — he might be asking for fifteen more. So I'm going to reserve my comment for that time, but I think that that should have been said, that we agree, Sir, that we're not going to throw money to people, that we have to say no sometime, that we have to tell the people there's a limit to what you can expect.

But the programs that are there, especially from a party, who said as a commitment, as a promise, as a platform, an election platform, that there would be no reduction of care, no cut of programs in health, none at all. And we're seeing it now. They're not cut that much, they just don't spend the money; they ask for money that's not spent. They put a freeze on everything as soon as they come in, and they say, you asked for this money, you were going to do that but you didn't spend the money. Well, of course, they had a few months to go on the year that we had been responsible for the Estimates.

Mr. Chairman, that is my concern, because I think my colleague from Seven Oaks has the right word — these programs are squeezed and squeezed, more and more. You know, a Public Health nurse who was supposed to do something — and there was such a reduction, Sir, and I know that I am just at the borderline there, I don't want to start talking about the programs and I ask you to bring me back if I do — but the Public Health nurses, we had lost so many. I should explain this, we had lost so many when we brought in Home Care, because they were were the people responsible to see the people, to see if they should get Home Care, or placement in personal care homes, and these new programs took a load, already, of our Public Health nurses. And now, if we have another program where the city and the province are again taking some Public Health nurses and saying, you're going to do this new program. It's a new program because it's a much larger program. And that, Sir, is my concern, and I think it must be the concern of the Minister of Health. I just thought that these corrections and this explanation were warranted at this time, Mr. Chairman.

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

MR. PARASIUK: Yes, Mr. Chairperson. I'd like to ask the minister whether in fact the community health centres in Winnipeg received any funding through this particular appropriation; Medical Public Health Services.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: No, Mr. Chairman, not through this appropriation. I would just point out, Mr. Chairman, that there may be areas in the Estimates where honourable members can validly criticize us for cutting back, but I hardly think that this is one of them. You know, the appropriation I am asking for under this item represents a 14 percent increase over the fiscal year just ending.

MR. PARASIUK: Yes, Mr. Chairperson. The reason why I asked that is that one of the subheadings there is Venereal Disease Control, and I gather that the health centres are in fact very involved in that. My understanding is that Klinik presently is dealing with approximately 12 percent of the venereal disease cases in Winnipeg. If that's the case, and they don't receive any funding here, then it must mean that somehow this particular section is not the entire story; that's not the entire way in which this particular problem is being dealt with. And I am just wondering whether in fact the minister would like to clarify the role that the community health centres play in venereal disease control, and in the control of epidemics as well.

MR. SHERMAN: Well, at the community health centre end, Mr. Chairman, in most cases they are dealing with people who walk into the community clinic, or the community health centre, off the street. They then offer treatment or counselling. They also engage in the contact tracing — that's the field work. We're not dealing with the field work here, under Medical Public Health Services; we're really dealing with the administration of Medical Public Health Services, and the funding for the community health centres comes under Community Field Services or what is now referred to Regional Personal Services, 3.(t), on page 50.

MR. PARASIUK: Then could I ask the minister what the \$300,000 increase in Other Expenditures is for?

MR. SHERMAN: Yes, Mr. Chairman, it includes a number of increases ranging over a number of

programs and the administration of those programs. That includes: Medical Administration; Epidemiological Services; the Western Equine Encephalitis Surveillance Program; VD control, which we've discussed; clinical services; the Hearing Conservation Program; and a number of biological products ranging from cystic fibrosis program to diabetic drugs; polio vaccine; mumps vaccine, etc. —(Interjection)— No, but those are Other Expenditures, under . . .

MR. PARASIUK: Well, I note that there is an increase in this particular section and yet, in practice . . .

MR. DESJARDINS: Excuse me, Mr. Chairman, maybe we should pass Salary then, before we go into (2) Other Expenditures, because . . . No, we never passed Salary.

MR. CHAIRMAN: (b)(1)—Salaries—pass; (2)Other Expenditures — the Honourable Member for Transcona.

MR. PARASIUK: Yes, I note that there is this increase here, and yet in the practical implementation of many of these services where there are these Other Expenditure increases in this particular sub-appropriation, we find that the health centres are being squeezed. And again, I point out to the minister that Klinik is dealing with a pretty significant proportion of venereal disease cases in Winnipeg. I would like to remind him that the Health Action Centre launched an immunization program, which was very far reaching. I gather that something like 200,000 people were probably reached through this program, and it would strike me that I can't understand why we're getting these types of increases and squeezes on the health centre side, and I think both of these things have to be looked at together in a complementary manner. And I think it is very difficult to look at what's being done in terms of Administration for things like epidemiological surveillance, for things like venereal disease control, and for things like clinical Public Health Services in 3.(a), and then talk about it in a nice abstract sense, and then we get down to 3.(t) maybe two or three days later, and talk about it in isolation.

From your own report, this is your Annual Report, you indicate that there has been a tremendous increase in measles in 1978, that there was a very large increase in measles, this is on page 39, and you say that measles incidence in 1978 was nearly ten times that of 1977. You say that the majority of these were in school age children, and you say that this resulted from the accumulation of sufficiently large numbers of unimmunized children. And if that was the case, it would strike me that the health centres played a very large role in trying to deal with this problem, and I am wondering whether in fact the minister feels that this problem of unimmunized children is now under control, with respect to measles.

MR. SHERMAN: Well, Mr. Chairman. A lot of these increases are related specifically to the kinds of vaccines and the kinds of biological products that the honourable member is referring to, the kinds of things that are necessary for community health centres and other health facilities to do the jobs that are being done in Immunization and Prevention. One of the biggest increases under this particular line was for polio vaccine, and we're looking at an increase from the 1978-79 appropriation of \$131.1 thousand to 1979-80, of \$275.5 thousand. On measles vaccine, we're looking for an increase of from \$29,000 to \$40,000, and that's repeated all the way through this particular item. Now, those vaccines are of course made available to health facilities for immunization programs, but we're not talking about the actual field service delivery here, which as I say, does come under that later item. We're talking here about the necessity for having on hand sufficient reserves of these products either to restock depleted inventory, or to meet unpredictable emergencies.

The Hearing Conservation Program is another that calls for a substantial increase in the appropriation this year from \$64.1 thousand to \$102.7, because there is another station coming onstream. Venereal disease control, as a matter of fact, in this appropriation, shows one of the smaller increases, from \$64.2 thousand to \$67.5 thousand. But what the Honourable Member for Transcona is talking about is the counselling work, or treatment work, or referral work, or tracing work, that is done through the community health centres in the field when people come into them with that particular problem.

MR. PARASIUK: Well, Mr. Chairperson, it's difficult to speak about preventive health, if in fact they are going to be so fragmented within the Estimates, that we discuss the actual vaccine one day, or the amounts of vaccine one day, and five days later we can get around to discussing whether in fact that vaccine is used, or whether it's not used. And from the report of the department, it would appear that in 1978, people weren't aware that they should be immunized, and that would appear to be some type of breakdown in the field staff. Now, I am asking the minister whether

in fact this type of accumulation of vaccine will be utilized if field staff are being cut back, and I think that could hold true not only for the health centres, but for the delivery of health services throughout Manitoba using the various other instruments that exist within this department. And I think that is one of the difficulties in assessing this department's Estimates, when the Estimates are fragmented in the way they are, and it provides a great deal of difficulty.

Another part of the report talks about venereal disease, and I get back to that, saying that they have been increasing tremendously in the inner part of the city. And again, we have a community health centre located, two of them, located in the inner part of the city, but the minister has indicated that there is a probability that they will be closed down, or phased down. And, you know, we can talk about preventive health and we can talk about the administration of preventive health, and we can talk about \$1.7 million being spent on it last year, and that amount going up to \$2 million next year, but the delivery of that, the thing that makes that pretty high overhead here worthwhile is \$180 thousand health centre, or \$220 thousand health centre. And if those things are cut out, then this particular sub-appropriation is pretty ineffective, and that is the difficulty when one starts reviewing the Estimates when they are broken apart like this.

So, with respect to, say venereal diseases in the inner core, I think it's important to ask what is being done with respect to the administration to ensure that the various delivery vehicles are in place and sufficient so that there is sufficient counselling with people; so that the people have an opportunity to go in and get treatment, because it's important if we're talking about preventive health, and this is the first thing it says. It says: "Provides preventive health and medical services. . . " It's important in preventive health and medicine that people be counselled; that people be involved; that they have sufficient confidence — if they don't know that these things exist like vaccines, or they should get checkups — it's important that we reach out to them; that we have an Outreach Program, especially in the inner part of the city.

It's not enough just to buy more vaccines; it's important to have that Outreach Program, and if we're talking about the overall administration, I don't think it's unfair and I am not trying to sort of artificially squeeze in the delivery of services, but I think it's important to combine the hardware with the software, so that you can get a rational discussion of what's being done with respect to the whole area of venereal disease control. What are the various components? Are they in place? Will they be destroyed next year? Will certain components be taken out of the delivery system next year? Because if that is the case, I will have concern with sub-appropriation 3.(t), but I also have concern with sub-appropriation 3.(b), and that's why I would like to get clarification from the minister on this.

MR. DEPUTY CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, I don't want to prolong it but certainly I feel that I owe my honourable friend an answer and I'm trying to answer him. These vaccines and immunizing agents aren't just designed to go to Community Health Centres. These go to doctors and the doctor is the fundamental contact point for and the fundamental delivery point for medical public health services. They go to doctors, they go to health units and the honourable member will recall the polio scare of last summer; fortunately it wasn't a valid scare in Manitoba but it certainly was in some other parts of Canada.

There also was a faulty supply of vaccine that was distributed from laboratories in the east; it had to be destroyed. —(Interjection)— No, it was Sabin Vaccine; it was a polio vaccine. But there had to be new supplies reordered. The procedure here is simply to have the supplies, have the services available basically for distribution through the primary contact point and delivery point for public health services, which are doctors.

Now, when we come to talking about the personnel who are available in the field through Community Health Centres to deliver services, that is a different question. We have to have the capacity and the weapons to deliver medical public health through doctors' offices and through health units.

MR. PARASIUK: I would like to ask the Minister, given his comments, if he feels that doctors' offices are a sufficient outreach vehicle for preventive health and medical services? Are they enough?

MR. SHERMAN: No, but they are the primary one. I think that they are a very fundamental and major part of the spectrum.

MR. PARASIUK: Then indicate to us what he feels the other components, valid components, of an outreach program for preventive health and medical services are. He mentioned doctors' offices

being one. What are the other ones?

MR. SHERMAN: Outpatient Departments of our hospitals, our schools, the regional offices and regional delivery machinery of the Department of Health and Community Services, and facilities and programs of the like. When we get to 3.(t), I'll discuss Community Clinics.

MR. PARASIUK: I find it unusual that nowhere in this sub-appropriation does it mention doctors' offices; nowhere does it mention outpatient sections of hospitals and yet the Minister is quite prepared to put those forward in this sub-appropriation but he studiously avoids mentioning Community Health Centres and I think that shows a bias on his part. I think that shows a bias on his part and I find it surprising. I MEAN, HE DOESN'T HAVE TO GO THAT FAR OUT OF HIS WAY. —(Interjection)— Mr. Chairperson, I would hope that since the Member for Wolseley is getting so excited, that he will get up and start speaking on the matter of preventive health services because we need to get some people on that side of the House showing some active interest in the matter of preventive health. We have a Minister here who is studiously avoiding discussing one valid component and I asked him specifically hoping that again he would show some impartiality on this matter, because he said he is impartial. Remember he said, I'm impartial until the studies come in, the technical studies.

But then he went along and he went through and he recited those vehicles that could provide an outreach service and we heard that he just studiously avoided it and he said, when we get to 3.(t), I'll discuss Community Health Clinics. And here we are, if you look very carefully at 3.(b), it says, "Provides preventive health and medical services, including epidemiological surveillance of communicable diseases — I "" — I wish we could change that sometime and maybe get an easier word — venereal disease control and certain clinical public health services." I didn't hear doctors' offices mentioned there. I didn't hear outpatient clinics mentioned there and I'm quite surprised that the Minister would have this reluctance to admit that part of a comprehensive preventive health and medical delivery system could be, and are presently, community health centres, and that this has come about not because of some ideological thrust of the past administration, but because there were studies like the Hastings Report, the Federal Hastings Report, that said if you are going to talk about preventive health care, that you need new mechanisms, that mechanisms like the traditional doctors' offices weren't sufficient. That's why Community Health Centres were put forward as a means of complementing the existing system and providing for better preventive health care.

And that's the key issue that I think we ultimately have to come to grips with in this Estimates process. Will we give Health Centres a clear, unbiased, fair chance to be part of the health care system of Manitoba, especially with respect to the area of preventive health and medical services? Because I think the record of society and the record of governments over the past 20 or 30 years has not been particularly good with respect to preventive health care.

The Minister can get up and make statements about the fact that it is important to contain expectations and we've heard stories before where people have said, well, you know, if you extrapolate the past increases in health expenditures over the next 20 or 30 years, you will run into a situation where health expenditures will absorb 99 percent of the budget. Of course we can't have that so we have to do something about it. Well, of course we have to do something about it and I guess the question is, do we put a cap on expectations which are reasonable? Do we contain them or do we start improving our preventive health and medical delivery service, because obviously it hasn't been working that well in the past. You know, if we talk about dental care, well obviously an ounce of prevention is worth a pound of cure. And the same thing holds true in the health and medical field.

You know, I'm not too happy about these tremendous increases in vaccine because the vaccine in some senses is the pound of cure. It is very important to have people aware that they can be immunized. Then we have to look at what are the vehicles which will provide that. Now, I don't know if a doctor's office and relying on a doctor, given what they charge to provide that type of counselling, preventive counselling, will indeed take place because most doctors' offices process people through there in ten minutes. There is very little preventive counselling that takes place at all. I think that's the problem the Minister has to face and come to grips with. That's why, again, I expressed such surprise that the Minister would studiously avoid discussing this matter openly.

I think that now is an opportunity for him to say that Health Centres do have a legitimate place in the area of preventive health care, especially when I quote him a statistic that Klinik has provided, which is a valid statistic, which says that it deals with 12 percent of the venereal disease cases in Winnipeg. Now obviously they are providing a very very important service to Winnipeggers. And to close your eyes, to stick your head in the sand like an ostrich and pretend that they don't exist

is really a show of bias that the Minister is trying to hide. But by studiously avoiding it, he is really adding credibility to past statements which apparently he made but has since denied, that he is philosophically opposed to Health Centres and all he is doing by his actions and not his words here, is confirming that he is philosophically opposed to Health Centres.

So I would like the Minister to take this opportunity now and correct that impression that he might have left with me if he feels that it is wrong.

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

MR. DESJARDINS: Mr. Chairman, I guess that technically the Minister can give us an explanation of the delivery at this time but I think that we might have prevented some of this discussion. I think we would have understood better if the Minister would have broken down the Other Expenditure, the \$1,400,000-something, I think the member would then be informed that this is not all for vaccines. I would imagine unless there is a change, and I'm asking the Minister, is there still some to pay the cost of staff travelling and office costs of the staff in this, under Other Expenditures? I think that some of that was for — the Minister himself mentioned — the lifesaving and cystic fibrosis program and the diabetic drug program.

Now, I'm surprised at that, I am pleasantly surprised. This was under a program known as — I think it was the Lifesaving Program — that's before Pharmacare. And when Pharmacare came in — I want to know what happened since then — we froze this. We did not accept new patients but we paid for those who had been receiving that drug. Now, I want to know if this is the same thing, or are they all under Pharmacare and if they are all under Pharmacare, well, then this shouldn't appear here. Unless it is not frozen any longer and if it exists as a separate program and people can now apply, I would like to get that answer. If it's the frozen program, well then there shouldn't be any increase because there would be less people. I would imagine some of them had died since then and there wouldn't be any new patients. So I would like to know that.

And then the vaccine and immunization agents, there was a certain amount — if that was broken down, we would find out — I don't mean necessarily broken down for every vaccine, for every cause — I think the rheumatic heart disease also was included in that and the Western Equine Encephalitis Program, the mosquito program, I would like to know about that, what will be done this year? Is there any money for that?

The Minister can correct me if I'm wrong. I think all these things are under this heading here; they were anyway. I want to know what their mosquito campaign is for this year. Are they co-operating with the City of Winnipeg and are there any grants to the City of Winnipeg or is it the responsibility of the Provincial Government?

I think the screening programs come under here also. So, you see, Mr. Chairman, if all these were broken down, I think that then my colleague and the rest of the members of the House would understand more that this is just providing that service. Now, the Minister agreed, and it's true and I'm just itching to start talking about the delivery, such as my friend, the Member for Transcona did, because while the Minister was stick-handling around the Community Health Clinics, he fell into the schools and he said one of the best ways was delivery through the schools. And that's a surprise to me. I couldn't agree more with him. I think this is the best place and there again, this is why we should have public health nurses and eventually all the vaccinations and all the immunizations should be done in schools. You know, a nurse can do that as much as a doctor.

Now, the Minister did mention schools. He was stick-handling around the Community Clinics, but that's what I had said. I would like to see these things done in the schools. We would have a better record because now it is hit and miss and my friend is right that, sure, the doctors have it but nobody is saying too much about it. If you're not on the ball and you don't know anything about it, you don't take advantage of that.

What I want to know also, is that sold to the doctors or is that given to the doctors and is that covered under the Medicare plan or is this covered for the treatment or the injection but not for the serum itself? Those are questions that I want to know.

But the Minister, I would like to attract his attention, if he wants to talk about delivery later on, I'll go ahead with that because I think that's where it should be, as he mentioned a few times, under (j). But if he wants to answer the Member for Transcona now, I want to get into this some more. It's immaterial to me, Mr. Chairman.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Well, Mr. Chairman, it's up to the Official Opposition Critic, but I don't think this is the place to talk about delivery. But I want to say to the Honourable Member for Transcona

certainly I concede that a community health centre has a place in the spectrum of preventive and public health. I have conceded that before; he knows that. He is playing games with me, and I was going along with the little game that he was playing. He knows that I have conceded that. I don't think you can apply universals to concepts like the community health centre. Some community health centres, obviously, are absolutely crucial to the neighbourhoods or the regions that they serve. In other areas, if there is duplication, then I put it to my honourable friend that one or another of services, where there is obvious and unnecessary duplication, should be reduced. But the concept certainly is acceptable — and I have never argued with it — as a part of the general health spectrum, particularly in the area of preventive health.

But let me just try to deal with some of the questions that the Member for St. Boniface raised. He might have to repeat some of the questions, because I didn't write them down. But what we are looking at here is . . . —(Interjection)— Yes, under Other Expenditures, what we are looking at here is a range of programs and products that include the following. They include Medical Administration. The honourable member asked me whether there is still provision in here for necessary staff travel, etc., and there is. It includes epidemiological services; the Western Equine and Cephalitis Surveillance Program . . .

MR. DESJARDINS: Could you give us the amount for each?

MR. SHERMAN: Medical Administration \$37.9 thousand. On Epidemiological Services \$62.7 thousand. The Western Equine and Cephalitis Surveillance Program \$91.7 thousand. And in answer to my honourable friend's question on that subject in that program, there is no change from last year; it's still being carried on in the same way.

Veneral Disease Control \$67.5 thousand. So far we have been dealing with increases, in each case. Clinical Services \$33.5 thousand, and that's a decrease from last year's appropriation of \$50.2 thousand. Maternal and Child Health, and Family Planning \$33.5 thousand.

The Hearing Conservation Program is \$102.7 thousand, and that is an increase in order to expand into the Parklands Region.

Biological Products then include the following: Lifesaving drugs and a cystic fibrosis program \$170.3 thousand, again an increase. All these are increases, unless I . . . —(Interjection)— \$170.3 thousand.

Now, the honourable member asked me about these lifesaving drugs. They are not under Pharmacare. There is a range of lifesaving drugs, and he is familiar with some of them, the lifesaving procedures, but they are expensive and they are not covered under Pharmacare. They are covered in this way. They include such things as infective and parasitic diseases; metabolic disease; cystic fibrosis, which is listed along with lifesaving drugs; diseases of the blood; diseases of the nervous system; epilepsy; diseases of the circulatory system and the respiratory system; genito-urinary system . . . —(Interjection)— Yes, congenital anomalies. The number of patients enrolled in 1978 was 21. Patients on the active register at the end of December, 1978, 473. That included 386 with one illness 74 with two illnesses and 13 with three illnesses.

MR. DESJARDINS: That was a big reduction, then.

MR. SHERMAN: Well, the number of patients enrolled in 1978 was 21, but on the active register it was 473, but these were patients added.

MR. DESJARDINS: I know, but there is still a big reduction; I can't understand it. Two years ago just diabetic you had 798 . . .

MR. SHERMAN: Yes, but that's separate. We're not talking about diabetics here; we're talking about those particular disabilities that I just mentioned. Diabetics is separate. I can give you that . . . Just a minute, wait until I . . .

MR. DESJARDINS: Well, okay, but you're still under the Lifesaving Program.

MR. SHERMAN: Right, still under the lifesaving drugs. Then we come to Rheumatic Heart Disease.

MR. DESJARDINS: Yes.

MR. SHERMAN: 14,000.

MR. DESJARDINS: Yes, well that's more like it.

MR. SHERMAN: Now here we're looking at the patients on the active list at the end of December — 1,055. New patients registered, including some reinstatements — 92.
Then Diabetic Drugs \$53.4 thousand.

MR. DESJARDINS: How many patients?

MR. SHERMAN: 731 in 1978.

MR. DESJARDINS: 731? Sorry. And what's the amount?

MR. SHERMAN: \$53.4 thousand. Patients on the active register, as of December 31st, 731, and the appropriation being asked is \$53.4 thousand for diabetic drugs. In 1977 the number of patients on the active register were 765, but 34 have been classified inactive so we are now looking at 731.

Polio Vaccine \$275.5 thousand.

MR. DESJARDINS: You've left the Lifesaving Program now, eh?

MR. SHERMAN: Yes, right. On Lifesaving, I have given you . . .

MR. DESJARDINS: Now you're talking about Vaccines.

MR. SHERMAN: Now we have gone to Products, Biological Products, it's not under the Lifesaving Drugs Program; this is separate.

MR. DESJARDINS: That's what you call Vaccine and Immunization Agents, right?

MR. SHERMAN: Right.

MR. DESJARDINS: That you give the doctors.

MR. SHERMAN: Vaccine and Immunization Agents, and these go to the doctor and they are given to the doctors.

MR. DESJARDINS: And they don't charge; it's covered.

MR. SHERMAN: Right.

MR. DESJARDINS: Some do charge, you know.

MR. SHERMAN: Well, they're not supposed to. As far as I know, they don't.

MR. DESJARDINS: Some do, though.

MR. SHERMAN: Polio Vaccine \$275.5 thousand. Let me just clear up a point on polio vaccine. Oral Sabin Polio Vaccine was the vaccine that went into short supply and Salk had to be purchased in its place. Salk is more expensive, of course.

Influenza Vaccine \$46 thousand. Mumps Vaccine \$105.2 thousand, a slight decrease from last year. It was \$109.2 thousand last year and is \$105.2 thousand this year. And Measles Vaccine \$40.7 thousand, and that is an increase.

MR. DESJARDINS: \$40.7 thousand?

MR. SHERMAN: \$40.7 thousand.

Next to last item, Mr. Chairman, is Other Vaccines and Immunization Agents. The amount being asked of the Legislature this year is \$266.4 thousand. That compares with last year's figures of \$178.9 thousand. So there is a significant increase there. And the final item is Storage and Distribution, a slight increase over last year this year, \$37.4 thousand.

I just don't recall whether the member asked me any other questions.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: I think it's a pretty complete answer. In fact, if I had those kind of answers in all the other places, I would be very, very pleased.

I would like to know now if there is still, under this item, any incentive grants for doctors and dentists in rural and northern Manitoba. At one time, there had been an incentive grant, but that's one of the . . . And then I'd like to know, Mr. Chairman, from the Minister, if all the money was spent last year, if it was felt that all this vaccine was used last year. Do the medical people report that they have a surplus of this or that they had to dispose of any, because it might not be effective, or did they use it all? I think this is a very important thing.

Instead of getting up and down, I'd like to ask another question. What about the Swine Flu? There is no fear of that any more; there is no provision for that, I imagine. I hope not. And this is curiosity. I know that while I was the Minister of Health we were negotiating with Ottawa and we weren't too pleased. We had agreed with other provinces that we would buy so much from Ottawa, but then the shipment came late and it was too late, we couldn't use it. And then we were trying to get a reduction from Ottawa. Just to satisfy my curiosity, what happened? Did we get stuck with the complete bill or how did we make out on that? —(Interjection)— Yes, from Ottawa, not ours.

MR. SHERMAN: On the Swine Flu vaccine, Mr. Chairman, there is no foreseen threat this year. I trust that that's an accurate prognosis. The Swine Flu vaccine we received last year, some of it did come late, as the honourable member mentions. We refused to pay, I think, for about \$200,000 worth of it. We paid for the rest of it, but we . . .

MR. DESJARDINS: Last year again; I'm talking about two years ago.

MR. SHERMAN: Well this is the last batch that was forced on us by Ottawa. —(Interjection)— Yes, and there was some \$200,000 of it that we had to pay for. We still have some on hand. It wasn't used and we are destroying it because it's not usable now.

The honourable member asked me about incentive grants for doctors and dentists. The answer is "No, there aren't any, although we do now provide for a higher fee schedule for practitioners." —(Interjection)— But there are no special incentive grants.

What was the other question? I'm sorry . . .

MR. DESJARDINS: I think you have pretty well covered everything.

MR. CHAIRMAN: 2—pass — the Honourable Member for Transcona.

MR. PARASIUK: No, just a short one. I just want to indicate to the Minister that I really don't want him to concede that health centres are a necessary component, because that gives the impression that you're sort of pulling it out of him like pulling teeth. I'd like him to really want to see health centres given a fair chance and that he wouldn't look at them through any jaundiced eyes, especially since, again, I say that the concept of community health centres in Canada came forward from the Department of Health and Welfare Canada studies in 1972. The three-volume Hastings Report is a very comprehensive report that does point to health centres as one vehicle of dealing with the matter of rapidly escalating health costs.

Again, I really am disappointed at the Minister's negative attitude towards health centres that keeps coming up over and over again.

I'd like to, on this particular sub-appropriation, ask the Minister what the position of the government was with respect to the Report on Family Planning, the report that came out, The Family Planning Policy Advisory Committee published this report in May of 1978. What was the government's response to that and is that response indicated in this sub-appropriation, in that that's where I gather it is from this Annual Report of the minister?

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: No, it's not reflected in here, Mr. Speaker. Again, we're really looking at the administration end of clinical services as we are with every other item that comes under this particular sub-appropriation. As far as maternal and child health care is concerned, it remains an important priority of the government. —(Interjection)— The Member for St. Boniface is quite correct. We're really talking about supplies delivered administratively in order to carry out programs, but there is no reduction reflected here in the programs or in the approach to maternal and child health

care. The government's response to the report that the Honourable Member for Transcona refers to is one of interest, but not of endorsement or implementation at this juncture and that was made quite clear some months ago.

MR. PARASIUK: Well, that was made quite clear in May of '78. We're now in March of 1979 and is the minister saying that the matter is still under review? The minister shakes his head no, that means that the matter isn't under review, and it means that the government has rejected the report. If that's the case, I'd like to ask the minister since that report was not in favour of the present system of family life education and family planning what the minister has done to correct the provision of that type of service by his department.

MR. SHERMAN: Mr. Speaker, the Honourable Member for Transcona well knows that there are a number of agencies operating in the field at the present time, a number of program areas delivering family life planning and family life counselling. I appreciate the work of the committee, I respect the thinking they put into it. It will, no doubt, serve as resource material for us in the future. We have not decided to implement it in its present form and I made that clear some months ago.

MR. PARASIUK: Well, again you see, the minister is going around the bush on this. If he's saying that he's not going to implement it in its present form, that raises a question. In what form will he implement it? Are studies being done to modify that report? When will the minister implement something in this, when he says well I'm not going to implement it in its present form? It raises a question of when will he be implementing it at all? Does he have any interest in this area or is he definitely saying that he rejects the recommendations of the report and will not be recommending it or implementing it today, and will not be implementing it next year? That, then, is a different type of issue, but to say well, we're not going to do it right now raises the question of when is he going to do it or when will he be making modifications which will be sufficiently acceptable to himself and his department to do something in this matter because the report was not, was not satisfied with what exists right now.

He's saying he respects the people involved in doing the analysis and coming up with the recommendations. Well he can't have it both ways. Surely they were knowledgeable people in the area. Surely they had integrity and they weren't being frivolous when they were making their recommendations, so the minister is leaving unanswered questions as to what is going to be done.

MR. SHERMAN: Well, Mr. Speaker, the honourable member can push the case all he wants so I'm not going to say what he is attempting to encourage me into saying. I have put our position on it. There is material there that in some degree may be valuable resource material in the future dealing with specifics in the family planning field. In total, we have not accepted the report as a basis for action. Family planning services and counselling are provided over a pretty broad spectrum of agencies already in existence. That kind of work should be, and will continue to be encouraged.

MR. CHAIRMAN: 2.—pass; 3.—pass;—the Honourable Member for Seven Oaks.

MR. MILLER: Mr. Chairman, could the minister tell us who are the recipients of these grants, I assume these grants are to external agencies, who the recipients are because I noticed last year it was 21,800 this year it's 20,000 more.—(Interjection)— Well, I'm going by the print 21,800 last year, 41,800 this year. Who are the recipients and how come there's an increase?

MR. SHERMAN: Yes, the Canadian Public Health Association, Mr. Chairman, at \$1,800, the Family Planning Association at \$20,000, and St. John's Ambulance Council at \$20,000.00. .

MR. MILLER: So is this the same amount as last year, Mr. Chairman? Because last year's print showed 21,800.

MR. SHERMAN: Well, it's the same amount in fact and in effect, Mr. Speaker, but the honourable member will recall that in the Estimates process last year, we did not have a \$20,000 grant in for St. John's Ambulance. We subsequently voted ten and a subsequent ten.

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

MR. DESJARDINS: Yes, Mr. Chairman, I was going to comment on that because I wasn't too happy

last year. There was a reduction and I asked why the reduction, and I was told that nobody was coming forward to take that course and I think the minister was misinformed. And a week after, while we were still on the Department of Health, there was an announcement, a press statement that said that in effect they weren't going to get the \$20,000, and in fact, we were asked to take it out. But I won't pursue this anymore.

There's only one concern and I'm not going to push too much, but I have a concern. The Family Planning Association of Manitoba has a grant for \$20,000 and this is something they've been getting for a long time, but now with the role that they seem to play in promoting a walk-in, walk-out abortion clinic in Manitoba, I . . . — (Interjection)—they're involved in that — (Interjection)—Yes, they are, they are, they are supporting that, they are, that's what I mean. — (Interjection)—. They are, am I wrong in saying that it was a family planning group that was going to loan money, well that's what I meant?

MR. SHERMAN: But that wasn't the Family Planning Association of Manitoba to my knowledge, Mr Chairman, that's a fact. That's the Family Planning Association in the United States.

MR. DESJARDINS: Okay, but it doesn't change anything. My point is that the Family Planning seemed to be advocating, not in every instance of course, but advocating abortion and that was one of the reasons and the minister is quite right in the reply that he made earlier in saying that there's a lot of family planning in different groups because it is such a difficult situation and I'm not going to push the minister on that because there's people with different beliefs.

But I wonder if all the money then that goes in for family Planning should go to one group that has a reputation anyway of supporting abortion when there's other people that are engaged in family planning, but they do it a different way. I wonder if the minister could and he has a report and even if he doesn't take direct action on the Saunders report, I wonder if we could see and if there's going to be money spent on family planning and we know that some people favour abortion, and some don't, I wonder if it could be either no money at all or if that could be spread to the different group with different beliefs. I'm not suggesting that they should come with a major policy to the government at this time. I understand what the minister is saying and if the people can't get together, why should the politicians?

I'm thinking that in family planning there's different methods of conducting that and I would think that there should be probably no fund, no grant, or that grant should be made to different organizations that advocate different methods of family planning.

MR. SHERMAN: Well, my experience with the Family Planning Association has been different then. I can only conclude, Mr. Chairman, from that of the former minister, because I have not found the Family Planning Association to be promoters of abortion, they certainly promote . . . — (Interjection)— their emphasis is on birth control and other methods of family planning. I would agree with him that I, like he, am not interested in pursuing too many definite commitments in the area of promotion of abortion, but I haven't had that experience with this Association.

MR. DESJARDINS: Well, I hope the minister's right and I must confess that my fear is because of the story that I saw and it seemed to be the parent organization in the States was in effect promoting and offering apparently to make a loan. I wonder if we leave it at that and the minister could check and if this is the case, maybe consider for next year anyway, either dividing that grant between people that are advocating different forms of family planning or cancel the grant altogether.

MR. CHAIRMAN: 3.—pass; (b)—pass; (c)(1) Salaries. Committee rise. Call in the Speaker.
The Chairman reported upon the Committee's deliberations to Mr. Speaker and requested leave to sit again.

MR. DEPUTY SPEAKER, Mr. David Blake (Minnedosa): 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. DEPUTY SPEAKER: The Honourable House Leader.

MR. JORGENSON: Mr. Speaker, I move, seconded by the Member for St. Boniface, that the House do now adjourn.

Monday, March 19, 1979

MOTION presented and carried and the House adjourned and stands adjourned until 2:30 tomorrow afternoon. (Tuesday)